

Hand To Hand Care Ltd

# Hand To Hand 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

### About the service

Hand to Hand Care Ltd is a domiciliary care service providing personal care to 6 people at the time of the inspection.

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.

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

The service was safe. People were protected from the risk of abuse. Staff knew how to support people to remain safe from risks. Action was taken to reduce risks to people.

The service was not undertaking medicines administration but was able to do so if this was assessed as needed for people.

There had been no incidents at the service. There was a system in place to record, action and respond to incidents if these occurred in the future. Measures were in place to prevent to risk of infection.

People's needs were assessed prior to commencing with the service, this included needs relating to equality and diversity and end of life. These assessments were used to develop care plans. Care plans were updated when people's needs had changed. People told us they were involved in the planning of their care and their needs and preferences were taken in to account.

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.

There were enough staff to support people. Staff had the skills and knowledge they needed to provide support to people.

People told us calls were on time and no calls had been missed. People were positive about the staff who provided their care. People told us staff were kind and caring and supported them to maintain their dignity and independence.

Staff worked in partnership with other services. Where people needed a referral to a health and social care professional these had been made. For example, where people would benefit from aids and equipment to support their mobility.

There was an appropriate system to manage complaints. The registered manager and provider worked

alongside staff to deliver care and had oversight of staff practice. There was a positive culture at the service and staff were happy and motivated.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 15/11/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Hand To Hand Care 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 service was inspected by one inspector.

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 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection. Inspection activity started on 10 October 2019 and ended on 15 October 2019. We visited the office location on 10 October 2019.

#### What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and one relative about their experience of the care

provided. We spoke with four members of staff including the provider, registered manager and care staff.

We reviewed a range of records. This included two people's care records. We looked at two 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 information sent to us by the registered manager which included updated risk assessments and care plans.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy in place to inform staff about how and when to raise concerns if they felt someone was at risk of abuse. Staff were able to explain how to identify concerns and knew how to report these.
- Staff told us they were confident the registered manager would act if there was a concern. There had been no concerns raised by staff at the service, but the registered manager knew how to report concerns to the local authority if they did arise.
- Staff knew how to report poor practice and who to contact outside of their organisation if concerns arose.

Assessing risk, safety monitoring and management

- At the inspection there were some risk assessments which needed more detail. However, since the inspection these have been updated to provide staff with the information they needed to keep people safe. For example, there was now written information about how to identify there were concerns with one person's catheter.
- However, staff knew how to support people to remain safe and action had been taken to address concerns. For example, where one person was at risk of a urine infection staff monitored and documented the urine output to help identify any concerns. Staff had identified a concern and supported the person to access appropriate services. Action had also been taken to reduce the risk of re-occurrence.
- People told us they felt safe and staff knew how to support them. One person who was at risk from skin infections told us, "They alert me to any changes to my skin when they help with personal care".
- Risks to people and the environment were assessed and guidance was in place for staff. For example, where equipment was being used to move people the registered manager had ensured the equipment had been tested to ensure it was safe to use.

Staffing and recruitment

- There were enough staff to support people.
- People told us the service was reliable and no calls had been missed. There was out of hours cover if staff or people needed to call someone for assistance when the office was closed.
- The provider ensured staff were suitable to work with vulnerable people before they started, including carrying out pre-employment checks. For example, Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Using medicines safely

- The service was not supporting anyone to take their prescribed medication. People's medicine support

needs had been assessed prior to them starting with the service. People either managed their own medicine or did so with family support.

- There were systems and policies in place should anyone require this support in the future. Some staff had already completed training in administration of medicines. Other staff had not yet completed this but had access to online training if they needed to do so.

#### Preventing and controlling infection

- Staff had access to equipment such as gloves and aprons and people told us they used these appropriately.
- Staff had received training in the prevention and control of infection and understood how to keep people safe.

#### Learning lessons when things go wrong

- There had been no incidents or accidents at the service.
- There were policies and systems in place to ensure incidents were recorded actioned and analysed if they occurred. Staff knew to report any concerns to the office if they occurred.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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 them commencing using the service. Staff undertook an assessment which was used to plan the persons care. One relative told us, "They came before the service started to discuss what we needed. They asked me what support I needed to help care for my relative."
- The assessment included reviewing people's needs such as mobility, personal care, communication and cultural needs. This assessment was then used to plan people's care and support including how they could be supported with equality and diversity needs.
- The service used tools in line with best practice to assess risks. For example, a tool to identify the risk to people's skin integrity had been completed where appropriate.

Staff support: induction, training, skills and experience

- New staff completed the care certificate. The Care Certificate is an identified set of standards which social care workers must adhere to in their daily working life. New staff also undertook a period of shadowing prior to working alone.
- Staff training was a mixture of face to face sessions and online training. Staff were positive about the training they received. Staff said, "We constantly have access to training. I am working with someone with dementia, so I did the dementia training to help me support the person."

Feedback from people and their relatives about staff training and staff skill levels was positive. One relative said, "They are safe with the hoist. They came with knowledge on how to use it and they know what they are doing."

- Staff told us they were well supported. Staff told us they received regular supervisions and there were opportunities to discuss learning and progression. The registered manager and the provider provided care and worked alongside staff on a regular basis. This meant they were able to keep abreast of staff practice. No one working at the service had been there long enough to complete an annual appraisal as the service was new.

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

- No one using the service needed staff support to eat safely.
- Where people were at risk from not drinking enough staff monitored the person's urine for output and colour to make sure they remained hydrated.
- Where people were supported to make meals, they were positive about the support provided. Comments from people included, "They do my tea and ask me what I want." And, "They will cook my breakfast and lunch when I need them to and make me drinks."
- Where people had dietary requirements based on their culture or beliefs there was information in the care

plan about this to enable staff to provide support in a respectful way.

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

- There was information for people to take to hospital with them if they needed to do so. This included information on what medicines they were taking, their next of kin and medical conditions. One person told us, "If I need to go to a hospital appointment they come in earlier and help me get ready to go."
- People were provided with effective support to access healthcare services. For example, where concerns about people's health was identified staff supported people to inform the GP or other health and care professionals as where appropriate. One person said, "They are keeping an eye on me. They are always getting the doctors to come in."
- Where people needed a referral for specialist care or aids and equipment to help them stay well this had been provided. For example, people were supported to access specialist nurses, occupational therapists and physiotherapy. One person said, "They got me a hoist and other equipment to keep me safe, they are marvellous."

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.

- The registered manager told us one person's relatives had a Power of Attorney (POA). A power of attorney is a legal document which gives a named person authority to make decisions on a person's behalf. The registered manager had not checked the POA document to evidence it was in place. However, since the inspection the registered manager has resolved this concern.
- People were able to express their day to day choices. Staff understood this and respected people's decisions.
- Most people were able to make all decisions for themselves. Where people needed support to make larger decisions staff understood how to support them to do so. For example, by providing people with information in a different way.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- People who used the service were positive about the staff who supported them. Comments included, "Overall, I am really happy with the service. They are reliable, and the staff are kind and caring.", "They have been kind to me. Anything I need they get for me.", "Caring? Yes, very much so. They show some tender loving care and support me emotionally when I need it".
- Where people had needed support with their mental health staff had supported people to access this. For example, where people were low in mood.
- Staff were able to demonstrate where they had provided good support to people who had equality and diversity needs under the Equality Act 2010. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation, or religion. For example, staff had created an atmosphere of trust with people which had enabled people to be open about their equality and diversity needs which they may not have otherwise discussed. Where people needed support, it had been provided.

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

- People were involved in their care and staff ensured there were opportunities for them to express their views. Comments included, "They sit and discuss everything with me. They are the best I have ever had." And "They know how to communicate with me and my relative and listen to us." Staff said, "We have time to talk. I sit and listen to [the person]. These things have always been important to them."
- Information about advocates had been shared with people and their relatives. Advocates are independent professionals and volunteers who support people to express their views.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff provided them with good levels of support to maintain their dignity. One relative said, "They are very good with protecting my relative's dignity they cover them up as much as possible during personal care."
- Staff encouraged people to continue to do things for themselves. For example, one person was no longer able to cook independently. Staff made sure the person continued to be as involved with this task as much as possible. One person told us, "When I can they encourage me to do things for myself."
- Records were stored securely, and the registered manager was aware of the need to protect people's personal information.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good 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

- Staff knew people well and provided care which was person centred. For example, staff knew appearance was very important to one person and supported them to style their hair and apply their make-up.
- People and their relatives all told us the service was responsive to their needs. For example, one relative told us staff would come early if their loved one needed support earlier than planned. They said, "They are really flexible when it comes to the support we need." The provider told us providing care at the time people wanted it was important to them and one of the reasons they had set the service up.
- Care plans included information on people's needs and preferences had been regularly updated where people's needs had changed. For example, one person had new equipment in place and the care plan had been updated to reflect how this impacted on the care they needed.

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.

- People's communication needs had been assessed and where documented in people's support plans.
- Information was available in large clear print if this was required.
- Staff had spent time with people explaining information where this had been identified as needed to make sure the person understood their care and the options available to them.

Improving care quality in response to complaints or concerns

- There was an up to date complaints policy and procedure in place which included information on who to contact if the person was not happy with the response of the provider.
- There had been one complaint since the service registered. This had been responded to appropriately and action had been taken to address the concerns.

End of life care and support

- People using the service had support from family to make arrangements after they had passed away.
- There was information on what support people wanted at the end of their life. For example, where people preferred to spend their last days and if they wanted to be resuscitated in the event of a medical situation which would lead to their death if resuscitation was not provided.
- There was information linked to people's equality and diversity needs at the end of their life.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- There was a positive culture at the service. The registered manager and provider were passionate about providing good quality care and support which had led to positive outcomes for people. There was a clear vision focused on supporting people to remain living in their own home and providing a person-centred care focused around people's need.
- Staff told us they were happy in their role. They received regular supervision and were positive about the registered manager. Staff said, "Communication is fantastic, and they have given me so many opportunities for learning."

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

- There had been no incidents at the service since the service had been registered. Therefore, there were no incidents which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs which results in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- There registered manager was aware of their responsibilities and the legal requirements upon them. Where notifications were required by law to be submitted to CQC they had been so.

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

- The registered manager and the provider provided care to the people who used the service. This meant they knew people well and spent time talking to people.
- Surveys had been sent to people to seek views on their care and the feedback received was positive. For example, one person stated they were treated with dignity and respect and were extremely likely to recommend the service.
- The provider had not yet undertaken a survey with staff and professionals as the service was new but was planning to do so.
- The provider had subscribed to a website where people and others could leave reviews of the service if they chose to do so. There were three reviews of the service on this site all of which had rated the service 5 out of 5. One comment was, "They provide us excellent home care and we have found them very reliable

and caring. Would recommend."

#### Working in partnership with others

- There was a positive approach to working in partnership with other health and social care professionals and other services. For example, health professionals had been involved in providing training to staff.
- People had been supported to access other service within the community where appropriate. For example, one person had been referred for support to reduce isolation. Whereas previously they had not been going out they now did so.
- There was information in people's care plans about what health and social care staff were involved in their care. For example, occupational therapists and social workers.
- Information was shared between health professionals and staff at the service where appropriate to improve people's care. People were referred to health and social care professionals where there were worries about their health. For example, where the staff were concerned about one person's catheter.

#### Continuous learning and improving care

- There were systems in place for undertaking checks of the service and the care provided. This included undertaking audits of care plans, health monitoring information and risk assessments to identify concerns and ensure records were complete and accurate.
- The provider was new to care and had completed a number of training courses to enable them to deliver care and undertake tasks such as planning people's support.