Safehands Services Limited

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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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Our inspection of Safehands Services Ltd commenced on 17 - 22 November 2017 with phone calls to staff. We visited the office from which the service was managed. We spoke with three relatives and six people who used the service on 21 November 2017. The inspection was announced and the service was given 48 hours' notice to ensure someone would be in the office.

We last inspected this service in September 2016 and found a breach of Regulation 12 and Regulation 17. During this inspection we found improvements had been made to completion of medication administration records and the auditing of the quality and safety of the service.

Safehands Service Ltd is a domiciliary care agency. The service is situated close to the centre of Bradford. At the time of our inspection the service was providing care and support to 38 people. Safehands provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. Not everyone using Safehands receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service did not have a registered manager in place. The previous registered manager left June 2017. 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. The business manager, who was present during the inspection, had day to day responsibility for the running of the service. They were in the process of completing an application to become the registered manager.

Most people we spoke with told us they felt safe and did not raise concerns about the way they were treated. One person raised concerns about different staff visiting. Staff were aware of the actions they would take to keep people safe if they were concerned someone was at risk of abuse. Appropriate systems were in place to protect people from the risk of harm.

Overall risks to people's health, safety and welfare were identified and action taken to manage the risk. Staff demonstrated a sound awareness of infection control procedures.

Medicines were managed safely. However, some improvements were needed to ensure a consistent approach. We recommended the provider reviews their medicines policies and procedures in line current guidance.

Recruitment processes were in place although we found on one occasion these had not been followed. Checks to show staff were safe to work with vulnerable adults were undertaken prior to staff working at the service.

People were provided with care and support by staff who were trained. Staff told us they had received induction and training relevant to their roles. This was followed up by competency checks. Staff received regular supervision. One staff member thought more group meetings would be beneficial.

People told us they were supported to had choice and control of their lives and staff supported them in the least restrictive way possible.

People told us staff usually turned up within the allotted time, or they phoned and let them know they were running late.

Staff were spoken of highly by most people who told us they were caring, kind, compassionate and respected their dignity and privacy.

Care records contained sufficient detail so staff knew what support to offer people. People felt they participated in planning their care. Care records included information about preferences, likes and dislikes.

People were supported with their nutritional needs. People had access to a wide range of healthcare professionals and we saw evidence people's healthcare needs were met.

A complaints procedure was in place which enabled people to raise any concerns or complaints about the care or support they received. However, one person told us they felt concerns they had raised were not dealt with.

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People using the service, relatives, staff and healthcare professionals we spoke with were generally positive about the management team. Staff said the manager was approachable and supportive.

The service had quality assurance processes which considered certain aspects of care delivery. However, the more general service delivery was not audited as can be seen by the issue we found with recruitment records.

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.

Medicines were managed in a safe way.

Relevant and up to date risk assessments were in place in people's care records.

Staff understood safeguarding principles and what to do if they were concerned about people.

Safe recruitment processes were followed.

Is the service effective?

Good

The service was effective.

Staff received regular training appropriate to their role. This meant they had the skills and knowledge to meet people's care and support needs.

The service was working within the legal framework of the Mental Capacity Act 2005.

People's choices and preferences were respected.

Staff liaised with health professionals about people's healthcare needs.

Is the service caring?

Good

The service was caring.

People provided positive feedback about the standards of care, telling us staff treated them with dignity and respect.

Staff knew people and their care and support needs and were committed to providing good care and support.

People were involved in the planning of their care.

Is the service responsive?

Good

The service was responsive.

Care records and people's assessed needs were regularly reviewed.

Where possible, people received calls around the agreed time period. Staff completed required care and support tasks before leaving the calls.

A complaints policy was in place outcomes and actions were clearly documented.

Is the service well-led?

Requires Improvement

The service was not always well led.

There service did not have a registered manager in place.

Quality assurance systems had been implemented which identified and addressed areas for improvement.

Staff and most people who used the service spoke highly of the management team although some people felt their concerns were not addressed.

Regular small group staff meetings were held. Staff morale was good.

Safehands Services Limited

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.

The inspection took place on 22 November 2017. We gave 48 hours' notice of the inspection visit, this was to ensure the manager was present. The inspection site visit activity started on the 17 November and ended on the 23 November. It included phone calls to staff and people who use the service and families. We visited the office location on 22 November 2017 to see the manager and office staff; and to review care records and policies and procedures.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case the expert by experience had experience of service for people with disabilities and older care and people who lived with dementia.

Before the inspection, we reviewed the information we held about the provider such as notifications and any information people had shared with us. We also spoke with the local authority commissioning and safeguarding teams to ask them for their views on the service and whether they had any concerns. 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. There were no concerns highlighted from the information provided.

During our visit to the provider's office we looked at three care records of people who used the service, three staff recruitment files, training records, medicines records and other records relating to the day to day running of the service.

During the inspection we spoke with the business manager who was responsible for the day to day running of the service and spoke to one care and support worker. We carried out telephone interviews with six care staff on the 17 and 23 November 2017. The expert by experience carried out telephone interviews with nine

people who either used the service or their relatives on 21 November 2017.

Good

Is the service safe?

Our findings

Following the previous inspection the service was rated requires improvement in safe as there was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations safe care and treatment. Medicine Administration records (MARs) were inconsistently completed. The provider was given a requirement notice. At this inspection we found improvements with MAR charts consistently signed by staff or a record made of why the medicines had not been given.

People told us they felt safe with staff. They made comments such as "The seniors are fantastic, they are the best care company I have ever had." "I mostly have the same staff unless someone is sick or away." "I have never had an accident in 7 years." People told us they knew who to contact if they did not feel safe.

The service had a safeguarding policy in place and had reported any concerns to the local authority adult protection team. One person we spoke to told us, "I can go to the local authority if I'm unhappy or have concerns." We saw staff had received safeguarding training. Staff we spoke with had a good understanding of safeguarding and emergency procedures and what to do it they were concerned about the safety of people they were caring for.

A staff member explained they used key safes to obtain entry to people's houses and ensured these were locked and the code scrambled at the end of the visit to reduce the risk to people's safety. We saw information contained in people's care records reminding staff to check security in people's homes before leaving.

The service had an overall risk analysis for each person which considered personal care, environment and other factors. There were additional person-specific risk assessments in regards to issues such as skin integrity and mobility. They provided staff with additional guidance on how to support people in these areas. Records showed where two staff were required to ensure the person was kept safe during moving and handling. People told us this was consistently adhered to and was also demonstrated in people's records

Some people we spoke with said they received care and support from the same group of staff and others did not. Comments included, "Mostly have the same staff, but they seem to change staff a lot and some have to cover for other people." "Usually we have the same staff." "We had the same staff but recently they have doubled up on calls. They used to keep it local, but now they have further to travel and the town can get quite gridlocked. They ring if they are going to be late." The manager was aware of people's feedback and was addressing it. The manager informed us staff were allocated to a particular area to ensure people received the same staff wherever possible. No concerns were expressed about staff approaches by people who used the service

Daily records of care demonstrated there were sufficient staff to provide a safe and effective care. They provided evidence that calls consistently took place and staff largely attended at appropriate times each day, indicating there were enough staff deployed. Staff we spoke to said they had sufficient times to meet people's needs. One staff told us, "We know if we don't have enough time, to speak to managers. One

person recently had their support increased." Another staff member told us, "My run is doable. I have enough time to do everything. I think there's enough staff; no concerns. We're paid for travel time." One staff member we spoke with commented they did not have enough travel time between visits, whilst other staff members said they had enough time.

The manager told us they were recruiting for staff to cover sickness and holiday and currently had one vacancy. They told us all calls were covered and there had been no missed calls. They said they had turned down care packages if they felt unable to fulfil these either due to the person's complex needs or to not having sufficient staff coverage in that area. They told us they tried to match people with care workers of their own ethnic background if possible.

We saw the service had a recruitment policy in place. We checked three staff recruitment files. We saw some appropriate checks such as references and Disclosure and Baring Service (DBS) were obtained prior to employment. This helped to make sure people were protected from the risk of being cared for by staff who were unsuitable to work in a care setting. However, we saw one staff member who had started work in February 2017 only had one reference in their recruitment file where the service recruitment policy stated three references should be obtained. We spoke with the manager who took immediate steps to rectify this; from our discussions we concluded this was a one off omission. However all other staff files checked demonstrated correct procedures were being followed. We saw the service had documented in another staff member's recruitment record where the person had not been able to obtain work references due to never having been employed previously and this had been discussed at interview. The manager had recently put in place interview score sheets and records following discussions with the local authority. This showed the manager had taken action and advice from other bodies and made improvements to reflect lessons learned. We concluded from this the manager would take appropriate actions to ensure sufficient references were obtained in future. We saw the manager followed disciplinary processes where required with documented evidence stored in staff files.

Staff we spoke with told us the correct recruitment procedures had been followed and information obtained prior to them commencing work.

At our previous inspection in September 2016 we found medicines were not always safely managed. Medicines administration records (MARs) were inconsistently completed. At this inspection we found improvements with MAR charts consistently signed by staff or a record made of why the medicines had not been given. MARs were printed by Safehands, information recorded on them is checked against the prescription and dosset box to ensure correct. A dosette Box is a disposable plastic tray that separates medicines into individual compartments for different times of the day for each day of the week. The MARs were not signed by two people to state the information was correct.

Staff who administered medicines had been trained in the safe administration of medicines and had their competency checked regularly through spot checks.

We saw time specific medicines had been administered appropriately, such as medicines requiring to be administered before food, or those medicines that required a particular time gap between doses.

We saw better documentation was required to show where some people's topical creams should be applied. For example, we found on one person's MAR who had been prescribed topical creams there was no information recorded on the MAR or in the person's care records as to where some of these were to be applied, with the MAR purely indicating the name of the cream and the time it was to be applied. We reviewed the person's daily records which indicated creams had been applied at the correct times. We

spoke with the manager who immediately put information about where and how the topical creams should be applied into the person's electronic care records.

Electronic care records had been devised so staff had to read about any changes prior to being allowed to enter further information on the system. This showed whilst the practice may initially have been unclear the manager immediately took appropriate steps to ensure appropriate information was recorded and relevant staff were informed. There had been no adverse impact recorded for the people. We saw appropriate information had been documented on other people's MARs and concluded from this and the prompt action taken by the manager this was an isolated incident. We recommended that the provider reviewed their medicines policies and procedures to reflect published guidance.

The service had few accidents and incidents and these were recorded in detail and accurately. Memos were used to keep staff up to date with incidents and any changes to practice

We saw stocks of gloves and aprons were available for staff. We saw one staff member came in to the office during our inspection to collect further stock. This helped to reduce the risk of cross infection.

Good

Is the service effective?

Our findings

We saw people's needs were assessed prior to commencement of the service to ensure the service could fulfil these needs. If the service was unable to fulfil a person's needs, the manager told us they would turn down the care package.

People told us they received the support they needed to eat and drink when staff visited them. One person commented, "They make nutritious meals." Another person told us, "I get fish and chips." A family member told us their relative also had fruit and vegetables. Staff told us they would normally ask people what they wanted to eat at each visit, and often made suggestions.

The daily notes recorded staff supported people with meals, drinks and snacks where this was part of the person's assessed care needs. However, in some cases more detailed records were required. For example some individuals had specific conditions where fluids had to be encouraged. The daily notes showed staff had been advised to encourage the person to drink fluids on each visit. However, staff did not document the amount of fluid the person had consumed during the visit. Where the person had been left with a drink they had not documented whether this had been consumed at the next visit. This meant it would be difficult for health professionals to establish an accurate picture of the person's fluid intake and to monitor on-going risk.

Prior to our visit the manager had analysed the daily care notes as part of the audit process. They had changed the fluid charts so that in future staff would record the actual amount the person had consumed.

Where staff were concerned about people's health or had noted a change we saw they had made referrals to health professionals. One family member told us, "They alerted us when they made a referral to the district nurse." Another person told us, "I suffer from bouts of cellulitis and have to go into hospital. Earlier in the year I didn't recognise the symptoms, I was out of it. The carer recognised them and asked me what day it was. When I gave the wrong answer, she knew I was ill and called an ambulance." This showed the service worked with other agencies to ensure people were supported to meet their health care needs.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of a Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. From the records we reviewed and discussions with staff and people who use the service we concluded that the service was working within the principles of the MCA. Staff had an understanding of how these principles applied to their role and the care they provided.

Staff told us they asked consent when carrying out personal care. All of the people we spoke with told us staff asked for their consent before providing care and respected their choices. We saw evidence of consent in people's care records and records of decisions made in people's best interests. Daily records of care showed people's consent was regularly sought and people were given choices on a daily basis.

Systems were place to ensure staff were trained and received regular updates in areas such as moving and handling, infection control, food hygiene, safeguarding, health and safety, Mental Capacity Act 2005(MCA) and equality, diversity and human rights (EDHR). Staff we spoke to confirmed they received regular training updates. We saw the service delivered training in a variety of ways to cater for different staff needs. For example, the manager told us as well as staff completing on-line training, they did face to face training and role play in the safe administration of medicines since some staff responded better to practical sessions. Some staff had completed or were completing qualifications such as National Vocational Qualifications (NVQs). One staff member told us the training had equipped them with the required skills to perform their role effectively.

Staff new to care were enrolled on the Care Certificate. This is a government recognised training programme designed to equip care staff with the required skills for their role. The manager told us staff induction was of variable length, dependant on the experience of the staff member. This included attending key training and a number of shadowing shifts according to their needs. Staff were subject to a 12 week probation period which could be extended if the manager felt this was required.

People told us care staff had the relevant skills and training. One person told us, "Yes they do seem to handle things ok, they are quite competent. The training they have must be good, we don't have any problems." Another person told us, "They are efficient in using the hoist, well most of them." Another person told us, "When we get new staff they always pair them up with experienced staff." The staff we spoke with demonstrated a practical understanding about key topics such as safeguarding and moving and handling. This showed us their training had been effective.

We saw staff received regular spot checks where their competency was reviewed. This included checking they arrived at the person's home on time, stayed for the correct amount of time, completed the required tasks and treated the person with dignity and respect. Staff we spoke with confirmed these took place. We saw actions were taken if required as a result of these which were also discussed at the staff member's supervision. A programme of regular staff supervision and annual appraisal was in place and staff told us these were an opportunity to discuss concerns, updates and their development. Staff confirmed they received one to one supervision meetings around every 9 weeks. Some staff members felt they would benefit from more group meetings.

Good

Is the service caring?

Our findings

One relative was very complimentary about the care workers, saying, "My dad isn't a morning person and they have nice ways of getting round him. They have a lot of patience." Another person told us, "Staff are friendly, kind and caring, they take their job seriously".

Staff were able to explain how they communicated with people who found it difficult to communicate their needs as they tended to visit them regularly and got to know them well. One staff member told us, "One person we write things down for and they write down their response. For some other people we show things, use pictures and actions."

We saw evidence of people being involved in decisions about their care. For example, we saw people/relatives were involved in planning and reviewing plans of care. One relative told us, "I was involved with devising the care plan." The service supported people to feel listened to and air their views in relation to their care and support through care plan reviews and questionnaires.

We saw evidence in care records of people's independence being encouraged, with details recorded of what the person could do for themselves. For example, we saw one person's care recorded demonstrated the person should be allowed to wash. One person told us, "Staff support me to be independent. I am in a wheelchair but I am able to roll around my house and do my own cooking." Another person told us, "Yes, they do help with independence. I understand its part of their brief. I am a person who likes to do as much as possible and it frustrates me I can't do things. We must do the things we can do and they do the things we can't."

People we spoke with said they were treated with dignity and respect. One person told us, "When they arrive they knock and come in and shout hello to let us know they are here. When doing personal care they pull the blinds." Another person told us, "Yes, they treat us with dignity and respect. I have a key safe and they come in and shout hello so as not to startle us."

Staff had received training in equality, diversity and human rights. The manager told us where possible they matched care staff according to the background of people they supported, such as those whose first language was not English. This demonstrated the service was responsive to the diverse needs of people who used the service and working within the framework of the Equalities Act 2010. Other protected characteristics are age, disability, gender, marital status, religion and sexual orientation. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

Good

Is the service responsive?

Our findings

The manager had good knowledge about the accessible information standard and had recently attended further training regarding this at the local authority. The service is currently piloting an electronic care record system. A member of staff from the team who designed the electronic care record system also attended the training to ensure the system meets the new standard. They told us they were working with the system provider to make the electronic care record system more accessible with larger type and the possibility of an audio system built into the package in the future. People's relatives who lived away were able to access the system using a mobile application which meant they could continue to monitor the care and support received. We saw people's communication needs were assessed as part of care planning with regard taken as to whether they needed any adjustments or adaptions; for example, to hear or see clearly. The manager told us how one person the service supported had poor eyesight and hearing. Staff were instructed to approach the person face on and speak with them clearly and at eye level to ensure they could hear and see the person speaking with them. We saw the person's care record also reminded staff, 'If [person] struggles to hear, write it down on the pad provided.' Staff we spoke with confirmed they used this to communicate with the person if they could not hear them. The service also incorporated information to support staff with dyslexia by using different coloured paper in some documentation.

Care records gave clear information about people's individual needs and how to support them during care and support visits. We saw people and relatives were involved in care planning and reviews. One relative told us, "My sister and I have met with the manager in the past and we review things when there are changes, we initiated a review in terms of increasing the visits she has.

We saw emphasis was placed on what the person was able to do for themselves, such as with personal care and mobility.

People told us staff were responsive. One told us, "They always do what I ask". Staff we spoke with told us they had the time to ensure they stayed with people for the full call length. Our review of daily records confirmed this.

We saw the service had a complaints procedure in place. People and relatives we spoke to knew how to complain, one person said, "We would just phone the manager". We looked at the complaints and saw three complaints had been logged since the last inspection. All complaints were investigated, recommendations made and conclusions provided to people. We saw appropriate action had been taken in each of these instances to ensure the safety of the individual. These issues were discussed at a staff meeting as well as information sent through staff memos.

The manager gave us examples of how they were using technology to support people's needs. For example, some relatives were able to monitor care and support remotely though electronic applications with the person's permission.

We saw people's end of life wishes were documented as part of care planning and 'Do not attempt cardio pulmonary resuscitation' (DNACPR) information was present in some people's care records. We saw one person had requested to remain at home and to die in their own home. This showed the service supported people to plan for their end of life care and recorded their wishes.

Requires Improvement

Is the service well-led?

Our findings

Following the previous inspection the service was rated requires improvement in well-led as there was a breach of Regulation 17) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw there was a lack of documented audit or quality assurance systems in place. At this inspection we found improvements with systems and processes to enable the service to identify and improve where quality and safety was being compromised, but these needed to be embedded and tested over time before we could be assured of their effectiveness in sustaining improvements

The service did not have a registered manger in place. The previous manager left June 2017. The business manager had day to day control of the service and was in the process of completing the registered manager application with CQC.

The manager was open to ideas for improvements to the service during our inspection. It was clear the manager knew the care and support needs of the people who used the service.

People told us they felt able to approach the management team with any concerns. One person we spoke to told us, "We meet up with the manager at least once a year, depending on mum's needs". Other comments included, "yes they are very friendly" and "I ring and things are normally sorted out." However, some people told us they had never met or spoken with the manager.

Staff told us the manager was approachable. One staff member commented, "[Manager] is approachable. If I had any concerns I would go to her; very approachable. The staff in the office are nice. I've never had a problem. Things get dealt with, you can just tell." Another staff member told us, "The manager is fair and she comes back to you." Other comments included, "We get feedback from manager, they will listen and are willing to make changes" and "[Manager] will phone back to discuss things, this is the best company I have worked for."

Staff told us morale was good. One staff member commented, "I love it. Love my job. All the staff I've worked with are lovely. Staff seem happy. I would recommend it as a place to work and for care." Another staff member told us, "It's the best company I have worked for."

Staff competency to administer medicines was regularly assessed to help monitor and improve the medicines management system. Staff received spot checks on their practice. This looked at a range of areas including how they interacted with people, whether they completed care and support tasks correctly and if they of appropriate appearance. This helped ensure staff worked to consistent high standards.

The manager told us they attended local provider meetings to keep updated and share best practice. They also subscribed to regular care management magazines, liaised with the local authority, Skills for Care and attended relevant training to keep themselves and staff updated. They told us they had worked with other care providers to put on training on specific subjects such as safeguarding. They also liaised with another care provider around care provision and staff recruitment. This demonstrated the service actively worked in

partnership with other agencies to offer effective solutions for the people they supported.

Staff meetings were held although due to the nature of the service, staff met with the manager more frequently on a one to one basis to discuss any concerns or updates. A staff survey had been sent to all staff June/July 2017; however no responses had been received. The staff members we spoke to confirmed they had 1-1 meetings with the manager. One staff member said, "I feel a group meeting would have a good impact on the team, sometimes people don't always feel comfortable speaking in a 1-1 setting.

People's views were sought and used to make improvements to the service. People's feedback was sought through spot checks, care reviews and quality surveys. We saw results from the 2017 survey were analysed and people contacted to discuss any concerns and actions taken as a result. We saw people had mostly given positive feedback about the service. However, two people we spoke with told us they did not feel their views had been taken into account. One person had previously raised a particular concern and they were happy for us to speak to the manager about this. We spoke to the manager who informed us this would be addressed.