

Protecthand Care Limited

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Inspection report

8B (7A) Elms House, Elms Industrial Estate
Church Road, Harold Wood
Romford
RM3 0JU

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13 December 2022

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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

Protecthand Care Limited is a domiciliary care agency and is based in the London Borough of Havering. The service provides personal care to people in their own homes. 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.

At the time of our inspection, the service provided personal care to 6 people in their own homes.

People's experience of using this service

People experienced good care. Relatives told us staff were kind and caring. Each person had their needs assessed and a care plan so that staff knew how to support them. Staff were checked, trained and supported to carry out their roles effectively.

Staff managed medicines well and supported people to access healthcare, when needed. They supported people with their dietary needs and ensured people received person-centred care. Staff worked well with other professionals to ensure people's needs were met. Risks to people were assessed and systems put in place to manage risks. Staff understood people's preferences, likes, dislikes and treated people with respect. They ensured people's privacy and dignity was maintained, and people were not discriminated against because of differences such as sex, sexuality, age and religion.

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

The provider carried out audits, sought feedback, reviewed care plans and welcomed complaints. They used all this to drive continuous improvement.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 30 December 2021) and there were breaches of regulations.

We issued a requirement notice to the provider for breaches of Regulation 12 (safe care and treatment) and Regulation 17 (good governance).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection and following concerns raised about the safety of the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect

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

Protecthand Care Limited

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 provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The 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.

Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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.

Inspection activity started on 13 December 2022 and ended on 16 December 2022. We visited the location's office on 15 December 2022.

What we did before the inspection

We reviewed the information we already held about the service. This included the last inspection report and

notifications. A notification is information about important events, which the provider is required to tell us about by law. We sought feedback from health and social care professionals. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with the registered manager, reviewed 2 people's care files, 4 staff files and a range of documents such as the provider's various policies, procedures and records related to the management of the service.

We spoke by telephone with 2 relatives and 2 staff.

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 rated Requires Improvement. At this inspection this key question has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found the provider was not completing risk assessments in full for some people. We found, for example, the provider had not completed risks related to health conditions such as diabetes and no information was given about the signs and symptoms staff should look for to manage the care of people with a diabetes diagnosis. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely. Copies of risk assessments were kept at people's homes and staff told us they found this helpful.
- Risk assessments were detailed and covered areas such as mobility, diabetes, oral care, skin integrity, emotional support, and environment. The assessments provided guidance for staff on how to manage the risks. These were reviewed to ensure any new risks were identified and managed by staff.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. One relative told us, "Definitely, [person] is safe. Staff know [person and their needs] well"
- Staff had received training on how to recognise and report abuse and they knew how to apply it. A member of staff said, "I will report any abuse to my manager. I know also I can report to CQC, local government or the police. I have read the whistle blowing policy."
- The provider's adult safeguarding policy was up to date and contained information on the procedures to follow to manage safeguarding concerns.

Staffing and recruitment

- The provider had a staff recruitment system, which ensured staff employed were safe to work with people. As part of the employment process, staff completed application forms, attended interviews, provided written references and underwent criminal record checks.
- Staff recruitment also included training, completing staff induction and shadowing existing and experienced staff for a period of time. This allowed new staff to get to know people and to understand how the service operated.

- Relatives were happy with staff and timekeeping. One relative said, "Staff always came and there were no missed visits."
- The provider told us they had enough staff to support people. They said they kept recruiting and training new staff to ensure they always had enough staff.

Using medicines safely

- Staff managed medicines safely. A relative said, "Staff administered [person's] medicines as prescribed by the GP. I have no complaints."
- The registered manager audited medicines regularly and there were no gaps in the medicine administration charts we reviewed.
- Staff had been trained on medicines and their competency had been assessed to ensure they were competent to manage medicines safely.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infections. Staff had received training on infection prevention and control.
- Staff competency was checked on using Personal Protective Equipment (PPE) safely and a COVID19 risk assessment had been completed to ensure staff were safe when supporting people.
- Staff confirmed they had access to PPE such as gloves, aprons, shoe covers and used this when supporting people with personal care.

Learning lessons when things go wrong

- The provider had systems in place to learn lessons following incidents. There were systems in place for reporting, recording and investigating incidents and accidents to ensure lessons were learnt and to prevent re-occurrence.

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 rated Requires Improvement. At this inspection this key question has changed to 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

At the last inspection we found pre-assessments of some people's needs were not comprehensive and did not include people's preferences with support and risks in detail to ensure care was personalised. At this inspection we found they had taken action to address this issue.

- Staff completed a comprehensive assessment of each person's physical and mental health before people started using the service. After receiving referrals from health and social care professionals, the registered manager visited people and completed pre-assessment of their needs.
- Pre-assessments detailed people's needs, choices and preferences of how they wanted to be supported. Records showed people and their relatives were involved in the assessments of needs. A relative told us, "Yes, I discussed [person's] needs with the manager."

Staff support: induction, training, skills and experience

- People were supported by staff who had received training related to their roles. This included training in a wide range of people's needs including diabetes awareness, communication and medicine administration.
- Staff told us they were happy with the training they received. A member of staff said, "I had lots of training. They are helpful."
- Staff received support in the form of continual supervision and appraisal. A member of staff told us they had regular supervision and an annual appraisal. We confirmed this in the staff files we reviewed.

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

- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. Care plans detailed people's dietary needs and preferences.
- People had their relatives to plan and do food shopping. This ensured people were able to eat and drink in line with their cultural preferences and beliefs. Staff worked with relatives to ensure people's dietary needs and preferences were met.

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

- Multi-disciplinary teams of professionals were involved in the support plans to improve people's care and health.
- Support plans contained details of health professionals and guidance for staff on what to do or who to contact in case people needed emergency medical support.

- People were registered with their own GPs.

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- The service followed the principles of the MCA. Staff considered people's capacity to make informed decisions in their assessments.
- Staff had training and understanding of the principles of the MCA and this informed the way they supported people. A member of staff commented, "I explain to [person] what I am doing and ask [person] for [their] consent." I respect [person's] decision."

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 our last inspection we rated this key question Good. The rating for this key question has remained 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; respecting equality and diversity

- People were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated. For example, people's preferences of support being provided by a female or male staff member was recorded in care plans and provided by the service.
- People felt valued by staff who showed genuine interest in their well-being and quality of life. We noted genuine friendly and considerate telephone conversations between the registered manager and relatives. A social care professional wrote, " [We] have found staff to be caring and compassionate."
- Relatives spoke highly of the staff. One relative, "Staff are all good." A complimentary note sent to the provider by one relative stated, "Excellent empathetic care. Always on time, always cheerful and kind to [person]."
- Staff understood and respected people's equality and diversity. They had attended equality and diversity training. One member of staff said, "We do not discriminate service users because of their differences such as race, gender, religion or age."

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

- Staff listened to people. A relative told us, "Staff do listen to us."
- People and their relatives were involved in care plans. The care plans were reviewed regularly, and their relatives were able to make decisions about people's care.
- The service was not always provided for prolonged periods of time (for example, a year), which meant that the provider couldn't implement annual surveys. However, the provider collected telephone and frequent written feedback from people and relatives about the quality of the service. These showed people and relatives were satisfied with the service.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy, dignity and independence. One member of staff gave a description of how they closed doors when providing personal care to ensure people's privacy. This showed staff understood the importance of ensuring people's privacy.
- Staff promoted independence. One member of staff told us, "I encourage people to do for themselves if they can. I have to make sure they can do it and are safe. It is important they try to do by themselves if they can."

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 rated Requires Improvement. At this inspection this key question has changed to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of Life care and support

- At our last inspection we found the provider did not develop a care plan for one person. We found staff relied on the person's pre-assessment of needs in providing them with care. The provider told us they did this because the person required care urgently. After the inspection, a completed care plan for the person was developed and sent to us.
- At this inspection we found people had care plans, which provided information about their health care needs, preferences, interests, communication abilities, preferences of care workers and personal relationships.
- Support was focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life.
- Care plans were person-centred and detailed the support staff needed to provide for people to achieve good outcomes. These were written from people's point of view, which meant staff were guided by people's needs and wishes.
- Staff discussed with people and/or their relatives of ensuring people's goals were meaningful and achievable. A relative told us, "Yes, we discuss [person's] needs; we are involved [in care planning]."
- People's end of life care, their preferences and wishes were detailed in their care plans. Staff understood how end of life care was organised and worked effectively with all relevant people involved in people's care.

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.

- At our last inspection we found people's ability to communicate was not recorded in their care plan, to help ensure their communication needs were met. At this inspection people's communication needs and preferences were set out in their care plans.
- Staff understood and were able to communicate with people effectively. A member of staff said, "We communicate with service users according to their needs, and this can be using verbal, objects, writing or pictures. It can also be body language and gesture."

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints if they wished to do so. The provider's complaints policy and procedure were included in people's files, a copy of which was kept at

people's homes.

- The provider told us they welcomed complaints as a tool of improvement. They told us all concerns and complaints would be taken seriously, investigated, learned lessons from them, and shared the learning with the stakeholders. No complaints had been received since the last inspection.
- The provider had received compliments through letters, cards and emails. A sample of the compliments included, "I can't thank Protecthand Care enough. I would highly recommend them. [Person] has great care from Protecthand Care."

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 rated Requires Improvement. At this inspection this key question has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found shortfalls in risk assessments, pre-assessments, care plans quality assurance systems. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Following the last inspection, the provider sent us evidence that improvements were being made, for example, updated risk assessments, completed care plans and pre-assessments and audits of medicines. Further, the provider told us training and induction would ensure newly employed staff were clear about their roles and regulatory requirements to deliver quality in their performance.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of the services they managed. A relative made positive comments about the registered manager and said, "I am in total admiration of the job they did. Couldn't fault them."
- Professionals were positive about the service. [Staff] provide a professional service and the response rate is immediate which is vital to support our services." □
- The provider invested in staff by providing them with training to meet the needs of all individuals using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People's beliefs, preferences and backgrounds were recorded and staff understood how to support people considering their equality characteristics.
- An independently managed online review of the quality of the service was available. This ensured that people, relatives and those interested in the service could give feedback and check how others felt about the service. At the time of our visit, we saw five people's reviews, which were all positive.
- The provider used various methods such as auditing of aspects of the service, obtaining feedback through regular telephone monitoring, spot checks and reviewing incidents, accidents and complaints to improve the quality of the service.
- The provider attended meetings and shared latest care policies and practices with other providers. They

also subscribed to care associations in order to keep themselves with latest information and improve the service continuously.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider worked directly with people and led by example.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. A member of staff said, "I like working for the service. The manager is available anytime to talk to and is supportive."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their duty of candour. They told us they would be open, honest and apologise if things went wrong. They said, "We would not hide anything; we would be open and learn from mistakes."