

Safehands Care Limited

Safehands Care Ltd

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

Safehands Care Ltd provide a domiciliary care service to people who require support in their own homes and supported living tenancies. People supported include children with a disability, older adults, adults with physical and learning disabilities or mental illness and individuals who need assistance due to illness. At the time of our inspection visit the service supported 60 people in the community and eight people in two supported living houses.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We spoke with 12 people supported in the community and six family members. They told us staff who visited them were polite, friendly and caring. They told us they received patient and safe care and they liked the staff who supported them. Comments received included, "My carers are very nice and professional people. They don't rush me and I feel safe in their care." And, "The staff who visit me are very good and I am happy with my care."

Four people living in the supported living house we visited told us they were happy, safe and liked the staff who supported them.

Prior to our inspection visit a number of people supported in the community had experienced problems with the reliability of their carers and poor communication from the services management. We spoke with 12 people receiving care and six family members. Although not everyone was completely happy, the majority of people we spoke with said there had been improvements. They told us the reliability of their carers had improved and they had been contacted if their carers were running late. One person said, "They had lots of staffing issues and it was really bad but is much better now."

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and

experience required to support people with their care and social needs.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People told us they received their medicines at the times they needed them.

The service had safe infection control procedures in place and staff had received infection control training. Staff had been provided with protective clothing such as gloves and aprons as required. This reduced the risk of cross infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People's care and support was planned with them. People told us they had been consulted and listened to about how their care would be delivered.

Staff supported people to have a nutritious dietary and fluid intake. Assistance was provided in preparation of food and drinks as people needed.

People were supported to have access to healthcare professionals and their healthcare needs had been met.

People told us staff were caring towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

The service had information with regards to support from an external advocate should this be required by people they supported.

People told us staff who visited them treated them with respect and dignity.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The service had kept a record of complaints received and these had been responded to appropriately.

The service used a variety of methods to assess and monitor the quality of the service. These included daily service meetings, quality assurance visits, satisfaction surveys and care reviews.

The registered manager and staff were clear about their roles and responsibilities and were committed to providing a good standard of care and support to people in their care.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Safehands Care Ltd

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 was planned to check 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.

Safehands Care Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. The service covers a wide range of dependency needs including adults, children, people with a learning disability, people with mental health problems and younger adults.

Safehands Care Ltd also provides care and support to people living in two supported living settings 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.

This comprehensive inspection visit took place on 17 April 2018 and was announced. The provider was given 24 hours' notice because the location provided a domiciliary care service to people who lived in the community. We needed to be sure that we could access the office premises.

The inspection team consisted of two adult social care inspectors and an expert-by-experience. The expert-by-experience had personal experience of using or caring for someone who used this type of care service. The expert by experience had a background supporting older people.

Before our inspection on 17 April 2018 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the services had been received.

We contacted the commissioning departments at Lancashire County Council and Blackpool Council. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we spoke with a range of people about the service. They included 12 people supported in the community, six family members, four people in a supporting living house and four staff supporting them. We also went to the Safehands Care Ltd office and spoke with the regional operations manager, registered manager, branch manager and four staff members providing care in the community. We looked at the care records of five people, recruitment and supervision records of four staff members, the training matrix and records relating to the management of the service.

Is the service safe?

Our findings

We spoke with people about the service they received and whether they felt safe in the care of staff who supported them. Comments received included, "I like the girls who visit me and feel completely safe in their care. No issues at all with any of them." And, "I feel comfortable and safe with my carers. They are very patient and take their time with me."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding vulnerable adults training and understood their responsibility to report any concerns they may observe to keep people safe.

The service continued to complete risk assessments to identify the potential risk of accidents and harm to staff and people in their care. Risk assessments provided clear instructions for staff members when they delivered their support. Where potential risks had been identified action taken by the service had been recorded.

Prior to our inspection visit a number of people supported in the community had experienced problems with the reliability of their carers and poor communication from the services management. This had meant people hadn't received the support they required when needed. We spoke with 12 people who received care and six family members. Although not everyone was completely happy the majority of people we spoke with said there had been improvements. They told us the reliability of their carers had improved and they had been contacted if their carers were running late. They also told us staff stayed for the amount of time allocated and provided the supported needed. Comments received included, "Time keeping of our carer is very good. They haven't let us down once. I received a call yesterday saying they had been held up but were on their way." And, "I have had issues with lateness but this has improved greatly." Also, "They have been struggling but it is getting better now. New staff members shadow experienced staff until they get used to us."

The service had responded to concerns about the reliability of their carers, poor management and communication. A number of underperforming staff and management had been replaced. The service had also recently invested in a telephone logging system to monitor staff visits to people's homes. This enabled the service to monitor staff had arrived and left their visits when they were supposed to. This showed lessons had been learned and the provider had responded to safety concerns.

We looked at medicines and administration records at the supported living house we visited. Medicines had been managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. Medicines had been ordered appropriately, checked on receipt into the house, given as prescribed and stored and disposed of correctly. Staff had received training and had competency checks to assess if they had managed medicines safely.

Staff had received infection control training and had been provided with appropriate personal protective clothing such as disposable gloves and aprons. This meant staff and people they supported were protected

from potential infection when delivering personal care.

Is the service effective?

Our findings

People supported by the service had received a full assessment of their needs before carers commenced their visits. This ensured the service had information about support needs of people and they were able to confirm these could be met. Following the assessment the service, in consultation with the person to be supported or family member had produced a plan of care for staff to follow. We saw evidence the service had referenced current legislation, standards and evidence based guidance to achieve effective outcomes for people in their care.

People told us staff understood their needs and said they were happy with the care and support they received. Comments received included, "I have the same group of carers who deliver my care how I want." And, "Well trained and professional staff who know what they are doing."

We spoke with staff members, looked at individual training records and the services training matrix. All new staff had received a five day induction which met the requirements of the national standard of good practice. Regular refresher training had been provided for existing staff ensuring their knowledge and skills were updated

Care plans seen confirmed people's dietary needs had been assessed and support and guidance recorded. People we spoke with told us they were happy with the support they received with their meals.

The service shared information with other professional's about people's needs on a need to know basis. For example, when people visited healthcare services staff assisting with the visit provided information about the person's communication and support needs. This meant health professionals had information about people's care needs to ensure the right care or treatment could be provided for them.

People's healthcare needs continued to be carefully monitored and discussed with the person as part of the care planning process. People we spoke with told us they were happy with the support they received with their healthcare needs. The relative of one person supported by the service said, "The staff really stepped up when [relative] experienced a serious health problem. I hope other people get treated the same as [relative]."

We looked at how the service gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). We saw written consent to care and treatment had been recorded on people's care records by the person or family member. Where people lacked mental capacity we saw this had been considered during best interests meetings and had been reflected in their care records.

Is the service caring?

Our findings

People supported by the service told us they were treated with kindness and staff were caring towards them. Comments received included, "The girls who visit me are lovely. They are so kind and caring and I so look forward to seeing them." And, "I have no concerns about [relatives] carers. They are very helpfull, cheerful and bubbly characters. [Relative] likes them."

We looked at people's care records and found evidence they had been involved with and were at the centre of developing their care plan. The plans contained information about their current needs as well as their wishes and preferences. Daily records completed were up to date, well maintained and informative. We saw evidence to demonstrate care plans had been reviewed and updated on a regular basis. This ensured the information documented about people's care was relevant to their needs.

There was clear collaboration between the service and people they supported. For example, people's preferences and information about their backgrounds had been recorded. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support they wanted to retain their independence and live a meaningful life.

The registered manager and staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting individual's uniqueness. People supported by the service told us staff showed an extremely sensitive and caring approach towards them during their visits.

Staff we spoke with showed they had an understanding and an appreciation of people's individual needs around privacy and dignity. People supported by the service told us staff spoke with them in a respectful way and they were treated with dignity during delivery of their personal care. The relative of one person said, "We are happy that [relative] is treated with dignity and respect. We had thought about using another agency with all the problems but they have been resolved. [Relative] receives really good care."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The service had information details for people and their families if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

We found the service provided care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care and support. One person we spoke with said, "The staff understand my needs and what is important to me."

The service had technology to assist people at the supported living house to have contact with family members or friends if they wished. A hand held computer (IPad) was available for people to use in their rooms to communicate through skype which is an internet based communication service. In addition one person with communication difficulties had been provided with a communication aid to enable them to express their needs more effectively with staff supporting them.

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. We saw complaints received by the service had been taken seriously and responded to appropriately.

People's end of life wishes had been discussed with them and their family members and recorded so staff were aware of these. The registered manager told us although they were not presently supporting people with end of life care they were able to offer this level of support if required.

Is the service well-led?

Our findings

We asked people supported by the service and their relatives if they felt it was well managed. They told us they had experienced problems with poor management, communication and late visits. However people told us things had improved recently and they were a lot happier with the service. Comments received included, "The new branch manager has set high standards for the staff and things have definitely improved." And, "They have been getting a lot better since the new branch manager took over. It's much better this year."

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the service had clear lines of responsibility and accountability. The registered manager and her staff team were experienced, knowledgeable and familiar with the needs of the people they supported.

The service had systems and procedures in place to monitor and assess the quality of their service. These included seeking views of people they support through satisfaction surveys. We looked at the outcome of survey responses received in October 2017. This showed people had been involved in planning their care and were happy with their carers. They said they were treated with care and dignity. However people had expressed dissatisfaction with office staff not informing them about changes made to their care packages. The registered manager informed us changes had been made to the management of the service following the survey.

Additional quality monitoring procedures had been introduced including home visit assessments and telephone monitoring. A number of people we spoke with during the inspection confirmed they had received visits from office staff and courtesy telephone calls to check everything was ok. Comments received include, "I received a call from the office recently asking if everything was ok with my visits. I told them I am very happy now. Communication with the office is much better." And, "I have just completed a satisfaction survey with the office. I told them I was much happier." Also, "The new manager has been out to introduce herself to me."

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners, occupational therapists' and district nurses.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.