

Hill-Escott Moreton & Young Hands Care Agency

Inspection report

Unit D Platform 88
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

The service provided personal care and support for people with a range of people who live in their own homes. At the time of our inspection 68 people received support from the service.

People's experience of using this service:

People supported by Hands Care Agency told us they were treated with respect, dignity and by caring staff. One person commented, "They treat me so well and always have done since we started to use Hands Care." People's care and support needs had been planned and in partnership with them. People felt consulted and listened to about how their care would be delivered in their home.

We found by talking with staff and people who used the service staffing levels matched each person's requirements to maintain continuity of care.

Care plan information focused on a person-centred method of supporting people.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. In house training staff ensured people were competent to administer medicines safely.

People received personalised care that was responsive to their needs and preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Risk assessments had been developed to minimise the potential risk of harm to people. These had been kept under review and were relevant to the care provided.

The service worked in partnership with other organisations to ensure they followed good practice and people in their care were safe.

The management team used a variety of methods to assess and monitor the quality of the service. This enabled Hands Care Agency to be monitored and improve systems and processes that were identified through their quality monitoring programme.

Rating at last inspection: Good (14 May 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

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

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 remained Good
Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained Good
Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained Good
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained Good
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained Good
Details are in our Well-Led findings below

Good ●

Hands Care Agency

Detailed findings

Background to this inspection

The 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 was planned to check 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.

inspection team • Consisted of an adult social care inspector.

Service and service type • This domiciliary service provides personal care to people living in their own homes. They provide support for people that included, mental health, older people and younger adults.

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 • The provider was given 48 hours' notice because the location provided a domiciliary care service to people who lived in the community. We needed to be sure that we could access the office premises and speak with people.

This comprehensive inspection visit took place on 05th and 6th March 2019 and was announced.

What we did • Before our inspection we completed our planning tool and 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 supported by the service and previous inspection reports.

We also checked to see if any information concerning the care and welfare of people supported by the service had been received. We contacted the local contracts commissioning department. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with a range of people about Hands Care Agency they included nine people who used the service, four relatives and eight staff members. In addition, we spoke with two of the owners of the service in which one was the registered manager.

We looked at records related to the management of the service. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead the agency in ongoing improvements. We also looked at staffing levels, training records and recruitment procedures for staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the care of staff at the agency. One person who used the service said, "Yes, very safe all the staff are great and know me very well."
- The service had safe, effective safeguarding systems and staff members spoken with had a good understanding of what to do to make sure people were protected from harm.
- No safeguarding alerts had been received since the last inspection.

Assessing risk, safety monitoring and management

- We saw care plans contained explanations of the control measures for staff to follow to keep people safe and reduce the risk of accidents and incidents to them.
- We found care records included risk assessments. These covered the environment of people's homes, falls and medication.
- Information contained details about the person's level of independence and action to support them.

Staffing and recruitment

- We looked at how the service was staffed and they continued to have appropriate arrangements in place to ensure people received a safe service by regular staff.
- Staffing levels continued to match people's requirements. Sickness and staff leave was managed between the team to maintain continuity of care.
- Staff continued to be recruited safely with thorough checks to ensure suitability of potential personnel.

Using medicines safely

- We looked at medication records and found medicines to be managed safely.
- Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the service had systems to protect people from unsafe storage and administration of medicines.
- The management team regularly completed medication audits to check their procedures and processes were safe and make amendments where necessary.

Preventing and controlling infection

- Staff told us there was sufficient personal protective equipment, such as disposable gloves and aprons to maintain good standards of infection control. People who used the service confirmed staff arrived at their home with required equipment they needed. One said, "They always wear gloves for me, well you wouldn't want cold hands would you."
- Staff confirmed they had received training in relation to infection control.

Learning lessons when things go wrong

- There had been no incidents or accidents However if they occurred any accident or 'near miss' would be reviewed to see if lessons could be learnt and to reduce the risk of similar incidents.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to the service commenced. The assessment formed information to develop a care plan. This was updated when more information was learnt about the person. This was to ensure as much information was documented in order to provide quality care the person required.
- Expected outcomes were identified and care and support was reviewed on a regular basis or when people's needs changed.

Staff support: induction, training, skills and experience

- We saw training schedules continued to demonstrate a comprehensive training programme for all staff.
- The service employed an in-house training person to deliver training for staff to access.
- Staff spoke positively about training events and the different ways to learn the trainer had provided for them. For example, A staff member said, "Training is excellent we are very well supported. We have different methods to learn provided for us that included face to face sessions and on-line training. All is good."

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

- People told us they were happy with the support they received with their meal preparation that staff provided when visiting their home.
- Care plans confirmed people's dietary needs had been assessed and support and guidance recorded as required.

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

- We found the registered manager was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes for people.
- People were supported if required to attend healthcare appointments and care records contained evidence of visits to healthcare professionals. These included, dentists, GPs and opticians.

Adapting service, design, decoration to meet people's needs

- The agency had systems to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. This was so they could adapt the service to ensure they received the best care and support.
- Information was available for other professional social and healthcare professionals if required to ensure the person received the right care and support.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- We looked at how the service gained people's consent to care and treatment in line with the (MCA). Processes were in place for people to give their consent to care and support.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We received positive feedback from people who used the service and relatives about the support and how they were treated by staff and the management team. Comments included, "They treat me so well and always have done since we started to use Hands Care." In addition, a staff member said, "They provided care originally for my [relative] and we were so impressed how caring and kind the agency was I decided to work for them."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs.
- The service had carefully considered people's human rights and support to maintain their individuality. Documents for future service users included information of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation.
- The registered manager told us they had systems to ensure people's human rights were upheld.
- Where possible staff had background information about people's personal history and interest. This meant they could gain an understanding of the person and engage in conversations with them which helped develop relationships.

Respecting and promoting people's privacy, dignity and independence

- It was clear from discussions with people who received support and relatives, staff demonstrated an awareness of the importance of treating people with respect. In addition to maintaining their dignity by the way they spoke and supported people. One person said, "Fantastic service and they always treat me with respect when in my home that is what is good about them."
- We saw care records contained information in relation to each person's dignity and privacy. It was evident care records and the attitude of staff was to ensure support planning was personalised. A staff member said, "It is all about the individual, respect and dignity is paramount."

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

- We saw care records contained evidence the person who received care had been involved with and was at the centre of making decisions about their care package and support planning. Also, relatives had been consulted and contributed to support plans with their views. Relatives we spoke with confirmed this.
- There was information available about access to advocacy services should people who received a service require their guidance and support. An advocate is a person who works as an independent advisor in a person's best interests and support people in making decisions. This ensured their interests would be represented and they could access appropriate services.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People who used the agency told us they continued to receive a service that was personalised to their needs and promoted their wellbeing. The management team knew the people well because they supported them in the community. A relative said, "All the staff know [relative] well and what their likes and dislikes were."

- We saw care plans were developed which reflected people's individual needs across a range of areas such as health and social care needs. These were reviewed with the person/relative on a regular basis or in response to changing needs. This ensured they remained up to date and accurate.

End of life care and support

- The service is a domiciliary care agency. The aim of the service is to make independent living a reality by supporting people in their own homes with daily living needs. The registered manager told us the service at present does not support people with end of life care.

Improving care quality in response to complaints or concerns

- We saw information was made available to people that described how to make a complaint if they wished and relevant steps to follow. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately.

- No complaints had been received since the previous inspection.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- The provider and registered manager talked with us about the care of individuals being supported by Hands Care Agency. They demonstrated a good understanding and awareness of people's needs, health issues and social choices. A person who used the service said, "The reason the owners know so much is because they do a lot of the care as well. The service is really good, a great agency."
- Comments from staff, relatives and people who used Hands Care Agency were all good about the management of the service. Responses included, "All the owners are extremely caring people, who manage a great agency. Also, a staff member said, "No problems whatsoever the owners are so supportive and a great pace to be."

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

- The service had clear lines of responsibility and accountability. The management team and staff were experienced, knowledgeable and familiar with the needs of people they supported.
- We found documentation demonstrated the registered manager had quality assurance systems that were effective and improved the service. Part of the quality assurance checks involved visits to people's homes on a regular basis to ensure the service they received was up to standard and suited the individual.
- The management team and senior staff held formal discussions with staff and relatives. This helped to ensure the service continued to develop and any issues would be addressed.
- The registered manager had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed at the office base.

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

- People who were being supported by Hands Care Agency were asked for their views of the service by completing surveys and also regular visits by the management team. Results from recent surveys in January and February 2019 were all positive. A written comment stated, 'It is a pleasure to see them, they are so cheery. They all certainly cheer my day up'.
- The registered manager informed us if they received any negative comments they would be looked into and action taken to resolve any issues so the service would continue to develop.
- Staff told us meetings were held with the registered manager on a regular basis and staff told us they were useful to discuss the service and make effective changes when necessary.

Continuous learning and improving care

- The registered manager continued to complete a range of quality audits to ensure they provided an efficient service and constantly monitored the service they provided. This demonstrated improvements could be made to continue to develop and provide a good service for people.

Working in partnership with others

- The owners including the registered manager at Hands Care Agency worked in partnership with other organisations. This was to ensure they followed current practice, providing a quality service and making sure the people in their care were safe.