BTTLR LIMITED

BTTLR Limited t/a Connecting Hands Healthcare Services

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

BTTLR Ltd – Connecting Hands Healthcare Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to children, young adults and older people.

Not everyone using the service receives the regulated activity; the Care Quality Commission (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. At the time of our inspection, six people were receiving personal care.

This inspection took place on the 8,9,12 and 13 November 2018. This was the first comprehensive inspection for the service since it registered with the CQC in May 2017.

The was a registered manager at the time of our inspection. A registered manager is a person who has registered with the CQC 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 receive care from staff that are friendly, kind and caring; passionate about providing the care and support people need and want to enable them to live as independently as possible in their own homes. People feel cared for safely in their own home.

Staff have the skills and knowledge to provide the care and support people need and are supported by a provider who is visible and approachable, receptive to ideas and committed to providing a high standard of care.

People have care plans that are personalised to their individual needs and wishes. Records contain detailed information to assist care workers to provide care and support in an individualised manner that respect each person's individual requirements and promote treating people with dignity.

People's health and well-being is monitored by staff and they are supported to access health professionals in a timely manner when they need to. People are supported to have sufficient amounts to eat and drink to maintain a balanced diet.

Staff know their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005). The provider is aware of how to make referrals to the Court of Protection if people lack capacity to consent to aspects of their care and support and are being deprived of their liberty.

Staff understand their responsibilities to keep people safe from harm or abuse and know how to respond if they have any concerns. Care plans contain risk assessments which give instructions to staff as to how to

mitigate risks; these enable and empower people to live as independent a life as possible safely.

Staffing levels ensure that people receive the support they required safely and at the times they need. The recruitment practice protects people from being cared for by staff that are unsuitable to work in their home.

The provider continually monitors the quality of the service provided. Staff and people are confident that issues will be addressed and that any concerns they have are listened to and acted upon.

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 told us that they felt safe in their home with the staff that cared for them and staff understood their responsibilities to ensure people were kept safe.

Risk assessments were in place and managed in a way which ensured people received safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

Is the service effective?

Good

The service was effective.

People received personalised care and support. Staff were trained to ensure they had the skills and knowledge to support people appropriately.

People were actively involved in decisions about their care and support needs. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People were supported to access relevant health and social care professionals to ensure they received the care and support they needed.

Is the service caring?

Good

The service was caring.

People were cared for by staff that were compassionate and committed to providing good care and support and promoting independence.

Staff understood people's needs and preferences and encouraged people to make decisions about how their support was provided.

People's privacy and dignity was protected and promoted.

Is the service responsive?

Good

The service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People using the service and their relatives knew how to raise a concern or make a complaint.

Is the service well-led?

Good

The service was well-led.

There was a culture of openness and transparency; the provider encouraged and supported the staff to provide the best possible person centred-care and experience for people and their families.

People could be assured that the quality assurance systems in place were effective and any shortfalls found were quickly addressed.

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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 comprehensive inspection started on 8 November and ended on 13 November 2018 and it was announced. The provider was given 24 hours' notice, because we needed to ensure someone was available to facilitate the inspection.

One inspector undertook the inspection. On the first day of the inspection we visited the office location of the provider to review the documentation associated with the running of the service. On days two, three and four we visited one person who used the service, contacted people and their families and staff.

Due to technical problems, the provider was not able to complete a 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. We took this into account when we inspected the service and made the judgements in this report.

We sought feedback from commissioners who placed people and monitored the service. We also reviewed other information that we held about the service such as notifications, which are events, which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During the inspection we visited one person in their own home and spoke to two care staff, a team leader, the registered manager and the provider. We also contacted a professional health care worker who was willing to give us feedback about the service.

We reviewed the care records of three people to see whether they reflected the care delivered and three staff recruitment files. We also reviewed records in relation to the providers oversight and quality monitoring of the service such as, feedback from people using the service, Quality audits, announced home visits and staff spot checks, complaints, compliments and the providers policies and procedures.

Good

Is the service safe?

Our findings

People received care from a team of staff that strived to provide consistent safe care and support. Risks to people had been assessed; we saw that care plans and risk assessments were in place. These documents provided staff with a description of any risks. The guidance for staff on how to support people to manage the risk could be strengthened to provide more detail.

Staff understood the support people needed to promote their independence and freedom, yet minimise the risk. They could describe how they provided the care and support people needed to keep them safe. They had received training on how to use equipment to support people, for example one person told us that a ceiling hoist had been recently installed and that all the staff had received training from the Occupational Therapist in how to use it. The person told us they felt safe with the staff.

The provider had a safeguarding procedure and staff knew what steps to take if they were concerned. One member of staff said, "If I had any concerns I would speak to [name of provider and registered manager] and if they did not do anything I would report it to you [the Care Quality Commission] or the Local Authority." We saw that where any issues around safeguarding had been raised that the provider had taken the appropriate steps to address the concerns.

People's medicines were safely managed. Care plans and risk assessments were in place when people needed staff support to manage their medicines. Staff told us that they were trained in the administration of medicines and the provider had tested their competency, and records confirmed this. We looked at medicine administration records (MAR) and saw that they had been consistently completed. Following an audit of records the provider was revising the MAR to enable them to record when people were on holiday so that the records fully reflected the situation.

There were appropriate recruitment practices in place to ensure people were safeguarded against the risk of being cared for by unsuitable staff. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work for the service.

People told us that they felt there was sufficient staff to meet their needs and they usually had the same care staff. The staff confirmed that they had a regular set of people they supported which enabled them to get to know people and provide consistent safe care. They had sufficient time to deliver the planned care. One person told us," The staff are generally on time and stay for the time required, they don't rush me."

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. There were systems in place for staff to report incidents and accidents. The staff we spoke with felt that any learning that came from incidents of behaviour, accidents or errors was communicated well to them through emails, supervisions or contact from the management team. Different strategies were discussed and changes in support were implemented as a result of these discussions. This meant the support people received was always being reviewed to ensure that lessons were learnt when things went wrong.

Good

Is the service effective?

Our findings

Detailed assessments of people's need prior to agreeing a service were undertaken in line with guidance and good practice. The provider or the registered manager met with people to discuss their needs and how they would like their care and support delivered. This ensured that the service provided met the person's individual needs and considered both their physical and mental well-being as well as their cultural needs. Advice was sought from other health professionals when needed and where appropriate a member of the family was involved to help the person express their requirements.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in community settings are called the Deprivation of Liberty Safeguards (DoLS) and are granted by the Court of Protection. At the time of the inspection no applications had been made to the Court of Protection.

People's capacity to consent to their care and support had been assessed by the provider, their relatives and the professionals involved in coordinating their care. Staff understood their responsibilities and sought people's consent when supporting people with day-to-day tasks; people had completed consent to care forms prior to any care delivered. We saw that best interest decisions had been made and fully documented when a person did not have the capacity to make decisions about their medicines, health and seeking dental treatment.

People received care from staff that had the skills and knowledge to support them. Staff training was relevant to their role and equipped them with the skills they needed to support people living in their own homes. Staff spoke positively about the training they had received as they started to work for the service and the on-going training provided. One member of staff said, "We learnt about the company and what was expected of us. There was a mixture of on-line training and face to face training. We had to complete manual handling training before we started to work with people and shadowed more experienced staff at first." Another member of staff said," [Provider] encourages us to do more training, I am waiting to undertake my level 5 National Vocational Award qualification."
Staff told us they undertook refresher training which kept their skills and knowledge up to date. We saw that the provider had a comprehensive staff training system in place which highlighted when staff required refresher training.

All staff had regular supervision and appraisals were in place for when staff had worked for the service for over 12 months. One member of staff said, "I have had an appraisal and we discussed my future development and training needs; it was very helpful."

People who required assistance with eating and drinking were supported to maintain a healthy balanced diet; if they had been identified at risk of not eating and drinking enough they received the support that they required to maintain their nutritional intake. We saw that records were kept on what people ate and where necessary advice was sought from a dietitian.

Staff supported people to access healthcare professionals if needed. The provider confirmed that staff liaised with district nurses and people's GPs when necessary and referrals were made to occupational therapists when needed.

Good

Is the service caring?

Our findings

People and their families were happy with the staff and the care and support people received. We read a comment from a recent survey the provider had undertaken, 'All the care staff are well trained and well turned out. They are punctual and when there is a delay they always inform me.'

Staff knew people well and encouraged people to express their views and to make their own choices. Care plans included people's preferences and choices about how they wanted their support to be given. One person said, "I am happy with the staff that come in, they are respectful of my house and do as I ask, they cook the food I want."

At the time of the inspection most people receiving personal care could express their wishes and were involved with their care plans. People told us that the staff spent time talking to them. We spoke to the provider about what support was available should a person not be able to represent themselves or had no family to help them. The provider explained that if that situation did arise they would support the person to get an advocate. An advocate is an independent person who can help support people to express their views and understand their rights.

There was no information readily available about advocacy for people however, the provider agreed to ensure information would be included within the information pack which people received as they commenced the service.

People received their care in a dignified and respectful manner. Staff described how they protected people's dignity, they described closing curtains and doors to ensure no one could see in and always covered people up as much as possible to maintain their dignity. One member of staff told us we always say to each other put yourself in people's shoes, how would you feel if someone came into your home and did not speak to you and explain what they were doing nor shut curtains and the bathroom door. One person said, "I am treated with respect, staff don't rush me and protect my dignity."

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. People confirmed that staff did not discuss other people using the service with them.

Good

Is the service responsive?

Our findings

People received care that met their individual needs. A range of assessments had been completed for each person and care plans had been developed with people and where appropriate their relatives. Where possible people had signed their care plans to confirm their agreement to the care provided. The care plans had sufficient detail to enable staff to deliver the care and support people required in the way they wished. For example, in one plan we read that the person required two care staff to support them and assist them to reposition themselves in bed and to avoid the person's legs rubbing together a towel was to be placed between their legs.

Staff knew people very well; they understood the person's background and knew what care and support they needed. There was information about people's life, family and significant people in their lives, the things they enjoyed doing and details about their condition which may impact on their independence. This enabled staff to have meaningful interactions and conversations with people. One member of staff told us that they shared an interest of video games and movies with one person which had helped them to engage with the person.

There was information about people's cultural and spiritual needs. Staff were aware of people's cultural needs; they explained if they were to support anyone who had different cultural needs that this would be detailed and explained in the care plans. For example, there was one person who required a shower each day and could only eat freshly prepared food.

People were supported to undertake activities or pursue any interest they may have; for example, people were supported to go swimming and to a local gym. This enhanced their well-being and supported people to remain as independent as possible and live a fulfilled life.

At the time of the inspection no one was receiving end of life care. There was an end of life policy in place and when appropriate people would be asked about their wishes and preferences. Staff had received training in End of Life care and the provider was aware of the support they could access from other specialist services.

People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be listened to and resolved. There was information about how to complain and the information had been adapted to support young people to raise a complaint. We saw that when a complaint had been received this had been responded to in a timely way and action taken to address the concern.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

At the time of the inspection the service was not supporting anyone who specifically needed assistance with

information. However, the provider told us that they would ensure that information would be made available to support people's different communication needs, for example, Braille, large print, audio tape and symbol/pictorial based.

Good

Is the service well-led?

Our findings

The provider had a clear vision of how the service should meet the individual needs of people,which was embedded into the service. From our conversations with staff they demonstrated their understanding of it. One member of staff said, "We are a dedicated Team, for us, it's not just about the care it's about people's well-being and independence for the person."

We saw that people made choices in their everyday life, were involved in activities in the local community and were encouraged and enabled to remain as independent as possible. Staff understood their roles and strived to provide the care and support people needed to live their lives to the full and as independently as they could.

People could be assured that the service was being managed competently. There were quality assurance systems in place and a programme of audits which were undertaken by the provider and other staff within the office. This included 'spot checks' of care staff to ensure they were undertaking their duties correctly which also gave the people receiving the service an opportunity to give their feedback. Regular audits were undertaken around care plans and medicine administration. In addition, the provider monitored the service through regular meetings with staff and by seeking feedback from the people who used the service. We read one comment from a family member, 'The service is good, care is consistent and at the moment we cannot see anything that needs improving.'

The service was open and honest, and promoted a positive culture throughout. Staff felt listened to and felt able to raise any concerns or ideas they may have about improving the service. Staff told us that they were encouraged and enabled to share their ideas and concerns and that the provider and registered manager were receptive to suggestions and willing to make changes if necessary.

The provider was aware of their responsibilities; they had a good insight into the needs of people using the service, and clearly knew the people using the service. They had responded to concerns that had been raised by the Local Authority around safe recruitment and we saw that systems had been improved.

The provider ensured that the service kept up to date with the current best practice. Policies and procedures to guide care staff were updated when required. Records were securely stored to ensure confidentiality of information.

The registered manager and provider worked positively with outside agencies. This included a range of health and social care professionals. The feedback we received from professionals confirmed this and we saw from records that the provider has liaised with the social care commissioners and professionals such as District Nurses, Occupational Therapist and GPs.

The provider had submitted notifications to the CQC. A notification is information about important events that the service is required to send us by law in a timely way. They also shared information as appropriate with health and social care professionals.