

Third Hand Healthcare Ltd

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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 effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Third Hand Healthcare is a service providing care to people in their own homes. Not everyone who used the service received personal care. 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 agency was caring for 43 people, of which 35 received personal care.

People's experience of using this service and what we found

People told us they felt safe with staff and that staff helped ensure any risks to their health or well-being were reduced. People said staff arrived on time and stayed the time they expected. They told us they did not feel staff rushed them. People confirmed staff were following national guidance around COVID-19 in that they always wore masks and gloves when providing care. In addition, people confirmed staff supported them with their medicines. We found staff were recruited safely and the agency reviewed and analysed incidents and accidents and learnt from them.

Where people were supported with their nutrition and hydration, they reported staff provided the support they needed. People were involved in developing their own care plans, which ensured they were enabled to make their own choices and decisions. People's consent was sought before care was carried out and they told us they felt staff were competent in their role. 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.

People's care plans contained sufficient information to guide staff in relation to the care people required. There was evidence that staff also had social calls with people to reduce the risk of isolation, particularly during the COVID-19 pandemic. People told us they would have no hesitation contacting the agency if they had any concerns.

Management oversight of the agency was good. Improvements introduced at our last inspection had been embedded and sustained and there was a robust office team structure in place which helped ensure that people received a good service and staff felt supported. Management regularly reviewed the care people received and worked with external agencies to provide a holistic service.

Rating at last inspection and update

The last rating for this service was Requires Improvement (report published 25 January 2020).

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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 16 December 2019 when a breach of legal requirements was found in 'Need for Consent'. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, Safe, Effective, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Third Hand Healthcare on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Third Hand Healthcare Ltd

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 Care Act 2014.

Inspection team

The inspection was carried out by three inspectors. Two inspectors visited the office and a third made phone calls to people who received care from the agency.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed all of the information we held about the service internally. This included notifications submitted to us relating to accidents, incidents or safeguarding concerns.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager and care workers.

We reviewed a range of records. This included eight people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and complaints.

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 as Requires Improvement. At this inspection this key question has now improved to Good as improvements made at the last inspection had been sustained and embedded. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with care staff. One person said, "I have visits four times a day. I feel safe." A second person said, "They are very good and jolly." A relative said, "[Person's name] is well looked after by the carers and she is definitely safe."
- People were kept safe from the risk of abuse as staff recognised potential signs and knew how and where to report them. A staff member told us, "I would raise an alert and write a report."
- Where people experienced incidents that constituted potential safeguarding concerns, these were addressed. The agency worked closely with the safeguarding authority to help ensure incidents were investigated and did not reoccur.

Assessing risk, safety monitoring and management

- Risks to people were identified and guidance was in place for staff to enable them to keep people from experiencing harm. One person was cared for in bed and an environmental as well as a moving and handling risk assessment was in place.
- Where people had reduced mobility, information was made available to staff on which equipment they needed in order to walk in a safe manner. One person was noted as, 'uses a rollator or Zimmer frame, but may also prefer to link arms with the care staff.'
- A second person was prone to urine infections and staff were instructed to observe the person for indications they may be suffering one when visiting.
- There was evidence in daily notes that two care staff attended care calls where people needed to be moved using a hoist.
- The service had a contingency plan to help ensure people did not go without care. All office staff had previously worked as a care worker, so they were able to take over when needed.

Staffing and recruitment

- People were cared for by a sufficient number of staff who were given enough time to attend care calls without feeling rushed. People told us, "I don't feel rushed. They (staff) are helpful" and, "They are very good."
- People said staff generally arrived on time. One person told us, "They are on time. I am sure they stay for the whole time." A second person said, "They are pretty much on time. They always let us know if they are running late."
- Staff felt unhurried with their care calls. A staff member told us, "I have sufficient time and I get paid for the miles in between." A second staff member said, "Generally we have sufficient time, but as soon as you say

you need more time, the manager will arrange for the person to be reassessed."

- The registered manager told us, "We have 10 or 11 care staff on any one day. We also have bank staff. Some staff are part-time, and others only work weekends or around school times."
- The service was organised into three separate rounds. The deputy manager told us, "Staff will stay in that area for their shift so minimum travel time."
- Staff who worked for the agency had been recruited through robust procedures. There was evidence of the right to work in the UK, performance at previous employment, fitness to work and a Disclosure and Barring Service (DBS) check. A DBS checks potential staff are suitable to work in this type of service.

Using medicines safely

- People received the medicines they required. One person told us, "They help me take my medicines every day. I feel they do it very well." A second person said, "They help with medicines. They make sure it is taken safely and they update me when the medication needs refilling, which is really helpful for me."
- The service used an electronic medicines management system and staff were required to confirm completion of this task on their handheld device. In the event medicines were not administered, an alert was raised which was sent to the registered manager. This helped ensure people received their medicines in line with their prescriptions.
- People's medicines care plans gave detailed information on their medicines and how they liked to take them.
- People's medicine administration records showed no gaps. Where people did not take their medicines, appropriate codes were used by care staff to record the reason why.
- There was evidence of staff undergoing medicines competency checks.

Preventing and controlling infection

- People told us staff wore personal protective equipment (PPE) during their visits. One person told us, "They are very good at wearing it" and, "They have been wearing it all the time."
- Staff followed national guidance in relation to infection control. We observed staff wearing masks in the office and procedures were in place for visitors to help reduce the risk of spread of infection.
- People's care plans contained detailed information around infection control, directing staff to check PPE stocks in people's homes.
- Weekly COVID-19 testing was undertaken and an office risk assessment was in place, covering the wearing of masks and cleanliness of workstations. A staff member told us they had always had adequate PPE.
- We saw COVID-19 policies in place around clinical waste, testing, PPE and coronavirus business continuity.

Learning lessons when things go wrong

- Where incidents or accidents occurred, staff took appropriate action in response and learnt lessons. This included one person who did not receive their required medicine. An incident report was completed and the staff member involved was spoken with.
- Regular audits were carried out in relation to incidents. These audits checked that incidents were recorded and reported promptly, escalated when necessary (such as to the safeguarding authority) and lessons were learnt.

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 as Requires Improvement as there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our inspection in January 2020, we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to ensure people's rights were protected in line with the principles of the MCA. At this inspection, we found the provider had addressed these concerns.

- Where people were able to, they signed their consent to receive a care package from the agency. People told us staff asked for their consent. One person said, "Yes, they talk to me about everything. I can be quite fussy, but they take their time." A second person told us, "Yes, they always ask if they are okay to go ahead."
- There was a capacity assessment in place for people to determine if they had capacity to agree to receive the care. The evidence showed the agency did not currently provide care to people who totally lacked capacity to make any decision.
- Staff had a good understanding of how to ensure they obtained consent from people prior to carrying out care tasks. A staff member told us, "I check people's facial expression indicating their consent. I always tell them what I'm going to do before doing it."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to commencing a care package, people's needs were assessed. This helped ensure the agency had appropriate staff to provide care calls and information was gathered to help staff understand what support people required.
- Assessments showed evidence of discussions with the hospital or healthcare professionals involved with the person.
- In the case of one person, it was evident they had been heavily involved in contributing towards their assessment and subsequent care plan.

Staff support: induction, training, skills and experience

- Staff said they received the training they needed to ensure they were competent in their role. Staff files contained evidence of core training completed by staff. Where specific training was considered essential, such as in relation to a particular medical condition, this was provided by a clinically qualified staff member.
- People said they felt confident with staff. One person told us, "They are very good" and a second person said, "They seem to know what they are doing."
- New staff underwent a period of shadowing with an experienced member of staff, prior to working on their own. Shadowing and induction sessions had been signed as completed and performance commented on. A staff member told us, "The training is very good. I feel confident."
- All care workers were required to complete their Care Certificate (an agreed set of national standards expected for people working in health and social care) within three months of joining the agency.
- Staff told us they had the opportunity to meet with their line manager on a regular basis to discuss their role, progression or any concerns. A staff member told us, "They (senior staff) support me very well."

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

- People told us staff supported them with their food and drink. One person said, "I need some help with food but not all the time. If I need it, then I can just ask." A second person told us, "On weekends they (staff) do cooking for me."
- Where people received support with their nutrition and hydration, there was evidence in daily notes of people being given choice as well as information on specific dietary requirements, such as those on a soft diet or thickened fluids.
- One person used plate guards to enable them to eat independently and a second person had very clear information on how staff should support them to eat.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- There was evidence of involvement from external healthcare professionals, such as the dietician, district nurses or physiotherapist.
- A staff member told us, "If someone was unwell, I would phone the office and they would act on it."

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 as Requires Improvement. At this inspection this key question has now improved to Good as improvements made at last inspection had been sustained and embedded. 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans evidenced areas where they were independent and areas where they required support from care staff. Such as one person who could manage their own medicines and another who could do online shopping
- People were very involved in ensuring their care plan reflected their needs and individual choices around their care.
- Life histories and people's likes, dislikes and interests were recorded to give staff background information and an opening for conversation. One person told us, "The carers know us very well. One of them, is a good one and has a good laugh with us. We mostly see the same carers." A relative said, "We get one person who is the same during the week and he is lovely and talks a lot with me and [person's name]. Weekend we get different carers, but they all know me."
- Staff had the information they needed about people's needs. A staff member told us, "All of the information is on the electronic system. The office is really hot now on ensuring we have everything we need."
- Some people had struggled during the COVID-19 restrictions over the last year and we read, 'carers to be aware and offer companionship calls.' There was evidence in daily notes that staff spent time chatting to people over a cup of tea.

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.

- Information in relation to the way people communicated was recorded. One person was noted as, 'can communicate in person, as well as by phone or email.'
- A second person's communication care plan recorded, 'staff to stand on right as client is deaf in the left ear.'
- We asked people if staff communicated with them in a way they felt comfortable with. One person told us, "They are very good at talking and communicating with us."

Improving care quality in response to complaints or concerns

- The agency had a complaints procedure. We read a complaint received in 2020 which evidenced a robust

response from the agency.

- People told us they would have no hesitation raising concerns. One person said, "I would call the office. They are very responsive and quick to sort anything out."
- We read a number of compliments received which included, 'I just wanted to message to say how thoughtful [staff name] and [staff name] are with our mum. They go above and beyond to ensure mum is happy and well cared for' and, from a social care professional, 'the care workers were kind, gentle and have shown nothing but patience and respect which has been invaluable helping with her anxiety.'
- A staff member told us, "If anyone has any concerns or complaints, I would direct them to the managers."

End of life care and support

- Where people were at the end of their life, we noted ReSPECT (personal recommendations) forms in place.
- Although staff asked people about their end of life wishes, we noted some had declined discussion around this at this stage.
- We did however read some feedback from relatives. This included, 'for all the love and care you gave to our lovely dad during what was a very difficult time for us' and, 'you always made him feel as if nothing was too much trouble and it was a great comfort to us all'.

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 as Requires Improvement. At this inspection this key question has now improved to Good as improvements made at last inspection had been sustained and embedded. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We read positive feedback from people receiving a care package from the agency. This included, 'feel safe, treated with kindness and respect and the best thing is the carers and the rapport' and, 'my best days are bath days and seeing my carers everyday brightens up my day.'
- People told us there was good communication between them and office staff, with one person telling us, "They (office) are always good when you call up and speak to them" and, "I can call [registered manager] or the office. They listen and respond quickly."

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

- Where the agency had failed in their duty of care, we read apologies were given. This included where a live-in staff member was found asleep. There was evidence of the staff member being interviewed and an investigation taking place.

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

- There was a wide range of audits, meetings and analysis carried out at the service. This included medicines, care plans, call times and incidents and accidents audits.
- Weekly meetings took place each Monday between the office staff to review an analysis of the previous week's performance and discuss any changing needs for people.
- Workplace spot checks were carried out which helped ensure that staff were reflecting the ethos of the service and treating people with respect and dignity. Staff were observed moving people, interacting with people and administering medicines.
- Where shortfalls were identified, these were addressed. For example, one person did not have a mental capacity assessment carried out and this was noted as needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager told us there were currently undertaking a survey of people's satisfaction with the agency and would be collating the responses. People told us they were asked for their views, with one person telling us, "I have had a survey to complete" and another saying, "They do ask us questions about

how happy we are."

- However, we saw the results of the most recent quality monitoring questionnaire which demonstrated people were happy with the service provided by Third Hand Healthcare.
- Staff had the opportunity to meet at meetings, although latterly these had held online. A staff member told us, "We have a meeting on Zoom. They (office staff) are very helpful. It's a good group of carers." A second member of staff said, "The registered manager has always got time for you."

Continuous learning and improving care; Working in partnership with others

- The registered manager told us that since our last inspection, "We have expanded and taken on more staff. We have doubled the staff portfolio and office resources. They also said, "We now have Continuing Health Care clients and end of life clients, so we feel more confident than we did before."
- The agency had introduced an electronic care planning and medication system at our last inspection and we found this had been embedded into daily working practice. The registered manager told us, "This now gives an alert to all office staff if there is a missed call or missed medication."
- A staff member told us, "I think they (the agency) have come a long way. There's now a great network of people in the office who are on the ball."
- The agency worked with external agencies, such as the hospital, GP, district nursing team and local hospice.