

Safehands Live In Care Ltd

Burney House, Office 13

Inspection report

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Date of inspection visit:
31 August 2016

Date of publication:
28 September 2016

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

This inspection took place on 31 August 2016 and was announced. The registered manager was given 48 hours' notice of the inspection so they would be available at the office to facilitate our inspection. This is the first inspection since the service was registered with the Care Quality Commission in 2014.

There was a registered manager in post. 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.

Safehands Live In Care Ltd 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 13 people and all of them had a live-in staff. The service had around 26 staff in their employment.

People and their relatives were happy with the service. They felt the service was managed well.

Staff were knowledgeable about safeguarding and knew how to identify and raise safeguarding concerns to keep people safe. They knew what action to take if they were concerned that abuse or neglect was taking place. Risks associated with people's care and support had been assessed.

People received support from trained staff who were skilled and knowledgeable in meeting their needs. Staff had regular contact with the registered manager to discuss any issues or concerns they might have relating to people's care and support.

Staff had received training about the Mental Capacity Act 2005. The registered manager and staff understood when and how to support people's best interest if they lacked capacity to make certain decisions about their care.

People were supported to take their medicines the way they preferred. There was a policy and procedure about safe administration of medicines. Staff had been trained to administer medicines safely.

The service employed enough staff to meet the needs of the people using the service. New staff underwent an induction programme, which included relevant training courses and shadowing experienced staff, until they were competent to work on their own.

The recruitment selection system ensured that staff were checked and suitable to work with people.

People were supported with their meals to ensure they received food and drinks they liked to help keep them as healthy as possible.

People's needs had been assessed before they started using the service. People were involved in developing their care plans which were individualised and identified their needs and preferences.

The service had a complaints policy. People and their relatives told us they were happy with the service they received and were comfortable to raise any concerns with staff if something was wrong.

People and their relatives felt staff were caring and supported them to maintain good health. Staff were kind in their approach and knew people well.

The provider had a system in place to enable people to share their views about the service provided. There were also systems to audit and identify what improvements needed to be made.

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. There were systems to reduce the risk of abuse and to assess and monitor potential risks to people who used the service.

People were protected by safe recruitment procedures. There were sufficient numbers of staff to meet their care and support needs.

There were systems to ensure people received their medicines safely, which included staff receiving medicines training.

Is the service effective?

Good ●

The service was effective. People received care and support from trained staff who knew their needs well.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

Staff understood their responsibility to help people maintain their health and wellbeing.

People were supported to have a healthy and nutritious diet. They had access to appropriate health care professionals when required.

Is the service caring?

Good ●

The service was caring. People were treated with dignity and respect and staff were kind and respectful to them.

Staff supported people to maintain their independence where possible.

Staff took time to listen and interact with people so they received the care and support they needed.

People were able to make choices about their care and their views were taken into account.

Is the service responsive?

Good ●

The service was responsive. People received personalised care, which was recorded in their care plans and reflected their wishes and preferences. Care plans were reviewed and updated in a timely manner.

People were supported to engage in meaningful activities of their choice and were involved in the local community.

There was a system in place to tell people how to make a complaint and how it would be managed. Where concerns had been raised the registered manager had taken appropriate action to resolve the issues.

Is the service well-led?

Good ●

The service was well led. There was an open culture within the service, which was focussed on people.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

There were audits and systems in place to monitor the quality of care people received and to drive improvements.

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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.

This inspection took place on 31 August 2016 and was carried out by one inspector.

Before the inspection, we reviewed the information we held about the registered provider, including previous notifications and information about any complaints and safeguarding concerns received. A notification is information about important events which the registered provider is required to send to us by law.

During the inspection, we reviewed people's records and a variety of documents. These included four people's care plans and risk assessments, four staff recruitment files, staff training and medicine administration record (MAR) sheets. We also looked at records relating to how complaints were managed. We spoke with the registered manager and registered provider.

After the inspection we spoke with two people using the service, three relatives and three members of staff to obtain their views of the service.

Is the service safe?

Our findings

People and their relatives felt the staff looked after them a safe manner. One person said, "I am very happy with my carer." A relative told us, "[Staff] is very caring, I am not worried at all when she is around, she is like part of our family."

The service had policies and procedures to keep people safe from harm and abuse. This informed staff about how to prevent abuse, recognising signs of abuse and how to report it. Staff were trained and had a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. For example one member of staff told us, "If I see any unexplained bruising on someone, I will report it straightaway to the office or to the manager." Another said, "I will report any concerns to the manager."

The registered manager understood how to protect people by reporting concerns they had to the local authority and the Care Quality Commission (CQC). Records showed that safeguarding concerns had been reported to the local authority safeguarding team and appropriate investigation had been carried out.

There was also a whistleblowing policy which guided staff on how they could raise concerns about any unsafe practice. Staff knew they could report concerns within the service or to outside agencies. They were confident any concerns they raised would be listened to and fully investigated to ensure people were protected.

We saw care and support was planned and delivered in a way that ensured people's safety and welfare. Potential risks about people's safety within their home were assessed to ensure they were supported to remain as safe as possible. This helped to identify any potential risks to people or their environment.

We noted risks assessments were individual to each person and detailed the risks associated with their daily living, such as their mobility or their behaviours. There was guidance and procedures for staff on what actions to take in relation to manage these risks. The registered manager reviewed and updated the risk assessments as needed to take into account changes in people's needs, for example, when people's mobility started to deteriorate. Staff were aware of how to keep people safe and ensured they followed the guidance in the risk assessments.

The registered provider had comprehensive policies about dealing with incidents and accidents. We saw accidents and incidents were recorded in detail and were investigated by the registered manager to prevent them from happening again.

People were protected from the risk of receiving care from unsuitable staff as the registered provider carried out relevant recruitment checks before new staff started working at the service. This helped to ensure only suitable staff were employed. We saw staff had been through an interview and selection process. We checked staff files and found appropriate checks had been undertaken. These included written references, proof of identity, confirmation of previous training and qualifications and a satisfactory Disclosure and

Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People had their needs met by the same group of care staff and these arrangements provided consistency for them. A relative commented, "I am very happy with the carer and we have the same one." Another family member told us, "The carer is very good and has been with us for some time."

There were enough staff employed by the service to meet people's needs. The registered manager told us there were always enough staff to cover for sickness and holidays and to provide care and support to people who were newly referred, when required. One relative told us, "The manager sent me another carer quite quickly when the normal carer had to go due to a personal emergency."

Staff provided care and support to people on a 24 hour basis and they stayed in the person's home so they were always available if they were needed. People and their relatives were happy with this arrangement and commented they felt safe and secure knowing there was somebody around all the times. One relative said, "[Carer] is around 24 hours and this helps a lot when caring for mum."

The service had an emergency plan in place so people could continue to receive care and support during an emergency. There was an on-call system in place so there was always a member of the management team available. Staff confirmed they contacted member of the management team should they need advice or guidance. They felt they had good support when needed. For example, we saw the registered manager offered advice to one member of staff on the action to take when one person became unwell.

The service had a medicine policy which outlined the safe handling of medicines. Where people needed assistance to take their medicine, there were guidance in place on how staff must support them. Staff ensured people had taken the right medicines at the right time through verbal prompting. Only one person was independent with taking their medicines.

We looked at the medicine administration record (MAR) sheets and saw people received their medicines at the right times and staff had signed them to indicate people had taken their medicines. Where people had refused, this was also recorded. We found gaps on two of the MAR sheets where staff had not signed to say the person had taken their medicines. We discussed this with the registered manager who said they would take action to address the shortfalls. They said they would discuss the matter with the individual staff and also would remind all staff to complete the MAR sheets correctly. One staff member said, "I always remind [person] to take his medicines." Staff had received training in medicine administration.

Is the service effective?

Our findings

People had access to appropriate health care professionals when required and their relatives were happy with the care provided and were complimentary about the staff. They said staff knew what they were doing and responded to their needs accordingly. They felt staff had the right skills and knowledge to provide care and support to them. One relative told us, "I am very satisfied with the care and support of the carer. [Staff] is brilliant."

Staff were trained in areas which were relevant to their roles, such as health and safety, moving and handling, first aid, infection control, safeguarding, fire safety and food hygiene. Where needed staff were enrolled on the Care Certificate, which was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers must complete and adhere to in their daily working life. The standards are achieved through assessment and training so that staff can gain the skills, they need to work safely with people.

Staff felt the training they received was good and this helped them to meet people's needs. They said they felt very well supported and were given opportunities to discuss their learning and development with the registered manager. There was a training record for each member of staff. The registered manager regularly checked them to see if staff had completed all of their training. Staff had received refresher training as needed.

When staff started working for the service they were provided with an induction programme, which included training and shadowing experienced staff. They were given a staff handbook which had information about the service and policies and procedures they had to adhere to.

During the shadowing period, new staff would stay the night in the person's home, in order to become familiar with the needs of the people they would be providing care for. This helped to ensure new staff were aware of the care and support people needed and how to meet them.

Staff had regular one to one meetings with their registered manager to discuss any issues or concerns they may have relating to people's care and support. The registered manager told us this happened regularly and this was confirmed by the staff. During these meetings they discussed any training needs or any personal matters that might be affecting their work or performance as well as people's needs. Staff were monitored by the registered manager to ensure they work to an appropriate standard. They were provided with guidance about their practice as needed.

People had given their consent to receive care and support from staff. People's capacity to make decisions was considered and recorded during the assessment and care planning process. Staff were aware of the Mental Capacity Act (MCA) 2005. We saw policies and procedures on these subjects were in place. 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 were free to do as they wished in their own homes. Staff always ensured they gained verbal consent from the person before carrying out any tasks for example when assisting them with personal care. They were aware people could refuse for them to carry out a task and they respected their wishes.

People were able to make day to day decisions about their lives. For example, they were supported to go out if they wished and spent their time as they wanted. We saw care plans contained details about how to support people with decision making. For example, in one care plan, it was written, "[Person] is happy to visit town centre on his own to meet with friends without the carer needing to be present." Staff confirmed they offered people choices about all aspects of their lives.

People were supported to maintain good health. When people needed to be referred to other health care professionals, staff understood their responsibility to ensure they passed the information onto relatives, so that this was organised. They would also inform the registered manager if they had any concerns with someone's health. One staff member said, "If I am worried about how my client is feeling, I will inform their relatives and also I will contact the office." Records showed when staff were concerned, they took appropriate action including calling for an ambulance when one person had a fall. Relatives confirmed they had been kept informed of the health of their love ones.

We saw examples of other professionals being involved in people's care, such as a GP, who had visited one person and prescribed antibiotics. Information about people's health conditions was included in people's care plans. People were supported to attend appointments to the local hospital, eye clinic, dentist or chiropodist. We saw records which indicated the registered manager was in regular contact with health and social care professionals to ensure people's needs were fully met.

People were provided with enough to eat and drink. Staff helped them plan their meals and went shopping for the items needed if they were able to. Otherwise, the shopping lists were passed on to their relatives to do the shopping. Staff gave the receipts of items they had bought on behalf of people to their relatives. People were able to eat and drink what they wanted, however staff encouraged them to eat a varied and healthy diet.

Details about what people liked and disliked to eat were included in their care plans so staff knew what to offer people. If people needed supervision with eating, this was also recorded. For example in one care plan it was written, "[Person] has swallowing difficulties and is at risk of choking so he should not be left on his own when he is eating and drinking." This showed people were supported to eat and drink sufficient amounts to meet their needs.

Where people were at risk of poor nutrition or hydration, we saw staff monitored them closely. They recorded what the person ate and drank on a daily basis. If they had any concerns about the daily fluid intakes or how much the person ate, they would make the registered manager aware of the situation. The registered manager would seek advice and guidance from other professionals.

Is the service caring?

Our findings

We received positive feedback from people and their relatives about the service and the staff. People told us the quality of care provided was good. Staff understood the level of support people needed. One person said, "The staff are very kind and caring, I can't ask for more." Another person told us, "The carer is very good and help me with what needs doing." People and their relatives mentioned staff were friendly and approachable.

Staff knew people they supported well. They were aware of their likes and dislikes, and how they liked their needs met. For example, one person liked to have banana and muesli in the morning. Staff made sure that they provided these when the person had their breakfast.

Staff were caring and listened to people and acted on what they said. One person said, "The carer is good." Relatives felt their loved ones were always treated with respect and dignity and the staff were kind and caring. One relative told us, "The carer always looks after mum well." Staff received training in treating people with dignity and respect as part of their induction. Their practice was observed during unannounced checks which were carried out by the registered manager.

Staff understood the importance of respecting people's privacy and dignity. They gave examples of how they promoted this. For example, one member of staff told us, "When I am giving the client a wash I make sure the client is covered and I always close the door when I am providing personal care."

Information about people was treated confidentially. Staff were aware information provided in confidence should not be used or disclosed except to another authorised person and they had to seek the person's consent first. Relatives felt their family member's information was kept confidentially by staff. Staff were also aware of the Data Protection Act 1998 which controls how your personal information is used by organisations, businesses or the government. One relative told us, "Everything is kept confidential." The registered manager ensured that confidential records were regularly collected from people's homes and stored securely in the office.

People and relatives felt staff cared for them as they wanted. People were offered choices about how they wanted their care delivered. They decided on how they wanted staff to care and support them. Staff had developed relationships with people and were familiar with the way they wanted to be looked after. They demonstrated a good knowledge of the people they supported, their care needs and their wishes.

Staff encouraged people to maintain their independence as much as possible, in all aspects of life and daily activity. This helped to ensure they maintained their abilities in some areas of their care which they used to manage independently. For example one person was happy to cook their own meal but requested that the staff member stayed with them in case they needed help.

Is the service responsive?

Our findings

Before people started using the service, the registered manager carried out an initial assessment of their needs. People and their relatives were involved in the process. This covered a number of areas such as their care and support needs, wishes, preferences, routines, medical and past histories.

From the information gathered, the registered manager developed a care plan for staff to follow with the involvement of the person or their relatives. The care plans covered all aspects of the person's care for example, personal care, communication, mobility, behaviours, finances, medicines, sleeping and eating and drinking.

We saw care plans were personalised and focused on areas of care people needed. For example one person needed help with shaving and this was recorded in their care plan. In another care record, we saw staff had been provided with guidance on how to assist one person when transferring them.

People were at the centre of the service provided. Staff were responsive to their needs and took time to ensure they were met as the person wished. People were introduced to the main member of staff providing their care and support before their service started.

We noted that reviews of care plans were carried out if people's needs changed at any time. For example, we saw the registered manager had contacted other social care professionals to discuss people's care so that their needs were met. There was also a process in place where the care plans were reviewed on a six monthly basis.

The registered manager informed us that a copy of each person care plan was kept in their homes. Staff and relatives confirmed this. Staff felt care plans had enough information to enable them to meet people's needs and they were very informative.

People were able to take part in activities and lived their lives how they wanted. Staff encouraged them to go out, and do the things they like doing. For example we saw staff accompanying people to concerts, football matches or to do their weekly shopping. Staff were knowledgeable about people's preferred routines. They sometimes spent time just chatting with people and talked about different topics that people were interested in. One relative said, "They [Staff] do not just do personal care but she also spends time talking to [person] and he enjoys this."

People were supported to maintain relationships with the people who mattered to them. Relatives visited them on a regular basis and also were in regular contact with the staff. This helped to ensure people were not socially isolated. One relative told us, "I normally visit once or twice a week and sometimes they don't know I am coming." One member of staff said, "[Person] goes out with her friends regularly."

The service had a complaints procedure which was given to people at the start of their care package. People were encouraged to raise any issues with either the registered manager or the staff. One person told us "If I

am not happy about something I will speak with the manager or contact the office." A relative told us, "I am very happy with the agency and I have no complaints."

We looked at the complaints records and saw the registered manager had investigated them and the details of the complaints were recorded along with what action had been taken, the outcome and any lessons learned. This ensured any concerns, were dealt with appropriately to the satisfaction of the complainant. Staff told us they would report any concerns or complaints to the registered manager if the person they were caring for, was unable to do so.

We saw the service had received some compliments from people or their relatives. Some were about staff and others about the service. For example, one relative wrote, "I just want to say thank you for the help and care that your agency provided to mum. If you could let the girls know, mum and I were happy with the care, especially [staff] and tell her sorry that we will not see her again."

Is the service well-led?

Our findings

People and relatives felt the service was managed well. One relative said, "It's a good agency." Another told us, "I am very grateful to the support and care that the staff provide. The manager is always available if I need to discuss anything." Staff also commented positively about how the service was led.

The registered manager had been in post since the service first started operating. People and their relatives felt confident they could contact the registered manager at any time and were satisfied with the response they received. The registered manager contacted people using the service and their relatives on a weekly basis to ensure they were well and to monitor the service people received. One relative said, "The manager contacts me quite often to see if everything is fine." This showed the registered manager was committed and proactive in improving the service people received.

The registered manager had an open door policy regarding communication. People and their relatives were familiar with the registered manager as they visited them. One relative said, "The manager is very good, they deal with things very quickly."

Staff were clear about their roles and responsibilities and said they felt valued by the management team. They mentioned their views and ideas were listened to and felt the registered manager was approachable and dealt with any concerns in an effective way. Staff told us, they could speak to the registered manager at any time, about anything. One member of staff said, "I speak to the manager regularly." Another staff member said, "The manager is very supportive and they are really good."

Staff had access to policies and procedures via the office or their staff handbook. The registered provider used an external organisation for drafting their policies and procedures. We noted that some of them were still using our previous regulations. This was brought to the attention of the registered manager who said they would amend them accordingly.

The registered manager had sent satisfaction surveys to people to obtain their views about how the service was operating. However, they informed us that no surveys had been returned. The registered manager thought the reason for this, was they contacted people and their relatives on a weekly basis and if they had any issues they would speak to them. People and their relatives confirmed they would talk to the registered manager if they had any concerns about the service or the staff working in their homes.

The registered manager carried out audits to ensure the service was operating to expected standards. Care plans and risk assessments were checked regularly to make sure they were up to date. Daily reports, MAR sheets, staff training and staff personnel files were also audited. Where areas for improvement had been highlighted we saw action plans had been put in place to address them. For example, where staff had not completed records accurately or where there were gaps on MAR sheets.

We saw records were stored securely and people's records which were kept on an electronic server, were password protected.

The registered manager understood their responsibilities around meeting their legal obligations and had notified us about events within the service.

The registered provider had good links with a number of social care professionals in different parts of the country. This helped to ensure people's needs were fully met. They were also a member of the United Kingdom of Home Care Association Ltd (UKHCA). UKHCA helps providers such as domiciliary care or homecare providers, in promoting high standards of care.