Care at Hand Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook this focused inspection to assess the level of risk to people who used the service following information of concern we had received. Concerns included the safe care and treatment of people using the service, and the management of the service. Care at Hand Limited provides personal care to people in their own homes. At the time of inspection 100 people were using the service.

This report only covers our findings in relation to the location being safe and well-led. You can read the report from our comprehensive inspection carried out 10 November 2016 by selecting the 'all reports' link for Care at Hand Limited on our website at www.cqc.org.uk. In the comprehensive inspection Care at Hand was meeting the standards and had been rated as 'Good'.

The service had a registered manager. 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.

Procedures and policies relating to safeguarding people from harm were in place and accessible to staff. All staff had completed training in safeguarding adults and demonstrated an understanding of types of abuse to look out for and how to raise safeguarding concerns.

Risk assessments were in place for people using the service. Risk assessments in place were reviewed and updated regularly. Risk assessments explained the signs to look for when assessing the situation and the least restrictive ways of mitigating the risk based on the individual needs of the person.

There were sufficient numbers of care staff available to meet people's care needs and people received their medicine as prescribed. However, we did receive mixed feedback about reliability of timings of visits. We have made a recommendation about improving systems for recording late visits and last minute changes.

The provider had a robust recruitment process in place to protect people and staff had been recruited safely. Staff had the right skills and knowledge to provide care and support to people.

The registered manager was visible in the service and worked well together with the team. People were well cared for by staff who were supported and valued.

Management systems were in place to check and audit the quality of the service.

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.

Staff understood how to recognise, respond to and report abuse or any concerns they had about safe care practices.

Risks to people had been identified and assessed and there was guidance for staff on how to keep people safe.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe who had been recruited in line with current requirements.

Is the service well-led?

Good

The service was well led.

The management of the service were open and effective. Staff received the support and guidance needed to provide good care and support.

There were systems in place to obtain people's views and to use their feedback to make improvements to the service. Quality assurance systems were in place but record keeping needed slight improvement.

Care at Hand Limited

Detailed findings

Background to this inspection

We carried out an announced comprehensive inspection on 10 November 2016 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 met the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the quality of the service and to provide a rating under the Care Act 2014.

Care at Hand Limited was awarded a rating of 'Good' in all five key questions following our inspection in November 2016. In response to information of concern we received, we carried out an announced focused inspection on 01 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We inspected the service against two of the five questions we ask about services: is the service safe and is it well-led. This inspection took place on 01, 05 and 06 June 2017 and was announced. The provider was given a 48 hours' notice because the location provides a domiciliary care service and we needed to be sure somebody would be available at the agency office. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed all the information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events, which the provider is required to send us by law. We received information from representatives of the local authority, health and community services as to the level of care provided at Care at Hand limited.

We undertook phone calls to six people who used the service and three relatives. In addition we spoke with four care staff, the registered manager and the accounts manager. We looked at two people's care records and three staff files that included their recruitment, supervision and training records. We also viewed a range of records relating to the running of the service, such as safeguarding and incident records, complaint information, medication records and quality assurance systems. After the inspection we contacted four external professionals to obtain their views about the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person told us, "Oh yes, I do feel very safe with them all. I think overall, they are very good". A relative told us, "I have a key safe outside so the carers can let themselves in, and I always feel comfortable if I have to leave my [family member] that they can let themselves in and support them. "

There was a sufficient number of staff employed to keep people safe. There were no missed calls reported from anyone we spoke with. However, people's experience of reliability of timing of calls and continuity of staff visiting was mixed. Comments included, "Yes, I do feel safe with them. They wash and help dress me, and they're always nice. It's their timing of arrivals that I have the problem with. I'm often sitting around past my time slot waiting for them to arrive." "I did have a regular carer, but she has recently been off ill and I'm getting a little messed around at the moment with different carers – I wish they'd phone me to tell me who is coming." "In the main, I'm fine with the service that I'm getting. I mostly know who is coming and if they're going to be very late the carers do call me which is nice," and "9 times out of 10 I know who is coming, and they do arrive on a timely basis for me. I think they are really good. They do help me with medication, and it is all working OK, thanks".

We discussed this with the registered manager who told us they were aware of some communication issues around late calls and staff changes and was meeting with staff to discuss improvements in this area.

The provider's safeguarding and whistle blowing policies and procedures informed staff of their responsibilities to ensure people were protected from harm and abuse. Staff told us they had completed training in safeguarding and this was evident from our discussions with them. They had a good awareness of what constituted abuse or poor practice and knew the processes for reporting any concerns. One staff member told us, "I would speak to the office and adult care service if I needed to."

The provider had systems in place for assessing and managing risks. People's care records contained risk assessments which identified risks and what support was needed to reduce and manage the risk. The staff team gave examples of specific areas of risk for people and explained how they had worked with the individuals to help them understand the risks. For example, one staff member told us that a person they were supporting had care needs which required specific risk management but the information had been clearly recorded. They told us, "There was lots of guidance in the care plan, but the office also contacted us to let us know exactly what we needed to do."

Systems were in place to ensure medicines were managed safely. Records relating to the administration of medicines showed people had their medicines administered as prescribed. People told us they were confident staff would ensure they had their medicine as prescribed. One person said, "They ask me whether I've taken my tablets and help me with them if I haven't."

Good

Is the service well-led?

Our findings

Staff told us that they enjoyed working for Care at Hand. Staff told us they would have no problems raising issues with the management team if they needed to. Members of staff told us that if they needed support they could contact the office. The registered manager held an open door session regularly and staff we spoke to were aware of this. One staff member told us, "I have been here 13 years and still enjoy my job." Another staff member told us, "We have clinical supervision with [named registered manager] spot checks and managers visits." A third staff member told us, "The Company does care about people, I have never had a problem and it is really good."

Staff meetings took place to review the quality of service provided and to identify where improvements could be made. Regular staff meetings help services to improve the quality of support provided and to underline vision and values.

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, a safeguarding alert had been referred to the local safeguarding authority. During the inspection we found the notification had not been sent to CQC. We spoke with the registered manager, they assured us that this was an oversight due to a recent period of absence.

Most people we spoke with made positive comments about how the service was managed. Their comments included: "I call the office on a Saturday and they go and get me fish and chips and bring them in to me – they're always there if I need them", and "The manager has been out to visit us, and they support us very well – we have no problems." A relative told us, "I think the whole service is Brilliant and I can't fault them. When new carers start, they always come along with an experienced carer to introduce them to me and explain what's needed. My [family member] is fed by a peg and I know the carers are safe and he's comfortable with what they are doing". However, some people were concerned about recent communication and comments included, "I know the agency has had a few problems recently, as one of their key people has left and they're in a bit of turmoil, but you have to expect that when key people leave don't you." and "I don't see a manager, but I did hear that we're just about to have a review of the service so I expect we'll see them soon." The registered manager explained they had been some changes with care co-ordinators but they had appointed a new staff member and things were improving.

The registered manager recorded all communications from people in a bound book; this meant it was not always easy to assess different communications in relation to late visits or other concerns. Everyone we spoke to told us they had received their calls and we were able to see that any missed visits were recorded on incident reports. We recommend that the service seek advice and guidance to identify a more robust way of recording late calls or last minute changes to staffing, so they can more effectively assess the impact these might have on people using the service.

There were systems in place to monitor the quality of the service, including reviews of care records and

medication records. Regular checks and audits were undertaken, for instance, all medicine records were monitored noting any issues or concerns, changes in need or any issues with dependency. We were shown recent audits of incidents, safeguarding concerns and complaints and saw that the service kept notes of any feedback received from people who used the service or other stakeholders, and would analyse this information to look for trends or patterns which could help to improve the quality of the service. The registered manager told us that they discussed any issues with medication in staff meetings or supervision meetings. The service told us that some audits were outstanding due to personnel changes and we saw blank audits printed ready for staff to undertake a full audit of medication records.

The registered manager actively sought the views of people who used the service. The manager had purchased an impartial feedback service from the local care providers association, which questions were aligned to the measures considered during a CQC inspection. The service had received the results of a survey undertaken in October 2016 which had scored them highly in all areas. An action plan was in place for any areas requiring improvement. Policies and procedures to guide staff in good practices were in place and had been updated when required.