Hands On Care Wombourne Limited

Hands on Care (Shropshire) LTD

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 30 May 2018 and was announced. This was the service's first inspection.

Hands on Care (Shropshire) Ltd is a domiciliary care agency. It provides personal care to people living in their own houses in the community. It provides a service to older adults, who may have learning disabilities, autistic spectrum disorder, dementia, mental health care needs, physical disabilities or sensory impairments. At the time of our inspection visit, 17 people were using the service.

Not everyone using Hands on Care (Shropshire) Ltd receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service is required to have a registered manager; the registered provider was also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had not routinely followed safe recruitment procedures, or their own recruitment policy. The provider had not always notified the CQC of events they required to by law, and did not demonstrate an understanding of their responsibilities in this regard.

People were supported by a reliable staff team. Call times were monitored by the provider to ensure there were no late or missed calls. People received the help they needed with their medicines.

People were protected from the risk of infection and from harm and abuse.

Staff received ongoing development, guidance and training in their roles, and the training was relevant to the needs of the people they cared for. People's rights were protected under the Mental Capacity Act.

People received help with their meals and drinks, and were supported to maintain their overall health.

People enjoyed caring and respectful relationships with staff. Staff knew people's individual preferences, likes, dislikes and routines, and made sure these were respected.

People's independence was promoted, as much as possible. Staff tailored their communication styles to meet people's individual needs and preferences.

Feedback, suggestions, concerns and complaints were used as way of improving the service, People felt able to raise any concerns or issues, and were confident these would be resolved quickly.

The provider monitored the quality and safety of the care people received, and maintained high standards of care. Staff felt motivated and supported in their roles, and shared the provider's vision and values for the service.

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.

The provider had not consistently followed safe recruitment processes.

People were supported by a reliable staff team. The provider monitored people's calls to ensure these were not late or missed.

People received the help they needed with their medicines. People were protected from the risk of infection.

Is the service effective?

Good

The service was effective.

Staff received ongoing training, development and guidance in their roles to ensure they could effectively meet people's needs.

People were supported with their eating and drinking needs, as well as with maintaining their health.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect. People's independence was promoted, as much as possible.

People's individual communication styles and preferences were known by staff. People were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People benefited from a flexible service which was responsive to their changing needs. Staff knew people's individual preferences.

There was a system in place for capturing and responding to complaints, feedback and suggestions.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had not notified the CQC of an legation of abuse, which they were required to do by law.

People, relatives and staff were positive about the running of the service and the approach of the provider. There were systems in place to monitor the quality and safety of people's care.

Hands on Care (Shropshire) LTD

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 May 2018 and was carried out by two inspectors and an Expert by Experience, An Expert by Experience is someone who has experience of caring for people who use the type of service. This Expert had experience in caring for older people.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the provider delivers a domiciliary care service to people in their own homes, and we needed to be sure that someone would be available in the office.

Before the inspection visit, 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 used this information in the planning of our inspection.

Before the inspection visit, we reviewed the information we held about the service, including any statutory notifications received from the provider. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the Local Authority for their views on the service.

During our inspection visit, we spoke with four people who used the service and six relatives. We also spoke with the registered provider; the deputy manager, a care coordinator, and three care staff members.

We looked at six people's care files, which contained healthcare information, risk assessments and

information about people's personal preferences; eight staff recruitment records; medication administration records; staff training records, and records associated with the provider's quality assurance.

Requires Improvement

Is the service safe?

Our findings

We considered the provider's recruitment processes and whether these were safe. We found two instances of staff having started work for the provider without Disclosure and Barring service (DBS) checks in place. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care. Where information had been disclosed on staff members' application forms, the provider had not always carried out related risk assessment before allowing them to start work. This was contrary to safe recruitment procedures. The provider told us they were aware of the importance of these checks but had needed staff to start immediately. They told us they would ensure they were carried out on all new staff in the future before they started work for Hands on Care.

The provider had not always followed their own safe recruitment procedures. Specifically, the provider had not always ensured two references had been obtained before staff started work. The provider told us their policy was there must be one employment reference and one character reference as a minimum. However, we found this had not been consistently applied. For example, one member of staff only had reference In place, The provider told us this was because they were related to the person, and so additional checks were not necessary. However, we found further instances of where the necessary references were not in place.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us they had no concerns about the conduct, approach or reliability of staff. One person we spoke with told us, "I do feel safe and comfortable having them in my home." Another person told us, "They [staff] are almost always on time and phone me to let me know, even if 10 minutes' late. Relatives similarly told us they had no concerns about people's safety. One relative we spoke with told us, "I do feel [person] is 100% safe with them. There is no way I would leave [person] with them [staff] if I wasn't confident in that." The provider had an electronic system in place for monitoring call times and duration. This was used to identify any late or missed calls, and to ensure staff stayed with people for the full duration of the call. At the time of our inspection, there were no concerns identified by the provider in this regard, which was reflected in what people and staff told us.

People told us they received the assistance they needed with their medicines. For some people, they needed staff to administer these. For others, they needed staff to remind them to take them. One person we spoke with told us, "They [staff] always ask 'have you taken your tablets?' They don't handle them, but they do remind me." Staff had received training in the safe administration of medicines and their ongoing competency in this area was reviewed by the provider. Medicine audits were carried out to identify any signature gaps in medicine administration records and to ensure people's medicines and prescribed creams had been administered in line with their prescription.

People were protected from the risk of infection. People and their relatives told us staff wore protective clothing when assisting with personal care, such as aprons and gloves. One person we spoke with told us, "They leave a box of gloves here and always dispose of the gloves here. They always look clean and tidy and

wash their hands." Another person we spoke with commented, "They always wear gloves and look smart in their uniforms."

Staff we spoke with understood how to identify signs of possible abuse or harm, and understood their role and responsibility in reporting any suspected abuse or harm. We found staff had all received training in safeguarding, and refresher training was also provided by the provider. Staff told us they would report any concerns to the provider, and they were confident action would be taken by them.

The risks associated with people's individual care and support needs had been assessed and there was guidance for staff to follow to keep people safe. Risk assessments were in place for areas such as falls, moving and handling, choking, as well as environmental risk assessments. Staff we spoke with demonstrated an awareness of how to keep people safe. For example, staff knew to ensure one person had their walking stick next to them when they finished a call to help reduce the risk of a fall.

Good

Is the service effective?

Our findings

People and their relatives told us they felt staff were competent in their roles. One person told us on this subject, "I have to be hoisted with a ceiling hoist and I feel very confident that they all know what they are doing. There has never been a problem and they make sure I am safe and comfortable." Another person spoke with us about the induction new care staff received and told us, "If there is anybody new to caring, they have been brought here to shadow before they come to help me." A relative we spoke with remarked, "I would never leave [person] if I didn't think they were competent, and they [staff] are all very competent."

Staff and the provider told us there was a strong focus on staff training and development to enable them to be effective in their roles. The provider was a qualified trainer, and delivered the majority of the training in-house. On the day of our inspection, the provider delivered end-of-life training to staff, which staff told us they had asked for. One member of staff told us, "Whatever training we need, [provider] arranges for us. It is always very good, with real-life scenarios which brings it to life." Another member of staff told us, "The manual handling training was excellent; very interactive. We all had a go in the hoist ourselves because [provider] told us we had to understand what it feels like for the people we hoist."

People told us they received the help they needed with their eating and drinking needs. One person told us, "They [staff] do get my breakfast and I choose what I have ; I usually have porridge and tea. In the evening, they will ask me what I want and I usually have soup or beans on toast. They always make me and leave me a drink." One person was at risk of choking and their care plan set out how their drinks were to be thickened with a prescribed thickener. Staff we spoke with knew this guidance was in place and were able to tell u the consistency of the person's fluids. Where there were concerns about people's weight, or food or fluid intake, food and drink monitoring charts were in place.

People were supported to maintain their health. Staff told us about links they had established with a range of healthcare professionals, including social workers, district nurses, occupational therapists and pharmacists. These links were used to share any concerns about changes in people's health and wellbeing, to seek advice and guidance, and to share information effectively. People told us they felt staff would support them with any healthcare need, should a problem arise. One person we spoke with told us, "I haven't had any situation like that, but I'm sure they would manage very well if that happened."

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. Staff we spoke with demonstrated an understanding of the Act and its relevance to their daily practice. One member of staff we spoke with told us, " People with capacity make their own decisions, and we always encourage that. People without capacity may need help from relatives or an advocate to help them with important decisions." At

the time of our inspection. the people using Hands on Care had full capacity and were able to make their own decisions about their care and support. The provider was aware that where people had been assessed as not having capacity, any decisions made on their behalf would need to follow the best interest decision-making principles, and be made in conjunction with any relevant health professionals, family members or advocates.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the caring approach of staff. One person we spoke with told us, "The girls [staff] are all very pleasant. They remember things about you and what you like and how you like things done. They always check my skin all over to make sure I am not getting sore. They will help me with some exercises from a sheet and are very patient and allow me time. They always ask me how I am and if I am comfortable as they assist me." A relative we spoke with told us, "They {staff] are such a nice group of girls; they are lovely.[Person] has had [illness] and since the tumour was removed, [person] doesn't stop talking, and they sit and listen without getting tired or losing patience. They are all fabulous without exception. There is not one of them who aren't patient and kind."

People and their relatives told us how staff helped to promote their independence. One relative told us, "They [staff] will wash [person] if [person] doesn't feel up to it but, if [person] says 'I can do it myself today' , they stand back and just watch; [person] is very independent." Another relative we spoke with commented, "They [staff] help [person] strip wash at the sink and they ask them to do as much as they can for themselves and then they help them with their back and legs and feet and make sure they are properly dry." Staff we spoke with were aware of the importance of maintaining people's independence, as much as possible, whilst also ensuring their safety.

People's private and confidential information was respected by staff. One person we spoke with told us, "They [staff] don't discuss any business or any other people they visit." Another person told us, "The carers never talk about people in a way that I could recognise them. They might say ' one of my ladies'. Staff were aware of the need to protect people's confidentiality, such as ensuring care records were not kept on their person or in their car.

People told us staff upheld their dignity and treated them respectfully. One person told us, "They [staff] help me with a great degree of tact and sensitivity." Another person commented on how staff respected their home, their belongings and their routine, which made them feel their dignity was upheld. Staff had all received training in dignity and respect, as well as equality and diversity. The provider told us the service could cater for people's diverse needs, and it was inclusive in its approach.

People's individual communication styles, needs and preferences were known by staff and documented in their care plans. For example, one person's care plan documented they struggled to get their words out sometimes, so needed staff to be patient. Another person's care plan set out the need for staff to speak slowly and clearly. Staff were aware of the guidance set out in people's communication care plans, and the importance for this to be adhered to. One member of staff told us, "Communication is everything. We have to make sure people are listened to and heard, and they are able to communicate freely with us,"

People were involved in decisions about how they want to be cared for. One relative we spoke with told us, "We were asked about which gender of carer [person] would prefer, but [person] doesn't mind. " We saw people had been asked how they wanted staff to address them, as well as information about their personal routines and wishes. For example, one person wanted staff to prepare their meals using a slow cooker,

which was documented in their care plan and abided by.

Good

Is the service responsive?

Our findings

People benefited from a flexible service which was responsive to their changing health and wellbeing needs. One person we spoke with told us, "Each time the carers call, they write in the folder and write the time they arrive, what I've eaten and how I'm feeling . I did use to have four visits a day initially but it's been reduced to three as that all I need now." One relative we spoke with told us, "They [staff] are quite flexible as sometimes [person] doesn't feel so good and I ask them not to do anything, so they will just sit with [person] for a while. Sometimes we need them at weekends and sometimes we don't, and so they do demonstrate flexibility around the arrangements." A second relative told us their loved one's needs had recently changed, and so staff would be carrying out a reassessment and updating the care plan. Staff we spoke with commented on the flexibility of the service and their approach, and how they saw this as something the service did particularly well.

People received care and support which was tailored around their individual needs and preferences. One person we spoke with told us, "The care plan accurately shows what I need, and they [staff] also write every day in the book." We found care plans contained important information about people's life histories, their individual routines, and how they wanted to be cared for. Staff we spoke with told us they used the care plans to ensure they were meeting people's preferences. One member of staff told us, " The care plans tell you step-by-step what people want; they are very clear." Staff also told us that due to the relatively small size of the service, this gave them the opportunity to get to know people well, and for people to establish comfortable relationships with them.

We considered whether the provider was complying with the requirements of the Accessible Information Standard (AIS). The AIS requires publically-funded bodies to ensure key information about people's care is presented in an accessible format to people with sensory impairments. The provider told us they had a particularly interest in sensory impairments and were qualified in British sign language. They told us they would ensure information was available to people in formats such as Braille or audio formats, should the need arise.

Complaints, concerns, comments and feedback were used as a way of making continual improvements to the service. People told us the provider regularly sought their feedback on the care they received. One person we spoke with told us, "The manager has been out once or twice, especially near the beginning, to make sure they [staff] were doing what we wanted." A relative we spoke with commented, "The senior staff come out to do [person's] care themselves, and they always check if [person] is ok; they check that I am ok, too. They are always asking me 'are you coping?' They are all so nice. I can't get over it." The provider confirmed with us they carried out routine spot-checks on carers, as well as undertaking calls themselves, and used these to speak with people about any concerns or feedback they may have.

People told us they knew how to make a complaint, but the need had not arisen. One person we spoke with told us, " There is an awful lot of information in the folder they [staff] have supplied and it has all the relevant phone numbers, including the out of hours number. I have not had to use that yet." Staff we spoke with told us they felt a strength of the service was its ability to respond promptly to any concerns. One member of

staff we spoke with told us, "Any issues, no matter how small, are dealt with straight away. [Provider] always shares with us if an issue has been raised, which I think is very positive."

Requires Improvement

Is the service well-led?

Our findings

Registered providers are required, by law, to notify the CQC of certain events and incidents. This includes any allegation of abuse or harm, or suspected abuse and harm. We spoke with the provider about their responsibility in this regard, and they told us they were aware how and when to notify the CQC. However, during our inspection, we discovered the provider had not notified the CQC of an allegation of abuse involving a person who used the service and their family member. We asked the provider to submit a statutory notification to the CQC about this incident, which is the correct process. However, the provider contacted our main office instead and 'logged' the concern verbally. This did not demonstrate an understanding of the provider's duty and role in notifying the CQC.

As detailed in the safe section of this report, we also had concerns that the provider had not always followed safe recruitment procedures, or their own recruitment policy. Of particular concern was the fact the provider was aware of the importance of DBS checks on staff who work in care, but had not ensured these were in place before staff started work.

People and their relatives were positive about the running of the service. One person we spoke with told us, ""I think the carers are generally happy in their work and several have said [provider] is the best manager they have worked for." Another person we spoke with told us they appreciated the fact the provider carried out some care calls personally. They told us, "The owner of Hands on Care often comes to me at weekends. When she does come, she does all the jobs she is supposed to do and tidies the bed and says 'can I do any more?'. A relative we spoke with told us they valued the high standards the provider maintained , telling us, "[Provider] is very particular about the care of her clients, and this reflects in the people she chooses as her carers. She also watches them carefully." We spoke with the provider, who confirmed they carried out routine spot-checks on carers, as well as carrying out care calls, as a way of having oversight of the quality of care people received.

Staff we spoke with told us they felt supported and valued by the provider and were motivated in their roles. One member of staff told us, "I do feel valued and supported. I'm the in-house mental health first aider. If staff are struggling with emotional issues, they can come and discuss things with me. I can point them in the right direction for further support. We spoke with the provider, who confirmed this staff member's role and told us they wanted to ensure staff had all the emotional and practical support they needed in their roles.

The provider had a system in place for monitoring the quality and safety of care people received. As well as the electronic call monitoring system referred to earlier in this report, the provider also carried out audits in areas such as medication, care plans and daily notes. These checks were used to identify, and then rectify, any shortfalls. The provider also met with people using the service every three months to speak with them about the care they received and whether there were any concerns.

The provider told us their vision and values for the service was to provide person-centred care to people. They told us they would ensure that by not allowing the service to take on more than a particular number of service users, and to always ensure they had enough staff in place to meet people's needs before agreeing

to take on a person's care package. Staff we spoke with shared these values. One member of staff we spoke with told us, "Our values are to be person-centred and have a dependable, reliable relationship with clients. We want people to be confident in our abilities."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not consistently followed safe recruitment processes, or their own recruitment policy. Two members of staff had been allowed to start caring for people without the necessary Disclosure and Barring checks in place. The provider had not always ensured all the necessary employment and character references were in place for staff before they were allowed to work alone. Where staff had disclosed previous offences, the provider had not carried out any risk assessments to assure themselves of their suitability for the role.