

Safehands Live In Care Ltd

Burney House, Office K

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:

Burney House, Office K provides 24-hour live-in care and support to younger adults and older people living in their own homes. At the time of our visit, they were providing personal care to 17 people and all of them had live-in staff.

People's experience of using this service:

- People and their relatives told us they were happy with the service and staff working with them or their loved ones.
- People felt safe with the staff who provided with care and support in their own homes. Staff understood signs of potential abuse and could explain what action they would take if they had any concerns.
- Risk assessments had been completed to ensure people were safe. There were systems in place to ensure any accidents or incidents were recorded and action taken to investigate these to help prevent reoccurrence.
- Staff had been recruited safely and there were enough staff to meet the needs of the people who used the service. They had received training appropriate to their role, so people could be confident they were cared for safely. They understood the requirements of the Mental Capacity Act 2005 (MCA) and acted in people's best interest.
- Staff felt supported and received regular supervision and an annual appraisal. They had also received a structured induction when they started working for the service.
- There were systems in place to ensure people received their medicines as prescribed. Staff knew people well and understood their needs. They respected people's privacy and dignity.
- People's changing needs were monitored to make sure their health needs were responded to promptly.
- People and their representatives told us staff were caring. They knew how to make a complaint if they were unhappy about the support they received.
- The registered manager had regular contact with people and their representatives and welcomed suggestions on how they could develop the service and make improvements.
- People's needs had been assessed before they started using the service. Care plans were detailed and reflected each person's needs and they were regularly reviewed.
- People were supported to receive the healthcare that they needed. Staff encouraged people to eat and drink sufficient amounts of nutritionally well-balanced food and drink that met their needs.
- The registered manager operated an open-door policy. Staff, relatives and people spoke positively about them and said they were happy with the way the service was run. The registered manager understood what their roles and responsibilities were.
- There were systems in place to monitor the quality of the service to continually improve it. This included satisfaction surveys and regular audits.
- The registered manager maintained good links with all the local authorities they worked with. This helped to ensure people received good quality care and support.

Rating at last inspection:
Good (report published 28 September 2016).

Why we inspected:
This was a planned inspection based on the rating at the last inspection.

Follow up:
We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

For more details, please see the full report which is on CQC website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Burney House, Office K

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

There was one inspector.

Service and service type:

Burney House, Office K is a domiciliary care agency (DCA). The service provides personal care to people living in their own houses and flats in the community. The service had a manager registered with the Care Quality Commission. This means that they 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:

The registered manager was given 48 hours' notice because we needed to be sure that members of the management team were available to assist us with the inspection.

What we did:

Before the inspection, we checked the information that we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. Providers are required to send us key information about their service, what they do well, and improvements plan to make. This information helps support our inspections. The provider had completed a Provider Information Return.

During our inspection we spoke with the registered manager. We looked at three records relating to the care of individuals, three staff recruitment files, medicines administration records, training records and records relating to the running of the service.

After the inspection we spoke with one person who used the service and three relatives to obtain their views of the service. We were not able to speak to more people due to their needs. We also contacted three members of staff to ask them questions about their roles and to confirm information we had received about them during our inspection.

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

- There were systems in place to ensure people were protected from risk of abuse. People and their relatives told us that they felt safe with the staff that stayed with them in their homes. One person told us, "I am safe with [staff]." A relative said, "If [family member] is not happy, I would know, but they are safe and [staff] is part of the family." The registered manager and staff were aware of procedures to follow to safeguard people.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been assessed and there was guidance in place to keep them safe. Staff had a good knowledge and understanding of each person's risk. Relatives commented that the staff ensured their family members were kept safe, for example when they took their loved ones for a walk. Risk assessments were reviewed when people's needs changed.

Staffing and recruitment

- People and their relatives told us that they received care and support from the same member of staff most of the time unless the member of staff was not well or on leave. One person said, "I always have [staff], they have been looking after me for a long time." A relative told us, "The agency is very good at sending the same staff to look after [family member]." The service provided enough staff to ensure people were given safe care at all times.
- The provider had appropriate recruitment systems in place to ensure staff had the appropriate skills and experience for the role. A number of checks were carried out on prospective staff before they started work for the service. This helped to ensure people were not exposed to staff who had been barred from working with people in need of support.

Using medicines safely

- There was a comprehensive medicines policy to guide staff on how to safely administer medicines. One person told us, "The staff give me my medicines when I need to have them." We sampled some medicine administration records and found that they were all up to date. Staff had signed when medicines had been administered or refused. Details about what medicines people were prescribed were within the care folders. Staff had received training in medicine administration.

Preventing and controlling infection

- The provider had systems in place regarding the prevention and control of infection. Relatives told us that they were satisfied with the way staff helped to minimise the risk of cross infection by using personal protective equipment and properly washed their hands. One relative said, "The place is always clean and tidy." Staff had received training in this area and were aware of the general principles of infection prevention

and control.

Learning lessons when things go wrong

- The registered manager investigated any accident or incident and took action to reduce the risk of further occurrence and keep people safe. Relatives told us that they were kept informed of everything and had no concerns. We saw staff had a 24 hour on-call system to seek advice and help from a member of the management team.

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

- A detailed assessment of people's needs was undertaken before they started receiving care and support. The assessment included assessing the person's mobility, capacity to consent and ability to undertake tasks such as personal care and assisting with administration of their medicines. Relatives told us that they were involved in the assessment process.

Staff support: induction, training, skills and experience

- Staff working for the service had received training and support to make sure they were competent. One person told us, "[Staff] look after me well." A relative said, "[Staff] is amazing, they know what to do. I am very happy with them [staff]." We saw staff had attended a number of training courses relevant to their role and these were updated regularly. Staff described the training courses as very good and very informative.
- New staff undertook an induction before providing support to people. We saw the induction was comprehensive and included subjects such as moving and handling, health and safety and medicines administration. New staff also spent time shadowing experienced staff to get to know the people who used the service before working alone with them.

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

- People were supported to be able to eat and drink sufficient amounts to meet their needs. Staff prepared people's meals of their choice and ate with them during meal times. Where people were at risk of poor nutrition, we saw records were kept of what they ate and drank. If the staff had any concerns, they would discuss them with the person's relatives as well as with the registered manager.

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

- People were supported to maintain good health. Where people required it, the service sought healthcare advice and support for them from external professionals such as GPs. A relative told us, "The staff would take [person] to the regular appointments but if it is a hospital appointment then we will all go together." The registered manager kept informed of any changes in people's needs through regular discussions with people, staff and their relatives.

Adapting service, design, decoration to meet people's needs

- People had equipment or aids they needed to ensure their needs were met fully. For example, one person used a wheelchair when they went out in the community.

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. We checked whether the service was working within the principles of the MCA and found them to be compliant.

- We saw records of how people's best interests were assessed if the person lacked capacity to make certain decisions about their care and support. People gave their consent to care being provided to them. The registered manager and staff were familiar with the processes and principles of the MCA.

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 that the staff who supported them were kind and caring. One person said, "The carer is very good." One relative told us, "[Staff] has a very good relationship with my family member, they get on very well. [Staff] treats them well and ensure they are looked after well." People's diversity, values and human rights were respected. The service was committed to challenge any form of discrimination it encountered. Where people had culturally diverse needs identified, those needs were planned for in the care plans. For example, one person went to their place of worship weekly with a member of staff.

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

- People were able to express their views and were involved in making decisions about their care and support. Staff had a good understanding of the care needs of people they supported and were able to tell us people's preferences and what support they needed. For example, a member of staff said, "[Person] likes porridge for breakfast." Relatives told us that the staff always gave their loved ones' choices and respected their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff and had their privacy and dignity respected. Staff were able to recognise and respect how a person's dignity may be affected when supporting them with their personal care. People were encouraged to maintain their independence wherever possible, for example to wash or have a shower by themselves. This helped to boost the self-confidence and self-esteem of people.
- We found that people's records were kept securely to protect people's confidentiality. Staff were regularly reminded during meetings of their responsibilities of keeping people information confidential. Relatives felt the staff were very professionals and knew who they could share information about their loved ones with.

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

- Comments from people were positive, indicating that staff were kind and helpful in meeting their care needs. One person said, "I am very happy with my carer." Relatives also commented about the care and support being provided by staff. One relative told us, "The carer is doing a very good job. I am very pleased with how they look after my [family member]."
- We saw people received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. Care plans included all aspects of care such as the person's mobility, their nutritional needs, personal care, medicines, social lifestyle and mental health needs. Information was readily available on the person's likes/dislikes, and how they preferred to be supported.
- Staff had a good understanding of people and were knowledgeable about their preferences and communication techniques. Care plans were reviewed regularly and updated accordingly when people's needs changed.
- People were provided with opportunities to engage with meaningful activities and social interests relevant to their individual needs and requirements, both within their homes and in the community. This helped to ensure they were not socially isolated. Relatives mentioned that they visited their loved ones regularly announced and unannounced. They said that staff encouraged their family members to do things that they liked.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which provided a clear process to record and investigate any complaints received. One person told us, "I will talk to my [family member], if I am not happy, they will speak to the agency." Relatives were aware of how to make a complaint and felt they would have no problem raising any issues and they would be dealt with accordingly. There had not been any complaints since our last inspection.

End of life care and support

- All the people who used the service had relatives who would make arrangement for their family members end of life care. The registered manager told us that they would discuss this subject further with relatives to ensure people's last wishes were known and recorded. We saw staff had received end of life training.

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 and their relatives told us that the registered manager was approachable and were confident that they would be listened to if there were any concerns. The culture within the service was honest and inclusive. The registered manager had kept us informed about matters that affected the service. Relatives told us the registered manager ensured the service ran well. One relative told us, "I give the agency ten out of ten, I have used other agencies, they were no good."

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

- The registered manager took an active role with the running of the service and had good knowledge of the people who used the service as well as the staff who worked for the service. There were clear lines of responsibility and accountability within the management structure. Staff felt they could talk to the registered manager about any issues they might have. One member of staff told us, "The manager is very supportive, they always contact me to see how I am getting on and discuss any issues that I might have."

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

- The provider had good links with a number of social care professionals within different parts of the country. We saw evidence that they worked in partnership with other organisations to support and care for people. This helped to ensure people's needs were fully met.

Continuous learning and improving care

- The service had an effective quality assurance and quality monitoring systems in place. These were based on seeking the views of people who used the service through an annual quality survey. The registered manager welcomed suggestions on how they could develop the service and ensured improvements were made when identified.