

Mrs Bernadette Mary Stenton

In Need of a Hand

Inspection report

In Need of a Hand
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Riddlesden
Keighley
West Yorkshire
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Website: No

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Ratings

Overall rating for this service

Not sufficient evidence to rate



Is the service safe?

Is the service effective?

Is the service caring?

Is the service responsive?

Is the service well-led?

Overall summary

We inspected the office of In Need of a Hand on 07 May 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service.

This was the first inspection of the service since it was registered by the Commission in September 2013.

The agency provides home care services including personal care to people in the Keighley area of West Yorkshire. The client group is predominantly older people. At the time of the inspection the agency was providing domiciliary care services to two people. The service does not require a registered manager; the registered provider is in day to day charge of the service.

The service was not awarded a rating because it was not fully operational at the time of the inspection.

The provider understood their responsibilities to make sure people who used the service were safeguarded from abuse. They knew how to recognise to allegations or suspicions of abuse and how to report any concerns about people's safety and welfare.

The provider had not recruited any staff. They were aware of the checks they needed to carry out to make sure any staff they employed were suitable to work in a care setting.

Summary of findings

The provider had the right experience, skills and knowledge to meet people's needs. They understood they would need to make sure any staff they employed were properly trained and supported to deliver safe and effective care.

People's rights to choose how they wanted their care and support delivered were respected.

People's relatives told us the provider was caring and compassionate and they were very happy with the services their relatives received.

People's needs were assessed and the care plans were detailed and personalised.

People's relatives told us they had nothing to complain about but were confident if they had any concerns the provider would address them.

People received high quality care and support which was tailored to their individual needs. There were no formal quality assurance and monitoring systems in place at the time of the inspection because the provider was delivering all the care and support. They understood they would need to develop quality assurance and monitoring systems when they expanded the service.

Summary of findings

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.

The provider knew how to recognise and respond to allegations or suspicions of abuse.

The provider had not recruited any staff but was aware of the checks they needed to carry out to make sure people were protected.

Is the service effective?

The service was effective.

The provider had the skills and knowledge to meet people's needs. They knew what they had to do to make sure any staff they employed in the future would have the right skills, knowledge and support to deliver effective care.

The provider respected people's rights to make choices and decisions about how they wanted their care and support delivered.

Is the service caring?

The service was caring.

The relatives of people who used the service told us the provider was caring and compassionate and provided a highly individualised service.

Is the service responsive?

The service was responsive.

People's needs were assessed and the care plans had detailed information about how people wanted their care and support delivered.

People knew how to make a complaint and were confident any concerns they had would be addressed.

Is the service well-led?

The service was well led.

The provider worked closely with people who used the service and their relatives to help make sure people received high quality care and support which was tailored to their individual needs

In Need of a Hand

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 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.

This inspection took place on 07 May 2015. The provider was given 48 hours' notice because the location provides care to people in their homes and we needed to be sure they would be available. At the time of the inspection there were two people who used the service and their care and support was delivered by the provider.

Before the inspection we reviewed the information we held about the service this included notification and other

information we had received from the provider. We contacted the local authority contracts and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We usually send the provider a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not send a PIR to the provider before this inspection.

The inspection was carried out by one inspector. During the inspection we looked at two people's care records, the providers training records and the policies and procedures. We spoke with the provider. We spoke with the relatives of two people who used the service by telephone.

Is the service safe?

Our findings

We spoke with the relatives of two people who used the service. They told us the service provided to their relatives was excellent and said they had no concerns.

The provider had policies and procedures in place to make sure people who used the service were safeguarded from abuse. They had a good understanding of how to protect people against the risks of abuse or discrimination and were aware of how to report any concerns about people's safety and welfare. The provider told us there had not been any safeguarding concerns since the service was registered in September 2013. The Commission has not received any information of concern about the service.

Individual risks to people's safety and welfare were identified and recorded in their care plans. For example, information about known medication allergies was recorded. The provider had suitable arrangements in place to respond to accidents and/or incidents. Depending on the nature of the accident they would either contact the person's relatives, their GP or the emergency services. Accidents/incidents were recorded in people's records and if appropriate body maps were completed to record injuries. The provider was aware of the requirements in relation to reporting accidents/incidents to the Commission and/or other relevant agencies.

Risk assessments were completed for the environment, inside and out, to identify any potential risks to people's safety and welfare. Key safes were used to help make sure people's security was not compromised.

The provider had not recruited any staff. At the time of the inspection there were two people who used the service and the provider was delivering their care and support. The provider explained the process they would follow when recruiting staff. This included asking people to complete an application form, conducting interviews, obtaining written references and checking with the Disclosure and Barring Service (DBS) to make sure applicants did not have any criminal convictions which would exclude them from working in a care environment.

The provider worked closely with the relatives of the two people for whom they provided a service to ensure the service was flexible. There were suitable arrangements in place to provide out of hours cover or to provide additional support for example, when people's relatives were away.

The provider told us they arranged their holidays in advance and in consultation with the relatives of the people who used the service. They told us this meant people's relatives were able to make alternative arrangements for people to have support when they were unavailable.

The relatives we spoke with confirmed the service was flexible to meet their needs and said they were happy with the arrangements for covering holidays. The provider was aware they would have to review this when they expanded the service.

The provider was clear about their responsibilities with regard to supporting people with their medication. Details of people's medication and the support they required was included in their care plans.

Is the service effective?

Our findings

The provider had completed training on safe working practices which included moving and handling, food safety, infection control, medication and safeguarding. They had also completed training on caring for people with dementia. The provider had not updated their safeguarding training since registration in 2013 and new procedures for safeguarding have been implemented in West Yorkshire since then. We discussed this and they said they would arrange to attend an update as soon as possible.

The provider had not employed any staff at the time of the inspection. They understood the requirements in relation to staff training and support and told us how they would implement this when they employed staff in the future.

The provider was aware of their responsibilities in relation to the Mental Capacity Act. They told us the people who used the service at the time of the inspection had the capacity to make decisions about their day to day lives and were supported by their families when making more complex decisions.

The provider told us they always asked people for consent before delivering care or support and respected people's wishes. For example, they told us people sometimes didn't want the meal which had been prepared for them and when this happened they offered to cook something else using whatever ingredients were available.

The support provided to people with regard to eating and drinking was clearly recorded in their individual care plans. In one person's records the provider completed a food chart to show what the person had eaten on the days they received support. The person's relative told us the provider had encouraged the person to try new foods and this had helped to improve their dietary intake.

The provider told us they did not have any involvement with external health care professionals for the people who were using the service at the time of this inspection. This was because people were supported by their families to meet their health care needs. However, they said if they felt a person was unwell they would make their relatives aware. They told us if they felt a person needed some additional equipment, such as mobility aids to promote their independence, they would suggest this to the person or their relatives.

Is the service caring?

Our findings

The relatives of people who used the service described the service as, “Absolutely wonderful” and “Excellent”. Both relatives said the provider was very caring and was always there for them when needed.

The provider told us they always treated people with respect. For example, they said they were always conscious of the fact they were working in the people’s own homes and took care to do things the way people wanted them done.

The provider was an experienced care worker who had worked with older people in residential care settings for many years before starting this service. They were able to tell us how in their day to day work they supported people to maintain their privacy and dignity and promoted peoples autonomy and independence.

Is the service responsive?

Our findings

The care plans showed people's needs had been assessed. They included information about people's abilities as well as the areas where people needed support. The care/support plans had detailed information about the support people needed at each visit. For example, in one person's records the care plan about supporting them with personal hygiene included such details as how to turn on and off the shower.

The provider completed a daily report at the end of each visit which detailed the areas where they had provided care and support. The reports showed the start and end times of the visit.

The care records included a personal profile for each person and this included information about their personal history, family and friends, interests and preferences.

The provider told us any changes to people's care/support needs were recorded in their care plans as soon as they happened. The care plans were up to date. The provider told us they were in regular contact with people's relatives and the relatives we spoke with confirmed this.

The provider had a complaints policy. They told us they had not received any complaints since starting the service in September 2013. The Commission has not received any information of concern about his service. The relatives we spoke with told us they had no concerns or complaints. They said they would not hesitate to speak to the provider if they had any concerns and were confident their concerns would be addressed.

Is the service well-led?

Our findings

The provider had policies and procedures in place covering such areas as accident reporting, equality, diversity and human rights, disability discrimination and confidentiality. They had a code of conduct which included information on the dress code and the requirement to wear an identify badge at all times.

The provider told us they used websites such as the NHS, the Care Quality Commission and Alzheimer's society to keep up to date with changes in legislation and current best practice. They were aware of the recent changes to the way care services are regulated and inspected.

They told us they believed in openness and transparency and took pride in providing a highly individualised service. They told us all the people they had provided a service for since registration had been referred to them through

personal recommendations. Over the course of the two years since the service was registered the maximum number of people who used the service at any one time was four and the provider had delivered all their care and support.

Records were stored securely and the computerised records were password protected.

There were no formal governance systems in place because at the time of the inspection the service was being delivered by the provider. They received regular feedback from people who used the service and their relatives and adapted the service accordingly. The provider was aware they would need to implement quality assurance and monitoring systems when the number of people who used the service increased and staff were employed to deliver the service. At the time of the inspection the provider had no firm plans in place for expanding the service.