

Handle with Care (Black Country) Limited

Crescent House

Inspection report

Broad Street
Bilston
WV14 0BZ

Tel: 01902546560
Website: www.hwcbbc.co.uk

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08 March 2023

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Ratings

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

Summary of findings

Overall summary

About the service

Crescent house provides personal care to people, including older people living in their own homes. There were 85 people using the service at the time of our inspection.

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

Individual risks to people were considered and reviewed. Staff were aware of safeguarding procedures and these were followed when needed. People received their medicines when needed. There were enough suitably recruited staff available for people. Infection control procedures were implemented.

There was evidence lessons were learnt when things went wrong in the home. Systems in place identified where improvements were needed and action was taken to ensure these were made. Staff felt supported and listened to and had the opportunity to attend meetings. We were notified by the provider when needed in line with our requirements.

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

Rating at last inspection

The last rating for this service was good (published 30 April 2020).

Why we inspected

The inspection was prompted in part due to concerns received about how medicines were managed, and the calls people received. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led finding below.

Crescent House

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector 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.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. They were unavailable on the day of our inspection.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 8 March 2023 and finished on 9 March 2023. We visited the location's office on 8 March 2023.

What we did before the inspection

We reviewed information we had received about the service since our last inspection, including notifications the provider had sent to us. We also gathered feedback from the local authority.

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 12 people and 5 relatives. We also spoke with the nominated individual and 5 members of care staff. We looked at the care records for 9 people. We checked the care people received matched the information in their records. We looked at records relating to the management of the service, including audits carried out within service.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were happy with the care they received and felt safe with the staff that supported them. One person said, "Yes, I trust them." A relative told us, "I cannot fault them, they are absolutely brilliant."
- Individual risks to people were assessed, monitored and reviewed. There was clear guidance in place for staff to follow including when people needed supported with mobility, pressure relief and their health needs. We saw care plans and risk assessments were reviewed to reflect changes that had occurred for people.
- Environmental risks in people's homes were considered, to ensure the safety of themselves and staff.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse as staff knew how to report and recognise when people may be at risk. One staff member said, "I have received safeguarding training, I know what things I should be looking for and reporting. If I was concerned, I would call the office and they would raise a safeguarding with the council."
- There were procedures in place that were followed to ensure people were protected from potential abuse. The nominated individual was able to demonstrate when they had acted upon concerns.
- Staff also confirmed they had received up to date training in safeguarding people from abuse.

Staffing and recruitment

- There were enough staff available to support people. Relatives, staff and people confirmed this to us. A staff member said, "There is more than enough of us, staffing is fine."
- People received calls for the duration they needed, by a consistent staff team. One person said, "I have the same carer 6 days a week, it's fine, she's very good." A relative told us, "I have a core team of carers, they are a lovely group of people." Although some people raised concerns about calls being late the provider was aware of this and working to take action.
- There was a system in place to ensure there were enough staff employed for the amount of care hours people needed.
- Staff had received the relevant pre-employment checks before they could start working in people's homes to ensure they were safe to work with people.

Using medicines safely

- People received their medicines as prescribed. Records we reviewed, including medicine administration records (MAR) confirmed this. One relative told us, "They administer out of the blister pack, and put my relations patch on, they are okay with that."

- When people had 'as required medicines' there were protocols in place for staff to follow. These protocols stated when these should be administered. Records confirmed these medicines were administered in line with these.
- Staff administering medicines to people confirmed they had completed training and their competency was checked to ensure they were safe to do so.

Preventing and controlling infection

- People were supported in line with infection control policies.
- Staff told us they had received training and had access to gloves and aprons which they used when they were offering support to people in their own homes. One staff member said, "We have plenty, we never run out, we make sure we wear this in people's homes as it stops any spread of infection, it protects families too." People and relatives confirmed this to us.

Learning lessons when things go wrong

- The provider was able to demonstrate when lessons had been learnt. Incidents and accidents were reviewed to see if things could be completed differently, this included near misses. This information was then shared with staff.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The systems in place were effective in identifying concerns and areas of improvement. Audits covered areas such as medicines, calls times and people's care to ensure people were receiving support in line with their assessed needs. When areas of improvement had been identified there was evidence to show what action had been taken and how this information had been used to drive improvements.
- Staff received spot checks and observational supervision. An audit log was then developed to show any actions they needed to take or follow up on.
- Staff understood their roles and responsibilities and there were clear lines of delegation.
- Staff felt supported to by the management team. They told us they had the opportunity raise concerns by attending staff meetings and supervisions. One staff member said, "I feel very well supported, I can raise anything with the office I know they would help, they are all very supportive."
- We had been notified of events that had happened within the service, as required.

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

- People and relatives spoke positively about the care staff and the service. One relative said, "The carers are really good. They are friendly and have a laugh and a joke with my relation, which they like."
- Staff worked closely with people, their families and professionals to ensure people received the support they needed. People's care was regularly reviewed to ensure good outcomes were achieved.

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

- People felt listened to and confirmed they were asked for feedback. One relative told us, "Yes, regularly. There is a 3-monthly review, then one at 6 months then 12[months]".
- Feedback was sought from people who used the service. A survey was completed in June 2022. The information received was mainly positive, however the information was collated, and action plan produced to show where improvements maybe needed. This information was shared with people, relative and staff.
- People also had the opportunity to be part of a service user group. This was held regularly over the telephone with a representative from the company. This gave the people the opportunity to provide further feedback and listen to the actions taken when concerns had been previously identified.

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

- Duty of candour requirements were understood and met. When needed they worked openly with people and their families to ensure information was shared.

Working in partnership with others

- The service worked closely with other agencies to ensure people received the care they needed. This included social workers, health professionals and those that were important to people.