Safe Hands Home Care Limited

Safe Hands Home Care Limited

Inspection report

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10 April 2017

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Safe Hands Home Care Limited provides personal care to people living in their own homes in the Newcastle, Northumberland and North Tyneside areas. They also provide an enabling service to help support people to access the local community. At the time of the inspection there were 18 people using the service.

At our previous comprehensive inspection in June 2016, we identified two breaches of regulations relating to safe care and treatment regarding the management of medicines and good governance. We rated the service as requires improvement.

The inspection was announced. The provider was given 48 hours' notice because they are a domiciliary care agency and we wanted to make sure that key staff were available. We attended the provider's head office and visited three people in Newcastle, Northumberland and North Tyneside on 30 and 31 March 2017 to find out how care and support was provided in these areas. Our expert by experience contacted people by phone from the 5 to the 10 April 2017.

There was a registered manager in post. 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.

People told us they felt safe with the staff who visited them at their homes. The provider had not notified CQC of several safeguarding allegations in line with legal requirements.

We looked at the management of medicines. We found that improvements had been made and care files contained an up to date list of medicines. There were some inconsistencies with the recording of medicines which the registered manager stated would be addressed.

People and relatives did not raise any concerns about staffing levels. The registered manager told us they were recruiting more staff. Recruitment checks were carried out to ensure that applicants were suitable to work with vulnerable people. This included obtaining written references and a Disclosure and Barring Service check [DBS].

Training was carried out in safe working practices. Competency based assessments however, were not carried out to ensure that staff had the necessary skills in areas such as medicines management and moving and handling. In addition, ongoing documented checks to make sure staff were adhering to the correct procedures were not completed.

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. We noted however, that records did not always evidence how staff followed the principles of the MCA.

People were supported to access to a range of healthcare services to ensure their health needs were met. This was confirmed by our observations and the health and social care professionals with whom we spoke.

People and relatives told us that staff were caring. We saw positive interactions between people and staff. People's privacy and dignity was promoted. Care plans were person centred. We found that some care plans required updating to reflect changes in people's preferences and needs.

The service provided enabling support where this was identified in people's care assessment. Staff assisted people to access the local community to help meet their social needs.

There was a complaints process in place. We found however, that not all complaints were documented or monitored.

An effective quality monitoring system was not in place. Certain audits and checks were not carried out in areas such as medicines and care files. In addition, we found shortfalls in record keeping relating to people, staff and the management of the service.

The provider had not ensured they were meeting all their responsibilities under the conditions of their registration.

This is the second time we have rated the service as requires improvement. Sufficient action had not been taken by the provider to improve the overall rating of the service and ensure good outcomes for people in each of the five key questions we reviewed.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This relates to good governance. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People told us they felt safe with the staff who visited them at their homes. Not all safeguarding concerns had been notified to CQC in line with legal requirements.

Care files now contained an up to date list of medicines. There were some inconsistencies with the recording of medicines. Risk assessments were in place; however these were sometimes generic and not specific.

The registered manager told us they were recruiting more staff. Recruitment checks were carried out to ensure that applicants were suitable to work with vulnerable people.

Is the service effective?

Requires Improvement

The service was not always effective.

Training was completed in safe working practices. Competency based assessments however, were not carried out to ensure that staff had the necessary skills in areas such as medicines management and moving and handling. In addition, ongoing checks to make sure that staff were adhering to the correct procedures were not carried out.

Records did not always evidence how the requirements of the MCA were met.

People had access to a range of healthcare services.

Is the service caring?

Good

The service was caring.

Staff were kind and caring. They treated people with dignity and respect and supported them to maintain their independence.

Staff had built a good rapport with people and appeared to know them well.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were in place which were person centred. We found that some care plans required updating to reflect changes in people's preferences and needs. People's social needs were met.

There was a complaints process in place. We found however, that not all complaints were documented or monitored.

Is the service well-led?

Requires Improvement

The service was not always well led.

Certain audits and checks were not carried out in areas such as medicines management and care files. In addition, documented spot checks were not carried out on staff to ensure they were adhering to the correct procedures.

There were shortfalls in record keeping relating to people, staff and the management of the service.

The provider had not ensured they were meeting all their responsibilities under the conditions of their registration.

Safe Hands Home Care 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 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.

The inspection team consisted of one 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.

The inspection was announced. The provider was given 48 hours' notice because they are a domiciliary care agency and we wanted to make sure that key staff were available. We attended the provider's head office and visited three people in Newcastle, Northumberland and North Tyneside on 30 and 31 March 2017 to find out how care and support was provided in these areas. Our expert by experience contacted people by phone from the 5 to the 10 April 2017.

Prior to our inspection, we checked all the information which we had received about the service including notifications which the provider had sent us. We also contacted Northumberland Newcastle and North Tyneside local authorities.

We did not request a provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

We spoke with eight people and three relatives. We also conferred with the registered manager, one team leader and five care workers during our visits. Following our visits we spoke with another four care workers.

We examined three people's care plans and checked staff recruitment and training files. We also viewed

records relating to the management of the service.

Following our inspection, we conferred with a community learning disabilities nurse, a social worker, a personalisation officer, a contracts officer and a member of staff from Northumberland local authority safeguarding adults team.

Requires Improvement

Is the service safe?

Our findings

People and relatives told us they felt safe with the staff who came into people's homes. Comments included, "I feel very safe," "All the care is safe," "I always feel safe in their care and it's nice to know that someone is also checking," "I have no have reason to feel unsafe or uncomfortable - all good," "They are really professional and very pleasant and give me no reasons to be concerned about my safety" and "I get different people which sometimes confuses me but I don't feel at risk; no not at all worried."

Staff were knowledgeable about what action they would take if abuse was suspected. They told us they had not witnessed anything which concerned them and felt able to raise any concerns with the registered manager or nominated individual. The registered manager told us that there were no ongoing safeguarding concerns.

We spoke with one person's social worker who informed us there had been two historical safeguarding concerns in 2015. We checked our information system and noted we had not been informed of these allegations. We also found that the provider had not notified the Commission of a safeguarding concern which had been raised by another person's social worker in December 2016. We considered that an effective system was not in place to ensure that all notifiable incidents were reported to ensure the Commission had oversight of all safeguarding allegations and could make sure that appropriate action had been taken to safeguard people.

We looked at medicines management. At the last inspection we identified shortfalls in the recording of medicines. At this inspection we found that improvements had been made. An up to date list of medicines was now available in each person's care files. We noted however, that there were some inconsistencies in the recording of medicines. Some staff referred to the list of medicines in the care file, others documented each medicine on the medicines administration record. Medicines were not currently audited and documented medicines competency checks were not carried out for staff. The registered manager told us that this would be addressed.

Care files contained risk assessments. We noticed these were general and sometimes not specific. In addition, risks had been graded as low, medium or high. It was not clear how staff had assessed the grading of each risk since a recognised assessment tool was not in use. For example, we noted that one person had been assessed as low risk regarding moving and handling. However, they were unable to mobilise and a hoist and two staff were required. This meant that the assessed level of risk may not always be accurate which may present safety issues during the delivery of care.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Good governance.

We did not see any obvious risks relating to people's care during our visits to people. Staff carried out safe working practices whilst providing care and support.

We checked staffing levels at the service. People did not raise any issues about staff not turning up. They said that sometimes there were small delays if the buses staff used were running late.

The registered manager told us that they were in the process of recruiting more staff. He told us that staff would often start, undertake training and then leave. In addition, he said that more team leaders were required to assist him with monitoring the quality of the service. One new team leader had recently started which meant there were two team leaders at the service.

On both days of our inspection, we observed staff carried out their duties in a calm unhurried manner. One person told us, "They never rush me."

Checks were carried out to ensure applicants were suitable to work with vulnerable people. This included obtaining two written references, including one reference from the applicant's previous employer, and a Disclosure and Barring Service check [DBS] to ensure that staff were suitable to work with vulnerable people. We noted that one staff member's employment history was not accurate. The registered manager told us that this would be addressed.

Requires Improvement

Is the service effective?

Our findings

People and relatives told us that staff effectively met their needs. Comments included, "They know what they are doing," "I ask them what they have done and what NVQs they have completed," "I call her 'doctor [name of staff member]' because she's so knowledgeable," "[Name of staff member] knows her stuff" and "The staff seem to know what is needed and always seem confident and competent."

The community learning disabilities nurse said, "The patient has a good team, their relative likes them to have experienced and skilled staff and they do provide these [staff]. Where it has not been possible and new staff go in, they do this in a sensitive way and the staff do shadow shifts. Where it doesn't work, they will change [the staff]."

Staff told us that training was provided. One staff member said, "When we got the hoist in, the OT [occupational therapist] came in and gave us training. I've done my moving and handling, I did the full day's course" and "I've done my NVQ and I've done other training like diabetes training and I go to the office and watch the DVDs." Most of the training was DVD based. Staff watched a training DVD and completed a written assessment which was sent to an external training company to mark. The registered manager told us they were looking at providing in house training that they could deliver themselves.

We checked the staff training matrix and noted there were some gaps in training. The registered manager told us staff had completed the training; however, the matrix had not been updated with this new information.

Induction training was carried out. One member of staff who had recently started work at the service said she had felt well supported. The training was linked to the Care Certificate. The Care Certificate is a set of standards that health and social care workers follow in their daily working life. We noted however, that competency based assessments were not carried out to ensure that staff had the necessary skills in areas such as medicines management, catheter care and moving and handling. In addition, ongoing checks to make sure that staff were adhering to the correct procedures were not carried out. The registered manager told us that this would be addressed.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Good governance.

Staff said they felt well supported. We noted that staff supervision and appraisal sessions were carried out. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

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. We checked whether the service was working within the principles of the MCA.

The registered manager told us that one person's finances were managed by the local authority. We noted however, that records did not always evidence how staff followed the principles of the MCA. The registered manager told us that this would be addressed.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Good governance.

Staff supported people with the preparation of meals and drinks, if that was required as part of their care assessment. Staff assisted two of the people we visited with their meals. Both people told us that staff supported them effectively. We read one care plan which gave guidance to staff about how to prepare the person's evening meal. This stated, "Prepare and cook carrot, turnip and potatoes for her tea. Put the meat in the slow cooker." We noted that guidance had been received from a health professional about another person's dietary requirements. This had not yet been incorporated into the individual's care plan. The registered manager told us that this would be addressed.

We saw evidence staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. A physiotherapist was assessing one of the people we visited. We spoke with a community learning disabilities nurse who told us, "If they have a concern, they contact me. They also work closely with the GP and the district nurses – they work together well." This meant that staff sought professional advice, to ensure that the individual needs of the people were being met, to maintain their health and wellbeing.

Good

Is the service caring?

Our findings

People and relatives told us that staff were caring. One person told us, "The support they gave me when my son died was unbelievable…The office staff phoned me, so did the MD [managing director – nominated individual]." Other comments included, "They've been caring," "Some are more caring than others" and "The girls have been lovely."

Staff spoke positively about the people they supported. Comments included, "I stay for the clients. Once you get the rapport, you don't want to leave," "I like to think that I care for the clients as I would my grandma or grandad" and "I know [name] very well. I want to make sure everything is right for [name]."

Staff knew people well and were able to explain their needs and their likes and dislikes. Comments from staff included, "The banter [fun communication] and singing is important to [name]" and "She loves to talk about her family." One person said, "They know me inside out."

We saw positive interactions between staff and people. One person said to a care worker, "Could you wipe my nose?" The person smiled and told us, "She's the best nose wiper ever!" We asked another person if anything could be improved, "Just the singing," she said. The care worker laughed and said, "I'll have to improve my singing voice." Staff carefully folded one person's sheet around them. The person said, "This is how I like it done, they always do it like this." We heard staff ask the person, "How are your pillows?" and "Are you comfortable?"

We noted that care files contained information about people's life histories. This gave information about people's background and their likes and dislikes. This information helped staff to provide more personalised care.

People told us, and records confirmed that staff promoted people's independence. One person said, "They never take over, sometimes they put my tablets in an egg cup and put them here. If I'm having a bad day they will put them in my hand, but they don't put them in my mouth. I do that." She also told us that staff only supported her with the things she couldn't do such as fastening her bra. She explained that staff didn't make any assumptions about her capabilities and always maintained her independence.

We visited another person at their home. A staff member told us, "[Name] likes to cook and we cook for fun. She is also a whizz on the computer." They also told us, "[Name] likes to do everything for herself. You don't open any letters or boxes or anything like that without [name] asking you to. She likes to do this." Staff supported one person to get washed and dressed and assisted her into the lounge. A member of staff placed a mirror on her table together with her moisturising cream. The person carefully applied the cream to her face. The staff member said, "She likes to do this herself."

People told us that staff promoted their privacy and dignity. One person said, "My carers always ensure that I am not left uncovered or wet from the shower. There is always a towel waiting and curtains closed." Care plans documented how staff should ensure people's privacy and dignity. One care plan stated how towels

should be placed over the individual during personal care. Another person's care plan stated, "[Name] is a very private lady and doesn't wish to disclose any more of her past."

People and relatives told us they felt involved in people's care. People had signed their care plans to indicate they agreed with the plan of care to be provided. Comments included, "Oh yes, I feel involved. They always ask me what I need," "If I have any concerns about my care or health the carers listen to me and ensure I am not worried. They would also call a relative for me," "I am always told if there is something different or what is going to happen in case I have forgotten and that's important" and "I definitely am involved." We visited one person who had 24 hour care and support. Staff maintained a communication book for her relative, so they knew what was happening.

At the time of our inspection no one accessed the services of an advocate, but we saw more informal means of advocacy through regular contact with families. This meant that people were invited to be supported by those who knew them best.

Requires Improvement

Is the service responsive?

Our findings

People and relatives told us that staff met people's needs responsively. Comments included, "They're champion," "They are very good," "They give me exercises on my arms which is good," "They are good girls. [Name of staff member] is outstanding" and "My relative was poorly and during her personal care appointment in the morning I was alerted to her wheezing and was advised to call the GP. I think they are good and proactive."

We spoke with a personalisation support officer who said, "We have one person who phones up every month and she will say, 'I've got the bill' and I will say, 'Are you happy? Have you had the care which it says you've had?' and she will say, 'Yes.' We always check with people before we authorise the payment that they have had the care which is stated on the bill."

People and relatives told us that they generally saw the same care workers. Comments included, "I always get the same staff" and "I always see [names of staff]." This meant there was a system in place which helped ensure continuity of care.

None of the people or relatives told us that there had been any missed calls. One person said, "Sometimes they have run a little late, but it can't be helped when they get the bus." Another person told us, "They are not always on time and sometimes they are rushed but I appreciate what they do when they are here." We spoke with the registered manager about this feedback, he told us, "We try and keep staff in their own areas to make sure people have someone they know, so they haven't got a stranger going in." He explained however, that due to last minute changes this was not always possible and there might be some delays.

We read people's care plans and noted these were person- centred. This is when care and support takes into account people's individual needs and preferences. One person's care plan stated, "[Name of person] likes 10 wine gums and one strip of chocolate" and "Place green pillow under [name of person's] feet and two flower pillows under [name of person's] arms." This meant that information was available to ensure staff could provide responsive care and support which met people's individual needs. We found that some care plans required updating to reflect changes in people's preferences and needs.

The service provided enabling support if required as part of people's care assessment. Staff assisted people to access the local community. We read one person's care plan which stated, "After lunch, if [name] wishes to go out to the local cinema, bingo or to the shops." Another person's file stated they had been to a local shopping centre, as well as visited local towns to go shopping and visited cafes. This meant that staff supported people to meet their social needs.

Most people told us that they knew about the complaints process. Comments included, "If I had a complaint I presume I would go to the provider - was given a book that explained the process," "Yes I would speak to the office" and "I never think about complaining – I would get a relative to do this." One person told us however, that they were unsure of the complaints process and said, "I would not know how to complain. I would tell the carers and then let them deal with it." We saw that the complaints process was included in

each of the care files we viewed when we visited people at home.

The Commission had received information of concern in December 2016 from a social worker about one person's care. The social worker had discussed this with the service. We checked the complaints log and noted that no complaints had been received since 2014. We spoke with the registered manager about this issue. He told us that all complaints and concerns would now be documented.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Good governance.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post. People, relatives and staff were positive about him. Comments included, "[Name of registered manager] himself came out to see me when my son died and took my hand and said, 'if there's anything we can do, we will do it'" and "If you have a problem, you can go to him straight away. It's not a huge company, they're good." We spoke with a contracts officer who told us they had carried out monitoring visit to the service. They told us, "They have already acted, on some of the things."

At our last comprehensive inspection in June 2016 we identified two breaches of the regulations. The provider sent us an action plan to state what actions they were going to take to improve. We spoke with the registered manager about the action plan and what actions had been completed. The registered manager told us that not as much progress had been made as he had hoped because of staffing issues. He explained that sometimes he had to carry out care duties which impacted upon his management responsibilities.

This is the second time we have rated the service as requires improvement. Sufficient action had not been taken by the provider to improve the overall rating of the service and ensure good outcomes for people in each of the five key questions we reviewed.

An effective quality monitoring system was not fully in place. Certain audits and checks were not carried out on areas such as medicines and care files. In addition, spot checks were not carried out on staff to ensure they were adhering to the correct procedures.

We found shortfalls in the maintenance of records relating to people, staff and the management of the service. Certain care plans required updating, risk assessments were not specific, the training matrix was not up to date and complaints were not all documented.

The registered manager told us there had been no accidents and incidents whilst staff had been present at people's homes. He told us however, they had previously not recorded any accidents or incidents where staff had been involved in dealing with an accident or incident; for example, if staff attended a person's home and found the individual lying on the floor following a fall. He said they were now going to record all accidents and incidents to ensure they could monitor any trends or concerns relating to people's care.

People and relatives with whom we spoke did not raise any specific concerns with regards to missed or late calls. One person told us, "All the carers seem okay and usually are on time and mostly turn up." Office staff recorded any issues with people's care in a log book. We read several entries which stated, "No tea time call" or "No waking night [call]." It was not clear whether the person themselves had cancelled the call or whether these had been missed calls. The registered manager was also uncertain and told us that this would be addressed. Following our visit, the registered manager told us they were now documenting any missed, late or early calls so they could monitor this aspect of the service and ensure people were receiving care in a timely manner which met their needs.

The provider was not displaying their CQC performance ratings at the service or on their website in line with

legal requirements. We spoke with the registered manager about this issue, who addressed this immediately.

We checked whether the provider was reporting incidents to us in line with the requirements of the Care Quality Commission (Registration) Regulations 2009. We found that we had not been notified of several safeguarding allegations. We considered that an effective system was not in place to ensure that all notifiable incidents were reported to ensure the Commission had oversight of all safeguarding allegations and could make sure that appropriate action had been taken to safeguard people.

When we phoned to announce the inspection, the registered manager told us that there had been a minor change to their address which the provider had not notified CQC of in line with legal requirements. The registered manager told us that he was now aware of his responsibilities and would inform CQC of any future changes in address.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Good governance.

All staff said they enjoyed working at the service and some had worked there for a number of years. Although staff said they felt appreciated and valued by the provider, they told us they did not get fuel allowance or their bus fares. We mentioned this to the registered manager who told us because they were a small company; it was not possible to pay these expenses.

Staff newsletters were sent out. We read the most recent newsletter and noted that a member of staff had been thanked for their "support over the festive season." Office staff meetings were carried out. Care workers told us that care staff meetings were not carried out. They told us that this did not impact upon their work since they felt able to contact the registered manager at any time.

People and relatives spoke positively about the service. Comments included, "I would rate them eight out of 10 – good" and "They've been the only service that have managed to do all the calls." We asked people whether any improvements could be made regarding the service. One person said, "I wish they had newsletters for us where I can praise the staff." Another person told us, "I would like to get a copy of the rotas so I know who is coming each time." We spoke with the registered manager about this feedback. He told us he would look into producing a newsletter for people and would organise for staff rotas to be sent out to those individuals requesting these.

People and relatives told us that surveys were carried out to obtain their feedback. The results of the most recent survey were not available. We read the analysis of the 2016 survey which stated, "In conclusion, Safe hands staff are positive and the customers are very happy of the service they receive."

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance An effective quality monitoring system was not in place to assess, monitor and drive improvements in the quality and safety of the service. There were shortfalls in the maintenance of records relating to people, staff and the management of the service. Regulation 17 (1)(2)(a)(b)(c)(d)(i)(ii)(f).

The enforcement action we took:

We issued a warning notice.