

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

This inspection visit took place on 22 March 2016 and was announced.

This was the services first inspection since it's re- registration with the Care Quality Commission (CQC) on 29 September 2015. This was because the service had recently moved premises.

Safehands Care Ltd provide a domiciliary care service to people who require support in their own homes and the community. People supported include children with a disability, older adults/adults with physical and learning disabilities. People who lived with mental illness and individuals who need assistance due to illness were also supported. The agency operates from premises based at Seaside Way in Blackpool. At the time of our inspection visit Safehands Care Ltd provided services to 117 people.

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 recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Staff spoken with told us their recruitment had been thorough and professional.

Newly appointed staff received induction training completed at the services office base over a five day period. This was followed by shadowing experienced colleagues until they felt safe to support people unsupervised.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs. On the day of our inspection visit we observed five staff members attending the services office base to undertake 'Record Keeping' training. One staff member attending the training said, "We receive lot's of training to ensure we have the skills to support people."

People supported by the service told us staff who visited them were polite, reliable and professional in their approach to their work. Comments received included, "The staff who visit me are very reliable. I can set my clock by the time of their visits." And, "The service have been great for me, I have had no problems with them."

The registered manager 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.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

Staff knew people they supported and provided a personalised service. Care plans were in place detailing how people wished their care to be delivered. People were involved in making decisions about their care.

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 being provided.

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.

People told us they were usually supported by the same group staff. This ensured people were visited by staff who understood their support needs and how they wanted this to be delivered.

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.

The provider had procedures in place to protect people from abuse and unsafe care. People we spoke with said they felt safe.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people using the service.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were sufficiently trained, skilled and experienced to support them to have a good quality of life. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Is the service caring?

Good ●

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day to day care.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good 

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People were supported to maintain and develop relationships with people who mattered to them.

People knew their comments and complaints would be listened to and responded to.

Is the service well-led?

Good 

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people were receiving. The registered manager consulted with stakeholders, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people. Quality assurance was checked upon and action was taken to make improvements, where applicable.

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 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 visit took place on 22 March 2016 and was announced. The provider was given 24 hours' notice because the location provides 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 an adult social care inspector.

Before our inspection on 22 March 2016 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 the service supported. We also checked to see if any information concerning the care and welfare of people supported had been received.

During our inspection we went to the Safehands Care Ltd office and spoke with a range of people about the service. They included the services regional care manager, branch manager, care plan co-ordinator and three staff members. We also spoke with seven people who used the service and the relatives of two people.

We looked at the care records of four people, training and recruitment records of three staff members and records relating to the management of the service. We also spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing 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. One person said, "The staff who support me have my complete trust and I feel safe in their care." The relative of one person said, "I don't live locally so I find it reassuring that [relative] is safe and well supported. [Relative] speaks very fondly about the staff who visit."

We found the service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. The service had a whistleblowing procedure. Staff spoken with told us they were aware of the procedure. They said they wouldn't hesitate to use this if they had any concerns about their colleagues care practice or conduct. When we undertook this inspection visit there had been no recent safeguarding concerns raised about staff working for the service.

We spoke with the relative of one person supported by the service. They told us they were the main carer for their relative. They said the service provided respite support so they could have a break from their caring role. We were told their relative meant everything to them and they would never leave them with just anyone. The relative said, "The carer who visits [relative] has a calming good nature and is a good influence on them. They are one in a million and I would hate to lose them."

We looked at how the service was staffed. We did this to make sure there was enough staff on duty at all times to support people in their care. We looked at the services duty rota, spoke with staff and people supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. Staffing levels were determined by the number of people supported and their individual needs. Staff members spoken with said they were allocated sufficient time to be able to provide the support people required. One person who used the service said, "The staff who visit me are very reliable. I can set my clock by the time of their visits."

People we spoke with during our inspection told us Safehands Care Ltd provided a reliable service and they had never experienced missed visits. One person said, "I am supported by staff who are punctual and polite. I haven't experienced any missed visits and don't expect to." Another person said, "There has been occasions when my carer has been held up at their previous visit. They have always rung to let me know so I haven't been worrying they weren't coming."

We looked at recruitment procedures the service had in place. We found relevant checks had been made before three new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks were required to identify if people had a criminal record. The application form completed by new employee's had a full employment history including reasons for leaving previous employment. We saw gaps in employment had been explored at interview and a written explanation provided. Two references had been requested from previous employers. These provided satisfactory evidence about their conduct in previous employment. These checks were required to ensure

new staff were suitable for the role for which they had been employed.

Staff spoken with confirmed their recruitment had been thorough. They told us they had not commenced supporting people until all their safety checks had been completed.

We looked at the procedures the service had in place for assisting people with their medicines. The registered manager told us staff prompted people to take their medicines and were also involved in administering their medication. Records we checked were complete and staff had recorded support they had provided people to take their medicines.

Staff employed by the service received medication training during their induction. Discussion with three staff members confirmed they had been trained and assessed as competent to support people to take their medicines. We spoke with seven people about the management of their medicines. They told us they were happy with the medication arrangements and received their medicines when they needed them.

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. People told us they received a good level of care and support. The relative of one person supported by the service said, "[Relative] has to feel comfortable with staff supporting them. They have done a really good job with matching their carer. He is a similar age to [relative] and provides leisure and practical support." One person supported by the service said, "I have used a few agencies and I am finding Safehands the best. My carers arrive dead on time and are always cheerful and bubbly."

We spoke with four staff members, looked at individual training records and the services training matrix. Staff told us training they received was provided at a good level. One staff member said, "I joined the agency recently and received five days induction training at the office. I then shadowed experienced colleagues for a further three days. I hadn't worked in care before and felt well trained and confident when I began supporting people alone."

Records seen confirmed staff training covered a range subjects including safeguarding, Mental Capacity Act (MCA) 2005, moving and handling, first aid and food hygiene. Staff employed by the service had received medication training. We saw they had been assessed following the training to ensure they were competent to support people with their medicines. Discussion with staff confirmed they were provided with opportunities to access training to develop their skills. Ten staff had recently attended training facilitated by Blackpool Borough Council. 'Let's respect' training is provided specifically for staff working with people who lived with dementia. Most had achieved or were working towards national care qualifications.

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.

The branch manager demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) 2005. Discussion with the branch manager confirmed she was aware of the process to assess capacity and the fact that it is decision specific. Staff spoken with demonstrated a good awareness of the code of practice and confirmed they had received training in these areas. They told us they understood procedures needed to be followed if people's liberty was to be restricted for their safety.

Records seen and staff spoken with confirmed regular supervision and annual appraisals were in place. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the management team who encouraged them to discuss their professional development.

Care plans seen confirmed people's dietary needs had been assessed and any support they required with their meals documented. Food preparation at mealtimes was completed by staff members with the assistance of people they support where appropriate. Staff told us people decided each day the meals they wanted. One person we spoke with said, "The staff prepare my meals and do a very good job. I am hopeless in the kitchen so depend on them."

We saw staff had documented the meals provided confirming the person's dietary needs had been met. Staff spoken with during our inspection visit confirmed they had received training in food safety and were aware of safe food handling practices.

We saw people's care records included the contact details of their General Practitioner (GP) so staff could contact them if they had concerns about a person's health. We saw where staff had more immediate concerns about a person's health they accessed healthcare services to support the person. People we spoke with said their general health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed.

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and staff were caring towards them. Comments received included, "I have the same group of carers visiting me. They are brilliant, very caring and will do anything for me." And, "The staff who visit me are kind, caring and patient. They are so helpful I do not know how I would cope without them."

We looked at the care records of four people and found a person centred culture which encouraged people to express their views. We saw evidence people had been involved in developing their care plans. This demonstrated people were encouraged to express their views about how their care and support was delivered. The plans contained information about people's current needs as well as their wishes and preferences. We saw evidence people's care plans were reviewed with them and updated as required. This ensured the information staff had about people's needs reflected the support and care they required.

The relative of one person said, "I don't live locally so always read [relatives] care plan when I visit. I find the care plan informative as it details the support carers have provided. I can see the care and tasks completed. This helps to make me feel reassured that [relative] is in the hands of caring people."

People told us they were satisfied staff who supported them had up to date information about their needs. They told us staff listened to them and their care was delivered in the way they wanted. One person we spoke with said, "The girls who visit me are lovely and will do anything for me. I am so grateful they look after me." The relative of one person said, "They phone me and tell me if they have concerns about [relative]. I know [relative] is looked after and receives the best care possible."

Training records seen confirmed staff received training covering 'Dignity and Respect'. Staff spoken with had an appreciation of people's individual needs around privacy and dignity. They told us treating people they support with kindness and respect was a high priority for the service. One staff member said, "The 'Dignity and Respect' training is really good. It makes you think about how we should conduct ourselves during our visits." People supported by the service told us staff spoke with them in a respectful way and showed concern for their wellbeing. One person we spoke with said, "I have no issues with the staff who visit me. They are kind and patient. I appreciate all they do for me."

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. Links with these external agencies were good and we received some positive feedback from them about the service provided.

Is the service responsive?

Our findings

We found assessments had been undertaken to identify people's support needs prior to the service commencing. A person centred care plan had then been developed outlining how these needs were to be met. We saw staff had supported and encouraged people to express their views and wishes. This enabled people to make informed choices and decisions about their care and support.

Care plans seen confirmed people had expressed when, how and by whom they wanted their support provided. For example people had been encouraged to specify the preferred gender of staff they wanted to support them. We also saw people had expressed their choices and preferences about visit times and the level of support they required. People's objectives and desires had been identified as part of the plan of care. For example to promote independence or maintain a balanced and nutritious diet.

We looked at care records of four people. We found they were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. Care plans were flexible and had been regularly reviewed for their effectiveness. The service had responded to the changing needs of people by updating care records. Personal care tasks had been recorded along with fluid and nutritional intake where required. Discussion with staff confirmed they were informed promptly when changes to people's care had been required. This ensured they had up to date information about the care needs of people they support.

People we spoke with told us they found the service was responsive in changing the times of their visits when required. We were also informed they were quick to respond if they needed an extra visit because they were unwell. One person supported by the service said, "I find the office staff polite and helpful if I need a change to my visits. They also have no problem complying with requests for additional support." The relative of one person said, "As an organisation they meet the criteria for me and are happy to go the extra mile for me and [relative]. They have never let us down and we are very happy with 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 the service had a system in place for recording incidents/complaints. This included recording the nature of the complaint and the action taken by the service. We saw complaints received had been responded to promptly and the outcome had been recorded.

People who used the service and their relatives told us knew how to make a complaint if they were unhappy about anything. One person said, "I have had cause to make a complaint in the past about my visit times. This was addressed to my satisfaction and I am happy and have no complaints at the moment." Another person said, "I have the contact details for the service and know how to make a complaint if I need to. I have

no issues or concerns and I am happy with the service they provide."

Is the service well-led?

Our findings

The service had a registered manager who understood their responsibilities and was supported by the provider to deliver what was required. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met.

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. The registered provider had delegated individual responsibilities to members of the management team. This included a services regional care manager, registered manager, branch manager, care plan co-ordinator and training manager.

Comments received from people supported were positive about the service and how it was managed. One person said, "It seems a well run service to me and I have no issues with them. The office staff are always polite, helpful and friendly when I contact them."

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. People were asked a number of questions. These included asking if they were happy with the service provided, were carers well matched to meet their needs and did carers arrive on time. People were also asked for an overall rating on the service. We noted the responses received were generally positive. Where concerns about the service had been raised these had been followed up by the service. This showed the service listened and responded to the views of the people they supported and their family members.

Spot checks were undertaken by senior staff whilst support staff were undertaking their visits. These were in place to confirm staff were punctual, stayed for the correct amount of time allocated and people supported were happy with the service. We saw a report was then sent to the provider commenting on the outcome of the checks.

Regular staff meetings were held and records confirmed these were well attended. Staff spoken with told us the team meetings were held on a regular basis. They said these were a good forum for information sharing and learning.

We found regular audits were completed by the service. These included medication, safeguarding incidents, training, staff supervision arrangements and reviewing care plan records. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward.