

# Handle With Care Redditch And Worcestershire Limited

## Caring People

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

We undertook an announced inspection on 20 January 2016. We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes and or the family home; we needed to be sure that someone would be available at the office.

The provider registered this service with us to provide personal care and support for people with a range of varying needs including dementia, who live in their own homes. At the time of our inspection 35 people received support with personal care.

There was a registered manager for this service. A registered provider is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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 and their relatives said that staff and the management team met their support needs. They told us staff were knowledgeable and caring and treated them with dignity and respect. People we spoke with said that staff listened to them and were adaptable to their needs. People were supported to eat and drink well when this was identified as part of their care planning. Relatives we spoke with told us they felt included and listened to by the staff and the management team. People and their relatives said staff would support them with access health professionals when needed.

Staff we spoke with could explain the different types of abuse. The registered manager ensured there were systems in place to guide staff in reporting any concerns. Staff were knowledgeable about how to manage people's individual risks, and were able to respond to peoples' needs. People were supported to receive their medicines by staff that were trained and knowledgeable about the risks associated with them. Staff knew people well, and took people's preferences into account and respected them. The management team were adaptable to changes in peoples' needs and communicated changes to staff effectively.

Staff had the knowledge and training to support people. Staff were knowledgeable about ensuring people agreed to the support they received. They worked within the confines of the law to ensure they did not treat people unlawfully. There were no applications to the court of protection to deprive people of their liberty.

People and their relatives knew how to raise complaints. We saw the registered manager had arrangements in place to ensure people were listened to and action taken if required. Staff were supported by regular one to ones which enabled them to share their views and concerns about the people who used the service.

The management team monitored the quality of the service. The registered manager had identified concerns and had actioned them in a timely way. The management team asked for regular feedback from people who used the service and used this to plan improvements to the quality of the service people

received.

## 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

People benefitted from support received from regular staff that knew their needs and managed their identified risks. People were supported to have their medicines as prescribed by their doctor

### Is the service effective?

Good ●

The service was effective

People were supported by staff who were knowledgeable about their needs and how to support them. People received support from staff that respected people's rights to make their own decisions, where possible. People were supported to access health care if needed.

### Is the service caring?

Good ●

The service was caring

People benefitted from caring staff who provided support in an inclusive way. Staff respected peoples' dignity. Relatives said staff were kind and patient.

### Is the service responsive?

Good ●

The service was responsive

People and their families were involved in their care and support, which was regularly reviewed. People and their relatives were confident that any concerns they raised would be actioned to appropriately.

### Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff felt supported by the management team. The management asked for regular feedback that was then used to improve the quality of the service provided.

# Caring People

## 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 was an announced inspection which took place on 20 January 2016 by one inspector. The provider was given 48 hours' notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people who had received care, this also included any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 asked the local authority if they had any information to share with us about the services provided. The Local Authority are responsible for monitoring the quality and funding for some people who use the service. They told us that they had no concerns about people they supported to use this service.

We spoke with five people and four relatives. We spoke with six staff and the registered manager and the provider.

We looked at the care records for eleven people including medicine records, four staff recruitment files, training records and other records relevant to the quality monitoring of the service.

# Is the service safe?

## Our findings

People we spoke with, who used the service, told us they felt safe because they had support from regular staff who knew how to meet their needs. One person said about the staff, "I have regular carer's (staff). They are absolutely excellent, very experienced, and they know what they are doing." Another person told us, "I have regular staff that I get on with really well." A relative said, "They support me as well as (family member) which really helps. They know what help we both need, which takes the worry out of things." People told us they were supported by staff who knew them well and provided support in a safe way.

Relatives told us the support their family member received reassured them about their safety. For example, one family member told us how they had worried about their family member living alone. They went onto say how much their family member enjoyed their visits from staff and how reassuring it was for the relative to know their family member was supported. Another relative told us, "It is such a relief to know (family member) is always okay."

The registered manager knew their responsibility to identify and report potential abuse under the local safeguarding procedures. They had taken action to report this to the correct authorities when needed and reported their concerns to us. Staff we spoke with had an understanding of their responsibility to report any potential abuse and who they could report it to. They told us training on potential abuse and safeguarding concerns formed part of their induction and was refreshed when needed.

People told us that staff arrived promptly, and stayed for their full time when supporting them with their needs. People told us that regular staff supported them and although they did not always know exactly who was coming they knew most of the staff. One member of staff told us, "I have regular visit's, I know all of them inside out." The registered manager said they had enough staff to meet the needs of people using the service. However some staff we spoke with said they were sometimes short of staff, when staff were off sick or had annual leave. We spoke with the registered manager and she told us that the office staff supported when there were gaps in staffing, and this ensured there were no missed calls. People told us their calls were not missed, and records confirmed that this was monitored by the registered manager. The registered manager also told us they were recruiting more staff to provide a bank system to support times of high staffing needs.

People told us staff had discussed their care needs with them. This included identified risks to their safety and welfare, for example supporting with eating and drinking safely, and administering medicines. One person said, "I can't get about much, so they help me move about, I feel safer with their support." One relative told us that staff, "Know what (family member) can eat safely." Staff gave examples of how they managed risks to people whilst promoting their independence as much as possible. For example, staff told us how they monitored people's sore skin, and ensured referrals to health professionals were made as needed. Staff we spoke with said they read people's daily notes and care plans so they were aware of what support the person needed. Staff had a good understanding of these identified risks, and how they reduced them. These were reflected within people's risk assessments.

We spoke with a new member of staff about their recruitment to the service. They told us they completed application forms and were interviewed to assess their abilities. The registered manager checked with the staff members' previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. We saw records of checks completed by the registered manager to ensure staff were suitable to support people before they started work at the service. The registered manager used this information to ensure that people using the service were not placed at risk through recruitment practices.

Some people we spoke with said they were supported with their medicines. One person told us, "I have my tablets when I need them." One relative we spoke with said, "I don't have to worry anymore, (family member) has their tablets when they should, I would soon know if they didn't." We saw people's plans gave clear guidance to staff about what support was needed. Staff told us they had received training and there were regular spot checks completed by senior staff to ensure they were competent.

# Is the service effective?

## Our findings

People we spoke with told us staff knew them well and were knowledgeable about how to support their health and well-being. One person said about staff, "They know what I need help with and know how to help me." Another person told us, "They are very experienced staff that know what they are doing." A relative said about staff, "They are all well trained and lovely; they know how to help us." Relatives we spoke with said staff were experienced and confident in how to support their family member.

Staff told us that they had received an induction before working independently with people. This included training, reading people's care plans, as well as shadowing with experienced staff. Staff said they did not support people on their own until they were confident to do so. They told us they were regularly assessed to ensure they supported people appropriately. Staff said this was supportive and enabled them to be confident about what they were doing. Staff said they were prepared and had received training in all areas of care delivery. One member of staff explained that they had concerns when they first started. They had shared these with the management team and they had listened and worked with the staff member to improve their confidence when supporting people. They were encouraged to complete training to continuously improve their skills on a regular basis.

Staff we spoke with said they were supported by the management team and had regular supervisions. Staff told us they could request additional training to support the needs of people they visited. For example, one member of staff explained that they had requested additional dementia training when they had their annual review with the registered manager. The member of staff told us that the registered manager was accessing this for them. One member of staff said they enjoyed their regular medication training because there was always something new to learn which enabled them to be fully aware of any concerns relating to new medicines. Staff explained that they were supported to complete their vocational training, which acknowledged and developed their skills and ability.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the court of protection.

People told us staff always asked before they did anything when supporting them. One person said, "They always listen to me and ask before they do anything." One relative told us about staff, "They ask before they do things for my (family member) and listen to what they answer." Staff we spoke with explained a person's right to accept or refuse care. They had an understanding of the MCA, and had received relevant training



about this. Staff said they ensured people consented to their care. One staff member said, "They have a right to say no, no matter what." Staff were aware of who needed support with decision making and who would be included in any best interest decisions for people. The registered manager had an understanding of the MCA and was aware of her responsibility to ensure decisions were made within this legislation. For example, the registered manager explained how she had involved relevant people to support in a best interest decision for one person. The registered manager had sought support from health professionals to complete the capacity assessment for this person because they had fluctuating capacity.

The registered provider had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service. They were aware of this legislation and were happy to seek advice when they needed to.

Some people we spoke with had support with cooking and meal preparation as part of their care needs. They told us they were offered a choice and staff supported them to maintain a healthy diet. One person said, "They encourage me to eat healthily." Staff we spoke with told us they offered a choice and encouraged people to eat a balanced diet. One member of staff explained that one person needed a specific diet to ensure their well-being. The relative for that person told us that staff offered as much choice as possible within the restrictions of their diet. This was clearly documented in the person's care plan.

People told us they received support with their all aspects of health care when they needed it. One person explained how staff had sorted an additional piece of equipment to support their mobility. Relatives we spoke with said that staff would always contact the doctor when necessary, and would support contact with other health agencies when needed. They said they were confident that staff always kept them up to date with any concerns about their family member. Staff told us they would always contact health professionals as they were required.

# Is the service caring?

## Our findings

People and their relatives we spoke with told us staff were kind and caring towards them. One person said about the staff, "They are very good, I mainly have two carers that I get on really well with, we know each other very well." Another person told us, "They know me really well, I couldn't wish for anything more." A further person told us, "They are very good, I am happy with the support I have." One relative we spoke with said, "Amazing, wonderful staff, really lovely." Another told us about staff, "They are a 100 percent caring."

People we spoke with told us they liked to have their regular staff who knew them well. They said this usually happened except on rare occasions. People said they benefited from regular staff that knew how to meet their needs. The registered manager told us they always checked to see if the people receiving the service were happy with the support from staff and took action when it was necessary. For example, when one person did not get on with a member of staff, they would not receive support from that person. Staff told us they met people where possible before they visited them to deliver care. However if they hadn't met them they had access to their care plans or the office staff would give them the information they needed to support the person.

Relatives we spoke with explained that their family member received support from regular staff. One relative said their family member always liked to know who was coming so staff wrote this information in an agreed place so the person would be reassured. Relatives said their family members were supported by a small team of staff. They felt assured that staff knew their family member's needs and were familiar to them. One relative told us they were supported by staff who had a good rapport with their family member. Staff could describe how well they knew the people they supported and were able to tell us about how they were able to meet their individual needs.

The registered manager told us that staff were usually introduced to people before they provided care for them. People we spoke with confirmed they were introduced to staff at the beginning of their service. However occasionally they had been supported by staff they did not know, they told us that the office made them aware of who was coming and the new staff member was aware of their needs. They were happy with this arrangement on the rare occasion this happened. Staff told us they had regular calls and they provided continuity of care.

People said staff supported them to make their own decisions about their daily lives. One person told us, "They do all that I need and more, I only have to ask." Relatives told us that staff went above and beyond what they needed to. For example, one relative told us how staff supported them to make phone calls they were struggling with. The relative told us that staff were, "Efficient and sorted things quickly for me." They told us how much they appreciated the support they received.

People said staff respected their dignity, for example, by always asking before they supported them. One person told us, "They always treat me with dignity and respect, I always feel confident and well supported." One relative told us about staff, "They know (family member) well always go at (family member's) own pace." Another relative explained how staff used humour with their family member when supporting them

with a bath to alleviate their embarrassment. The relative confirmed this made a difference to their family member accepting the support needed.

Staff we spoke with showed awareness of people's human rights, describing how they treated people as individuals and supported people to have as much choice as possible. For example, one member of staff told us about how they supported one person new to the service. They gave them the time to explain at each stage of their support how they preferred things to be done whilst they were receiving the care. The staff member gathered the information and passed it back to the office staff. We saw in the care records that this had been updated so staff would know how this person's preferred their support to be provided.

## Is the service responsive?

### Our findings

People we spoke with said they were involved in planning their care. One person said, "They are really helpful, they help with everything." Another person told us, "I chose the times they come, I am very satisfied." Relatives said their views had been listened to when planning their family members care. One relative said, "I am always involved, they ask me if I am happy with everything." People we spoke with said staff understood their needs and provided the support they needed. People and their relatives we spoke with all said they would not to change anything about the support provided by the service.

People and their relatives explained that staff knew them really well. People we spoke with confirmed that their individual needs were met. Staff we spoke with said they knew people really well and were given all the information they needed to support people. They could describe what care people needed and we saw this was reflected in people's care plans. We looked at care records for 11 people and could see people's likes and dislikes were recorded for staff to be aware of. One member of staff told us how they always passed on any additional information that improved the way they supported people. We saw that this information was used to update people's care records and shared with other staff. Where more complex needs were identified, staff were aware of how to support the person. Staff we spoke with said the management team ensured they knew about any changes with a person's care needs.

People said they were supported by regular staff who spent the right amount of time with them. Staff we spoke with told us they would spend time to support people with everything they needed. People told us they received support that was flexible to their needs. For example, one relative told us their family member had become unwell and their care needs changed for a short period of time. They said the registered manager had supported their family member by providing extra calls until their family member was able to manage as before. Another relative told us how the support of staff had improved the health and well-being of their family member. They described how staff had interacted with their family member so well, that they were encouraged to participate in things they had always enjoyed doing but had been reluctant to be involved in when they became unwell.

People and their relatives told us they had regular reviews of the care they received. People told us they had the opportunity to discuss everything about their care, including any that may have required improvement. However, all the people we spoke with felt that nothing needed improving. People said that there were regular spot checks completed by senior staff, which would highlight any areas of concern if there were any.

The people we spoke with said they were happy to raise any concerns, and knew who to speak to. One person said, "I could complain but I have nothing to complain about. The manager is most co-operative and will always help. It works well." Another person told us, "I have no complaints, nothing but praise." A further person described how they had asked for a change and they were listened to and it was put into effect straight away. All the people we spoke with said they were confident to discuss any concerns about any aspects of their care provision. Relatives said they were confident to speak to any of the staff if they had any concerns. There were clear arrangements in place for recording complaints and any actions taken. We saw that any complaints received were actioned and any lessons learnt were put into practice. People we spoke

with told us how much the service had improved in the last 12 months and they were happy with the service they now received.

## Is the service well-led?

### Our findings

There had been a change of provider and registered manager in April 2015. The registered manager had immediately identified concerns and worked with the local authority to improve the service. She had identified the actions she needed to take and had completed many of the improvements. We spoke with people who used the service and they told us that the support they received had improved. One person said, "The manager is most co-operative, she always listens and helps." Other people we spoke with told us that the service was well managed and they were happy the service they received could not be improved. Relatives we spoke with said their family member received the support they needed to meet their needs. One relative told us, "Things are brilliant, really good management." All people and relatives we spoke with confirmed that someone was always available to speak with and they would take action straight away.

We saw people were asked to share their views about their experience of the service and the quality of their care through satisfaction questionnaires. We saw that these had been sent out when the provider had changed and then again in December 2015. We looked at the results of these surveys and could see from the responses that the service had made improvements. For example, with the responses from one question, asking if people using the service were familiar with their carers (staff), we saw that the positive results had increased. We saw that all the people that completed the questionnaire had responded positively to this in December 2015. One comment from a person who used the service was, "A good team of carers who do their jobs well." A comment from a relative was, "(Family member) is looking so much better since the carers have been looking after them." The responses we saw from the questionnaires in December 2015 were positive with the only concern raised about needing more staff. We spoke with the registered manager and she told us that she had an on going recruitment campaign to attain new staff. She also said that she had enough staff to meet the needs of people using the service. We saw that any missed calls were monitored and there had been none for the last quarter.

Staff said they were supported by the management team. They told us they could report concerns and they would be resolved quickly. One member of staff said, "We are like a family, we are a good team. Our manager is very helpful and supportive." Staff told us they had a regular drop in day when they could come in and see office staff and their colleagues if they wanted to. They told us they also had one to one conversations and regular spot checks to share ideas and check they were delivering a good service. Staff we spoke with said they felt well supported and listened to. For example, one member of staff said their hours had dropped so they spoke with the registered manager. The member of staff said the registered manager was already aware and had started to take action, which the member of staff really appreciated. Staff we spoke with explained that the registered manager gave feedback from people using the service and this improved their confidence when supporting people. The registered manager said there had been staff concerns when they had changed the provider. However staff told us that the management team had supported them through the process, and any on going concerns they were confident would be resolved. For example, recruiting additional staff as back up cover for sickness and annual leave.

We saw there was a 'whistle blowing' procedure in place to support staff. Staff we spoke with said they were aware of this procedure and would be confident to use it if they needed to. Staff we spoke with told us the

culture of the service was open and inclusive. They explained that people and their relatives were included in all aspects of the care provided. People and their relatives we spoke with said their wishes and concerns were taken into consideration and actioned when necessary.

The registered provider completed regular checks to ensure the quality of care was of a high standard. For example, we could see that all the care plans and risk assessments had been recently reviewed and these were available for staff to look at. The registered manager had identified where improvements were necessary, and completed an action plan to ensure these improvements were met. We saw that the registered manager reviewed her plan and completed the actions identified in a timely way. For example, updating risk assessments and reviewing care plans. Other actions were on going, for example with recruitment; there was a plan in place for on going recruitment of staff to support the existing staff team and provide cover during annual leave and sickness.

We saw that there was a system for recording accidents and incidents that were reported by staff. However we saw that there were none recorded for people using the service since the new registered manager was in post. Staff we spoke with were aware that they needed to report any accidents or incidents that happened as they supported people. The registered manager confirmed that staff were aware, however there had not been any involving people who used the service since she had been the registered manager. The registered manager explained that she would have investigated any accidents to ensure actions that were needed were made.