

# Hands of Hope Health Care Limited

## Shilo

### Inspection report

61 Bensham Grove  
Thornton Heath  
CR7 8DD

Tel: 07837969001

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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:

Hands of Hope Health Care is a small domiciliary care agency. It provides personal care to people living in their own houses and flats. At the present time it provides a service for ten people. Not everyone using the service receives personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were protected from the risk of abuse. The service had safeguarding procedures in place that staff were well aware of. Staff received training on safeguarding people.

There were robust recruitment practices in place and sufficient staff levels to meet people's needs.

The provider had an appropriate medicines policy and procedure and all staff received appropriate training. This meant people received their medicines safely and staff had clear guidance to follow, informed by models of best practice.

Comprehensive risk assessments and risk management strategies were in place as part of the assessment and support planning process. This meant risks to people and to staff were minimised.

Accidents, incidents and risks were appropriately recorded and included details of preventive strategies used by the service to reduce the likelihood of events occurring in the future.

People's nutritional needs were met and where people required support with nutrition, care plans provided staff with guidance on people's support needs.

Services were delivered in line with the Mental Capacity Act 2005 and staff sought consent prior to providing care and offered people choices to encourage people to make their own decisions.

People were supported to have healthier lives. Staff assisted them to access health professionals when needed to ensure their health and well-being was monitored.

Staff were well trained and received appropriate support from the registered manager.

People told us they enjoyed caring relationships with the staff.

People were treated as individuals by staff committed to respecting people's individual preferences. Care plans were person centred and people were actively involved in developing their support plans.

The registered manager had systems in place to ensure concerns and complaints were responded to in an

appropriate way.

The culture of the service was positive, open and person centred.

The service was well led by the registered manager who was keen to employ innovative ways of working to develop the service. There were effective systems in place to monitor the quality of the service provided to people which ensured good governance.

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 and update:

At the last inspection this key question was not rated due to insufficient evidence to support a rating (published 19 June 2019).

Why we inspected:

This was a planned inspection in line with our inspection schedule. We found the service met the characteristics of a "Good" rating in all areas.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

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.

# Shilo

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service, including notifications received about key events that occurred at the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used this information to plan our inspection.

#### During the inspection

We visited the agency's office on 2 March 2020. We spoke with the registered manager and two support workers. We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the

service, including policies and procedures were reviewed.

After the inspection

We spoke with three people and one relative by telephone about their experience of the care provided to people.

# Is the service safe?

## Our findings

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

At the last inspection this key question was not rated due to insufficient evidence to support a rating. At this inspection this key question has now been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from harm and potential abuse. People said they felt safe in the care of the staff.
- There were safeguarding systems in place that staff knew about and were able to describe the types of abuse they may encounter. They were clear about their responsibilities in relation to responding to and reporting any safeguarding concerns. This has helped reduce the risk of abuse to people.
- Staff confirmed they received training about safeguarding people from abuse.
- No safeguarding concerns were raised since the last inspection.

Assessing risk, safety monitoring and management

- The registered manager assessed risks to people and to staff. This included risks at their home as well as in the community. Guidance was in place for staff to follow to reduce these risks and maintain safety.
- People's risk assessments were regularly monitored, reviewed and updated to keep pace with people's changing needs.

Using medicines safely

- At the time of our inspection no-one required support with their medicines. Appropriate policies and procedures were in place should someone require this support in future.
- The registered manager told us staff had completed training in the safe administration of medicines. This was confirmed by staff which they said they had found useful.

Staffing and recruitment

- There were sufficient staff to meet people's needs and provide them with the level of support they required.
- Safe recruitment practices were followed. This helped to ensure people received care from staff who were of good character and suitable to work in care.

Preventing and controlling infection

- Staff received training to do with infection prevention and control. Staff told us they used personal protective equipment [PPE] when supporting people with their personal care. This helped to protect them against the risk of spreading infection.

Learning lessons when things go wrong

- There were policies and procedures in place to record and report incidents and accidents. The registered manager told us should an incident occur they would review all the information and ensure appropriate action was taken to ensure a person's health and safety. At the time of our inspection no incidents or accidents had occurred.



# 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.

At the last inspection this key question was not rated due to insufficient evidence to support a rating. At this inspection this key question has now been rated good. This meant 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 told us their needs were assessed and reviewed. Outcomes were agreed with people and were supported by clear action plans and guidance for staff to follow in their care and support plans. Staff told us they found people's care plans easy to follow.
- Equality and diversity were considered in the assessment of needs. For example, people's religious, cultural needs and lifestyle choices had been discussed and included in people's care plans. This ensured staff were aware of people's needs and were able to protect them from discrimination.

Staff support: induction, training, skills and experience

- Staff received a wide range of appropriate training to enable them to meet people's needs. People and relatives told us staff were well trained. One person told us, "My carers know what they are doing, they seem to be well trained." Another person said, "My carers are very knowledgeable and understand my needs."
- Staff were competent, knowledgeable and skilled. They described a range of training which included induction that they had completed before they began to support people. Staff said the training they received helped them improve the quality of the care they provided.
- Staff told us they felt supported by the registered manager and they received supervision and feedback about their performance. Records confirmed this.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us staff supported them with the preparation of their meals as and when necessary. One person said, "My carer makes my meals for me when I need that help." Another person said, "I get help with my meals, usually with my breakfast." Care plans contained information about people's preferences and support arrangements for their meals.

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

- People told us they were supported to access healthcare services they required and staff said they supported people when there were changes in their health and well-being. One person told us, "Carers have helped me get to the GP and attend other healthcare appointments."
- The registered manager liaised with health and social care professionals in ensuring people had access to the healthcare they needed, and in providing advice to relatives. This helped to support people to maintain their health and well-being.

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

- People's health needs and contact details of health services such as GPs were recorded in their files. Staff knew who to contact if they were concerned about people's health.

#### 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. We checked whether the service was working within the principles of the MCA.

- Staff had knowledge of what to do if they were concerned someone they supported may lack capacity to decide about an issue. They knew that decisions that needed to be made in people's best interest should be undertaken with the involvement of people's relatives, and healthcare and social care professionals.
- Staff told us that they always asked people for consent and gave them choices when supporting them with personal care. People confirmed that they were involved in decisions about their care.

# 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.

At the last inspection this key question was not rated due to insufficient evidence to support a rating. At this inspection this key question has now been rated good. This meant 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 were well treated and appropriately supported by staff to meet their varying needs. They provided positive feedback about staff and the service. For example, a person commented, "Truthfully you couldn't get better staff, they are kind and considerate." Another person said, "The carers treat me with respect and kindness."
- Staff spoke about people with kindness and compassion and with detailed knowledge about those people they supported.
- Care plans included details of people's wishes, preferences and guidance for staff on how to meet people's needs.
- The registered manager had a good awareness and understanding of equality and diversity, which helped to reduce the risk of discrimination. They explained to us they ensured staff had the appropriate guidance through training and discussion at staff team meetings. Staff told us they did not discriminate against people because of differences such as disability, age or religion.

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

- People said they were fully involved in the planning of their care. They told us they were encouraged to be as independent as possible. They said staff asked them about their wishes and preferences.
- People told us there was good communication between themselves and staff. One person told us, "They always ask me how I would like my support to be provided and they keep me up to date with any changes needed. I feel very well informed by this agency."

Respecting and promoting people's privacy, dignity and independence

- Staff were committed to protecting people's privacy. People and relatives told us staff protected people's right to receive care and support in a dignified manner.
- Staff explained how they ensured people's privacy by closing a door or drawing a curtain when, for example, supporting people with personal care.
- People were supported to do as much as possible for themselves. Care plans included details of areas where people needed and did not need support with. Staff told us they encouraged people to do as much as possible by themselves.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was not rated due to insufficient evidence to support a rating. At this inspection this key question has now been rated good. This meant 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

- Care plans included details of people's social, physical, emotional, medical needs and included people's preferences and contact details of their relatives. People's comments included, "I have been the central focus of my care." and "Staff have made sure I have been fully involved in the process [care planning process]." This ensured that staff had the right information to be able to provide personalised care.
- Staff responded to changes in people's needs. The registered manager told us that when people's needs changed, they reviewed people's needs with people and their relatives. This helped to ensure people received the right amount of care and support they needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had a good understanding of the AIS and people's communication needs were assessed and documented within their care plans. Staff were knowledgeable on how different people expressed themselves. Staff told us they took time to listen and engage with people.
- People's communication needs were regularly reviewed and information on individuals' communication preferences and useful communication strategies for staff were documented.

Improving care quality in response to complaints or concerns

- The registered manager had an appropriate policy and procedure in place that set out the steps someone would need to take if they had a complaint. This included an appropriate timescale within which they might expect a response to their concerns.
- Staff were aware of how to assist people if they had a concern or a complaint to make. Any feedback received was used to develop and improve the services.
- People and their relatives told us they would talk with staff or the registered manager if they had any complaints.

End of life care and support

- People were supported to make decisions about their preferences for end of life care if they so choose and these were retained in individual care plans for reference.
- The registered manager told us that they liaised with health and social care professionals and specialised services including local hospices to provide people with appropriate care and support when it was required.

# 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.

At the last inspection this key question was not rated due to insufficient evidence to support a rating. At this inspection this key question has now been rated good. This meant the service was consistently managed and well-led.

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

- There was a small but effective management and staffing structure in place that promoted person-centred care and transparency. The registered manager understood their duty of candour responsibility to notify CQC appropriately of significant incidents including allegations of abuse and serious injuries.
- People and their relatives spoke positively about the service they received from staff. They said the registered manager and staff were committed to providing high quality care. Comments included, "The registered manager and the staff provide excellent care for me," and "It is a very good service." People said they felt listened to and were able to approach the registered manager and other staff about any concerns they may have.

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

- Quality assurance audits helped to ensure areas for improvement were identified and action taken to continuously improve the quality of the service provided.
- Staff were well supported with good training and one to one supervision. Regular spot checks of staff practice were undertaken by the registered manager that monitored how staff were working practically with the person as well as monitoring their performance. In this way they were able to ensure improvements were made where necessary.
- Quality audits included regular telephone monitoring calls to people, unannounced spot checks and feedback surveys to gain the views of people, their relatives and staff. There were systems in place to review incidents and accidents which helped to ensure action was taken to prevent a recurrence.

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

- The registered manager and staff regularly spoke with people to ensure they were happy with the service they received.
- People received a service from staff who were knowledgeable, well trained and committed to their work. Staff said they worked in an open and friendly culture.

Continuous learning and improving care

- The registered manager stayed up to date with best practice guidance and any changes in legal requirements. The registered manager also completed regular training and professional development

courses. Knowledge gained through these processes was used to ensure continuous development and improvement of the service.

- Quality assurance systems helped to ensure areas for improvement were identified and action taken to continuously improve the quality of the service provided. Staff regularly spoke with people to ensure they were happy with the service they received. The registered manager worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided.