

Handley Care Services Limited

# Handley Care Services

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

Handley Care Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service to people living with a physical disability, learning disability, autism or sensory impairment.

This service provides care and support to people living in one 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection there were nine people using the service.

### People's experience of using this service:

People's safety was promoted; staff understood how to protect people from the risk of harm and understood potential signs of abuse. People were involved in assessments of potential risks to their safety and in identifying measures to keep them safe. Care plans provided clear guidance for staff to follow.

People were supported by a consistent team of staff who were safely recruited. People received their medicines as prescribed and were protected from the risk of infections through staff working practices.

Staff received training, supervision and support so they could effectively perform their roles and meet people needs. People were provided with care and support that ensured they had good nutrition and hydration and access to healthcare that maintained their health and wellbeing.

People were supported to have choice and control over their care and support in the least restrictive way possible.

People and those important to them were involved in the planning and development of their care and support. Staff were skilled at enabling people to communicate their choices and decisions. Staff were described as very caring, understanding, patient and supportive. Staff knew people well and used this knowledge to provide personalised care. Staff respected and promoted people's rights, including their right to be treated with respect and dignity.

People were supported to develop new skills, maintain relationships and engage in meaningful activities and interests. Staff forged links with the local services to enable people to be a part of their local community. People and relatives knew how to raise a concern or complaint. The provider's complaints policy provided information about how these would be managed and responded to.

The manager was actively involved in the day to day provision of care and support and as such had a good oversight into the quality of the service provided. They intended to develop systems to formalise the

recording of outcomes of checks and audits as part of overall quality assurance.

People, relatives and staff spoke positively about the management and leadership of the service, as being open and transparent. The manager listened to feedback and took action to make improvements to the service. Staff were encouraged to share ideas about how to develop the service. The service worked in partnership with external agencies to ensure people achieved the best possible outcomes from their care and support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection:

At our last inspection the service was rated as Good. Our last report was published on 18 June 2016.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service remained safe.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service remained effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service remained caring.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service remained responsive.

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service remained well-led.

Details are in our Well-Led findings below.

**Good** ●

# Handley Care Services

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Handley Care Services is a domiciliary care agency. It provides personal care to people living in their own flats or house in the community. The service provides care and support to six people sharing accommodation in a supported living house and three people living in their own flats or houses in the community. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Handley Care Services supports people with a learning disability and autism, physical disabilities and sensory impairment. The service had a manager registered with the CQC. However, the registered manager was no longer in post and a manager had been appointed who intended to apply for registration with CQC. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that they would be in on the day of our inspection visit.

#### What we did:

Inspection site visit activity started on 7 May 2019 and ended on 8 May 2019. We visited the office location on 7 May 2019 to see the manager, people and staff; and to review care records and policies and procedures. We undertook telephone calls to relatives and staff on 8 May 2019.

When planning our inspection, we looked at the information we held about the service, which included any notifications that the provider is required to send us by law. The provider had not been sent a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gave the manager the opportunity to discuss this during our inspection.

During the inspection we met with two people to gain their views about the service and spoke with two relatives by telephone. We also spoke with the manager, the deputy manager and three care staff. We reviewed care plans and records for three people and looked at records in relation to the management of the service. These included three staff recruitment and training records, key policies and procedures and quality assurance systems and processes.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- The provider had safeguarding systems and processes in place to protect people from the risk of abuse.
- Policies and procedures supporting people and staff to understand safeguarding and raise concerns were available in easy read format. These included information around protecting people from the risk of discrimination.
- Staff were trained in safeguarding procedures and demonstrated they understood potential signs and symptoms that may indicate abuse. Staff told us they would report and document concerns and were confident these would be listened to and action taken to keep people safe.
- Staff understood how they could raise concerns with external agencies about potential malpractice in the service.

Assessing risk, safety monitoring and management:

- People and relatives told us that the service was safe. One person told us, "I feel safe here because the staff make me feel safe. They would do anything for me."
- Risks associated with people's care, support and environment had been assessed and records provided guidance to staff on the measures needed to reduce potential risk.
- The manager had liaised with other agencies, such as health professionals, to ensure the risk assessments were comprehensive and were in line with best practice.
- For example, where people required support to move around their home and to adjust their position; risk assessments detailed the equipment and numbers of staff required to ensure support was provided safely, together with any specific risks associated with the person's health condition.
- Where possible, people had signed risk assessments to demonstrate they understood and agreed with the measures identified to keep them safe.
- Staff showed a good understanding of how to manage risks to people's safety. They were able to describe how they supported people with complex needs to prevent harm, such as taking action to prevent pressure wounds.
- Some people using the service could demonstrate behaviours that challenged. Risk assessments included detailed guidance for staff to support them to recognise when a person was becoming agitated, possible triggers and suggested interventions to keep the person and others safe.
- The manager ensured risk assessments were regularly reviewed and updated as required to reflect people's current needs and wishes.

Staffing and recruitment:

- Staff recruitment files contained evidence of robust pre-employment checks to ensure only fit and proper staff were employed.
- Recruitment checks included evidence of employment history, proof of identify and a check with the

Disclosure and Barring Service (DBS).

- The provider did not have a clear policy on refreshing DBS checks to ensure staff remained safe to work in the service. Following our inspection, the provider implemented a policy that all DBS checks would be refreshed every three years.
- People were supported by a team of consistent and reliable staff, in sufficient numbers to meet their needs.

Using medicines safely:

- People's care plans included details of their prescribed medicines, how these supported people to manage their health conditions and how people preferred to take their medicines.
- Medicines were stored safely and records completed to confirm staff had administered medicines.
- Staff received training in the safe management of medicines and this was refreshed every 12 months.
- The manager undertook regular audits on medicines and medicine records which helped to ensure people received their medicines as prescribed and records were completed accurately.

Preventing and controlling infection:

- Staff had completed training in understanding their role in preventing and controlling the risk of infection for people.
- The provider ensured personal protective equipment, such as gloves and aprons, were available for staff when supporting people with tasks.
- People's care plans detailed if they were at particular risk from, or carriers of, known infections and the actions staff needed to take to prevent the risk of infections.

Learning lessons when things go wrong:

- Staff completed records detailing accidents and incidents that had occurred in the service.
- These were analysed and reviewed by the manager to identify measures that may be required to reduce the risk of further incidents.
- For example, some incidents had been referred to external agencies to provide additional support and guidance regarding a person's challenging behaviour.
- Incident forms were kept on each person's care plan, which did not support ready access to enable an overall review themes or patterns of incidents.
- The manager told us they would implement a system following our inspection.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed before they began to use the service and expected outcomes identified to ensure people's needs and wishes were met.
- Assessments reflected people's lifestyle choices and preferences to ensure people were treated equally and protected from the risk of discrimination.
- Where appropriate, relatives and advocates had been involved in the assessment process which helped to support a person-centred approach to care planning. One relative told us, "We had talks before [Name] moved in. [Name] does have a care plan and it is very comprehensive, there are no limits in it."

Staff support: induction, training, skills and experience:

- Staff told us they felt confident they had the skills and knowledge needed to support people because they had completed the required training.
- One staff member told us, "The training is really good. We had induction training and training to meet more complex needs, such as peg feeding. We are supported to refresh our training regularly to keep us up to date."
- A second staff member told us they felt people were safe using the service because the staff were so well trained and knowledgeable.
- The manager maintained a central record of training staff had completed. This showed there were some gaps in a small number of staffs' training in areas such as mental health awareness and epilepsy. The manager showed us they were in the process of arranging this training as a priority.
- Staff received regular formal and informal supervision where they discussed their work and development needs. One staff member told us, "I have formal supervisions with the manager and they also check our work to make sure we are doing things right."

Supporting people to eat and drink enough to maintain a balanced diet:

- People's dietary needs and preferences were documented in their care plans.
- Where people were at risk of poor nutrition and hydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.
- For example, one person required meals and drinks through a peg feed; a tube inserted directly into the stomach. Staff had received appropriate training to support the person to maintain their nutrition and regularly consulted specialists to ensure the person received a balanced diet.
- A relative told us, "[Name] food needs to be blended and [Name] needs assistance to eat. Staff provide this really well."
- One person told us, "The staff help me to eat healthy and I have lost the weight I needed to. I can make my own drinks and snacks if I want to."

Staff working with other agencies to provide consistent, effective, timely care:

- People's care plans included a 'Stay Well' action plan. This detailed what made the person happy, likes and dislikes and what the support they needed to stay well.
- Plans also included details of external agencies involved in people's care, such as consultants, specialists and dieticians and when and how they should be consulted.
- Where people were unable to clearly express their needs, staff had developed a traffic light hospital book. This provided important information about the person in the event of an admission to hospital, which helped to ensure continuity of care.
- Staff liaised with health and social care professionals in the event of changes in people's needs or routine reviews of their health condition.

Supporting people to live healthier lives, access healthcare services and support:

- Where people required support from healthcare professionals, records showed this was arranged and staff followed guidance provided by such professionals.
- Relatives told us people were supported to access regular, routine appointments to maintain their health and wellbeing, such as dentists, GP's and chiropody.
- Staff were vigilant about changes in people's health and wellbeing and ensured concerns were referred to health professionals in a timely manner.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Application procedures for this are through the Court of Protection.

- Staff assumed people had the capacity to make decisions, unless they assessed otherwise. Some people who used the service lacked the capacity to consent to their care and treatment.
- We observed staff consistently sought consent before providing people with care and support and ensured people were happy with how they had been supported.
- People's care plans included guidance in the support they needed to make decisions and choices. However, formal mental capacity assessments had not been completed.
- Records included details of people who should be involved in best interest decisions, for example, relatives and health and social care professionals. However, it was not clear what authority was in place to authorise these people to make decisions about the person's health and wellbeing in their best interests.
- The manager told us they would ensure records were put in place that clearly demonstrated assessment of mental capacity and detailed any authorisations in place.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People told us they felt they were respected and treated well. One person told us, "Staff listen to us and help us. We can say if we are not happy or want anything changed. The staff are wonderful."
- A relative told us, "The staff are very caring; very understanding. It takes time to learn to communicate and build a relationship with [Name] and staff are really patient."
- We observed people were comfortable with staff and had developed positive, trusting relationships. Staff communicated with people appropriately and shared humour and banter with them, which people enjoyed.
- Care plans included detailed information about people's life history, things and people that were important to them, likes, dislikes and preferences.
- Staff used this information to provide care and support in the way people wanted, thus ensuring care was provided using a personalised approach.

Supporting people to express their views and be involved in making decisions about their care:

- Staff showed us they supported people to make decisions about their care and knew when people needed help and support from their relatives or representatives.
- Relatives and representatives had been involved in developing care plans which helped to ensure the person was at the centre of the care provided.
- Staff were able to describe the communication methods they used to support people to make decisions and choices where they used non-verbal communication. Relatives told us staff were skilled at communicating with their family members.
- The manager was able to put people in touch with advocacy services in the event they required support to make decisions and choices about their care.

Respecting and promoting people's privacy, dignity and independence:

- Staff we spoke with and observed showed genuine concerns for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way.
- People's right to confidentiality was respected; care and support records were kept securely with access only authorised people.
- People were afforded choice and control in their day to day lives. Staff offered people opportunities to spend time as they chose and where they wanted.
- Staff demonstrated a good awareness of people's lifestyle choices and supported people to maintain relationships that were important to them.
- People's care plans detailed how staff should protect people's dignity whilst provided care and support. For example, keeping them covered during personal care, supporting them to maintain their appearance, and

supporting them to socialise appropriately in the local community.

- Relatives told us they were made to feel welcome when they visited the supported living house.
- Staff provided care and support with the emphasis on promoting people's independence and daily living skills. This involved all aspects of daily living, such as shopping and menu planning.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's care and support was personalised and providing flexibility to enable them to gain the best outcomes possible.
- People's needs were identified, including those related to protected equality characteristics such as age, disability, ethnicity and gender.
- Care plans were personalised, providing detailed information about people's life histories, what was important to each person, and how they interacted with other people and environments.
- For example, one person responded adversely to a specific situation due to past experiences. Staff were aware of this and provided extra support to reduce the person's anxiety.
- Care plans were regularly reviewed and involved people, their relatives and representatives where appropriate.
- Activity plans were in place to help structure the day for people. These showed people were supported to pursue a wide range of hobbies and activities, in line with their interests.
- Activities were meaningful, ranging from hydrotherapy, colleges day centres and support to use the local community.
- Information was available in easy read formats and specific signs and symbols.
- Staff described how they supported people who used non verbal communication, to make visual choices using objects of reference; interpreting the gestures and movements people made in response.

Improving care quality in response to complaints or concerns:

- The provider's complaints procedure supported people and relatives to raise concerns and complaints and was available in standard and easy read format.
- The policy did not include a reference to the Local Government Ombudsman, where people could escalate their complaints as the last stage of the complaints process, if they felt it had not been resolved to their satisfaction.
- The manager told us they would amend the policy to include this.
- People told us they felt comfortable to say if they were not happy about something and were confident action would be taken to resolve their concerns. A relative told us, "We have never had any serious concerns and never needed to complain about anything."
- Staff knew how to respond to complaints.
- The service had not received any complaints at the time of our inspection.

End of life care and support:

- The provider had limited capacity to support people who required end of life care within the supported housing service.
- The manager told us they would consult with people and relatives to gather end of life wishes as far as

possible, as this information was not included in people's care plans.

- No one was in receipt of end of life care at the time of our inspection.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People's care was planned, monitored and reviewed regularly. The manager had developed care plans and records so these provided comprehensive guidance and information for staff to provide personalised care.
- The registered manager had left the service some time ago and was in the process of de-registering with the Care Quality Commission (CQC). A new manager had been appointed who intended to apply for registration with the CQC.
- The manager was supported by the provider and a senior care staff. This simple management structure supported an open and transparent culture, with clear management and leadership.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- People, relatives and staff were positive about the management and leadership of the service.
- One relative told us, "Yes we know (manager). They are very helpful and do everything they can to help people. They are very open and makes sure they do their best for people."
- Staff told us changes in management were positive. Comments included, "[Manager] is approachable, professional and things are done properly. I feel supported and respected," "I get good support from [manager]. They are very approachable, listens to me, sits and talks to me, treats me like a friend but will say something if I have done something wrong," and "I can share my views with the manager; they are quite flexible with everyone. If I have any difficulty, they are very open to listen, see what's happening and what can be done."
- Staff were clear in their roles and what was expected of them.
- The manager worked alongside staff to provide care and support on a regular basis. This enabled them to observe staff working practices and monitor and review all aspects of the care provided.
- The manager completed limited audits to evidence their on-going monitoring and auditing of the service. They kept a personal, informal record of outcomes of checks and audits.
- The manager told us they would ensure outcomes of all audits and checks were recorded in a more formal way following our inspection visit.
- The manager demonstrated they were aware of the regulatory requirements, including the need to notify external agencies of significant incidents and events in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People and relatives had opportunities to share their views about the service informally, directly with the

staff or the manager, and through meetings.

- Minutes of recent meetings with people and relatives showed they had been consulted about ideas for health eating, holidays and upgrading furniture in the supported housing service.
- The last satisfaction surveys had been sent out in 2016. These were in easy read format and showed people were happy with their care. The manager told us surveys would be sent out this year and people would be supported by an independent supporter to complete the survey, where this was required.
- Staff were supported to share their views about people's care individually and in staff meetings. They told us they were confident and felt encouraged to do this by the manager.
- The manager promoted positive team working and this was embedded in the staff team who spoke of respect and support for each other. This helped to ensure positive, effective communication between staff and consistency in the care and support provided.

Continuous learning and improving care:

- The manager had reviewed and developed care plans and records since our last inspection.
- These provided detailed information and guidance for staff to enable them to understand people's needs and provide care and support in the way they wanted.
- The manager was constantly making improvements to the care and support provided, to achieve the best possible outcomes for people.
- This ranged from new opportunities for people, to enabling them to access new equipment and aids to improve the quality of their life.

Working in partnership with others:

- The service worked in partnership with a range of health and social care professionals to ensure people achieved the best possible outcome and were enabled to live as independently as possible.
- People were supported to use local services and be a part of their local community.