

Hands on Healthcare Solutions Ltd

Hands on Healthcare Solutions

Inspection report

28 Cutcliffe Grove
Bedford
MK40 4DD

Tel: 01234309671
Website: www.hohcs.co.uk

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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

About the service

Hands on Healthcare Solutions is a domiciliary care agency providing personal care to 18 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People told us they felt safe because staff treated them well and had never missed a care visit. One person said, "Well, they do everything well, I am very satisfied with what I have had up to now. Staff treat me very well and never miss a call. Staff speak nicely and show respect they chat to you and ask if there is anything else they can they do."

People were safe as staff had received training in safeguarding adults and had a good understanding of the types and symptoms of abuse. Staff knew how to report concerns and were confident to do so.

People said they received their medicines on time and correctly. Staff worked with the local health professionals and pharmacies to ensure people had the right medicine and health support at the right times.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had a good understanding of the Mental Capacity Act and how to support people to make decisions or report concerns of capacity where people's abilities had changed.

People were supported by staff to follow their own preferred diets and religious and cultural needs. This included specialist diets recommended by health professionals. Staff supported people to access a range of health professionals as they required it.

People told us staff were kind and caring and never rushed them. Staff supported people to review their care needs regularly involving their relatives and health professionals as requested. People were supported to live independently and find ways to maintain this.

People were supported to receive care that was in line with their preferred methods and needs, taking into account their abilities and cultural sensitivities. People had not yet had to make complaints but were confident they would be listened to if they raised a concern.

People were encouraged by staff to give feedback on the service and suggest ideas for improvements. The registered manager had created an open, person centred culture and a clear vision of good quality personalised care that was shared by the staff team and experienced by people receiving care.

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

Rating at last inspection:

This service was registered with us on 3 November 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Hands on Healthcare Solutions

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 07 October 2019, when we visited the office location and ended on 10 October 2019.

What we did before inspection

We reviewed information we had received about the service since they were registered. We sought feedback from the local authority, Healthwatch and health and social care professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service, one person's friend and five relatives about their experience of the care provided. This included conversations on the telephone and in person during visits to people's homes. We spoke with eight members of staff including a company director, the registered manager and care staff. We spoke with two social care professionals who regularly visit the service.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe because they received good quality care and staff treated them well and met all of their needs. They told us there had never been any missed care visits and staff were vigilant about safety. One person told us about how staff had checked the identity and credentials of an engineer who had begun work in someone's home prior to the staff arriving. They recorded all information about it in the daily notes. The person told us this gave them reassurance.
- The provider had effective safeguarding systems in place, staff understood what to do to protect people from harm and felt confident to report any concerns. Staff told us they had received training and information about safeguarding and knew where to go for further advice.
- Staff had a good awareness of different types of abuse and the signs and symptoms of these. One staff member explained they would look out for signs of people's moods or behaviours changing, if they were taking care of themselves or signs of physical injury.

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health and welfare in relation to their conditions such as moving and handling needs.
- Risk assessments in relation to people's environment, in and around their homes had also been completed. These included those for fire safety, emergency evacuation plans and infection control, which made sure that risks had been identified and managed.
- We discussed with the registered manager how the risk assessments could be further developed to include more personalised information for staff about people's preferred approaches to risk. They agreed to review this.

Staffing and recruitment

- There were enough staff on duty to support people safely and staff and people confirmed this to be the case. Systems were in place to quickly identify if care visits were late so that none were missed. One person told us, "Staff are excellent. They have been very good, they are usually always on time. On one occasion they were late due to somebody being ill but they let us know."
- Pre-employment checks such as disclosure and barring checks were carried out before staff started work. We discussed ensuring any gaps in employment history were clarified and a record made. The registered manager took immediate action to confirm this during the inspection process.

Using medicines safely

- Staff were trained to help people take their medicines. The registered manager completed competency checks to make sure staff understood this training and were able to give medicines safely.

- Staff completed medicine administration records to show if people had taken their medicines or the reason if they had not.
- Information in people's care plans gave the type and level of support needed from staff to take their medicines.□

Preventing and controlling infection

- Staff had completed training in how to reduce and prevent the risk and spread of infection and they followed good practice guidance. They used personal protective equipment, such as gloves.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed and recorded effectively. Team leaders took action following accidents or incidents to reduce the risk of these reoccurring.
- Staff told us that incidents were discussed at team meetings. This gave them the opportunity to discuss what went wrong and what action they could take to reduce the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed assessments of people's needs before they started using the service. They worked with health and social care professionals when assessing and planning people's care. This enabled them to make sure they considered up to date guidance in how to meet people's individual needs.
- People's needs and choices were documented throughout the care plan in line with their assessed needs and where people were able to make their own decisions, the care plan instructed staff to ask the person what they would like. A relative told us, "Staff do everything so thoroughly and are so friendly, I have never had to complain at all." Another relative told us how the registered manager altered what was provided to their family member in response to rapidly changing health needs.

Staff support: induction, training, skills and experience

- Staff had received training when they first started working for the agency and competency was assessed. This training was refreshed regularly. Staff said their training was reinforced in staff meetings and anyone who felt they needed additional training or support were encouraged to come forward.
- Staff members received supervision through individual meetings and they said that they could also contact the registered manager or senior staff at any time between meetings. They said they felt well supported to do their jobs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink if this was needed. This included supporting people with various types of diets to meet their medical, cultural or religious needs. Staff offered a choice of meals and changed this to suit people's preferences on the day. Food was prepared safely and presented attractively with condiments and extra sides offered. People were given plenty of time without rushing to eat their meals.
- Staff told us they had completed food hygiene training and they described how they supported people to maintain a healthy weight. Staff also received training from a nutrition nurse to support people who used a percutaneous endoscopic gastrostomy (PEG) tube to eat. This is a medical procedure in which a tube (PEG tube) is passed into a person's stomach to provide a means of feeding when oral intake is not adequate.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff completed records and copies were kept in people's homes. This recorded important information about them, their needs, daily routines and preferences. The information was made available when people visited other providers of care, such as hospitals. This meant these details were available if the person was not able to tell others about their preferences and they did not have a staff member to help them with this.

- Senior staff made referrals to specialist health and social care professionals such as district nurses, occupational therapists, community nurses and dieticians when needed. Staff had access to information from health care professionals and they followed this advice, which was included in people's care records. One health and social care professional told us, "I have dealt with Hands on Healthcare on two occasions and I have found them to be very helpful. Care plans are very detailed and clear. Both my clients were very happy with the service being provided. The management team have been keen to support social services and I found them to be very personable and knowledgeable."

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were supported by staff who understood the principles of the MCA and DoLS. They knew how to support people to continue making decisions and who to go to if the person was unable to do so. Staff had clear information about how to support people to make decisions.
- Where people were not able to make their own decisions, their family acted as a Power of Attorney (PoA) to ensure decisions were in their best interest. An PoA allows people to be appointed to make decisions on behalf of an adult who cannot make decisions for themselves.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated kindly by staff who were patient and 'smiley'. One person commented, "The staff are very good. They are very polite and nice."
- People told us staff were patient and caring and made sure they had everything they needed. Staff were aware of people's individual needs and preferences.
- People were supported to maintain relationships with their families and friends.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care and these were recorded in their care plans. Staff had enough time to support people properly and in a way they wanted, which also allowed them to spend time talking with people.
- People were supported to make choices about their care through daily discussion and formal reviews.
- People invited their relatives and social and health care professionals to their reviews and the review and outcomes were documented on their file. One person told us, "Management have come round several times and checked how the care is and if I am happy. They always say if there is a problem to let them know straight away." Another person told us, "I have had several reviews. The owner comes and ask us [about the care] and they phone my relative and finds out their views as well."
- The registered manager said that no-one who received care was using an advocate, but there was a local advocacy service if people needed this. People were asked about the need for advocate support as part of their initial assessment.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were very nice and polite and respected their privacy. Staff ensured people were supported in a dignified way. This was because they closed doors and curtains, and covered people up as much as possible while supporting them with personal care. Staff knocked on people's doors before entering their homes. One person said, "Staff are very considerate with personal care and covering me up, I can't find fault with them. They are excellent."
- People's confidentiality was maintained; records were kept securely they adhered to data protection requirements.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised care plans in place., They gave staff enough guidance on how to respond to people's needs effectively and safely. Although we discussed with the registered manager how to better enhance the information to be very clear on 'how' to support people in line with their personal preferences.
- Daily notes were electronic and staff accessed all records through a handheld phone. This meant records of support given each day were updated instantly and everyone involved in the persons care had instant access to this information. The registered manager told us how they had plans to expand all records to an electronic system. We discussed with the registered manager how to enhance these records also to better reflect the person-centred practice.
- Staff had built up good relationships with people. People spoke very highly of the care staff gave and we observed good natured 'banter' and lots of laughing and chatting while people were being supported. Staff knew people's likes, dislikes and preferences.
- People's care needs were met. People told us that staff supported them to do what they could for themselves. One person told us, "I couldn't cope on my own so without them I wouldn't be able to stay here in my own home."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- One person used their eyes and facial expression to communicate. Some staff spoke other languages so would be able to support people being referred if English was not their first language. This would enable people to freely and easily communicate their needs. The registered manager offered different versions of records if required such as large print or braille or audio.

Improving care quality in response to complaints or concerns

- Systems were in place to identify and investigate all complaints, however they had not yet received any. Staff confirmed management had acted quickly when they had raised concerns.
- People were confident they would be listened to if they needed to complain. People and relatives all said they would be comfortable to phone the registered manager if they had a complaint.

End of life care and support

- Staff had discussed the concept of death and dying with people as a way of opening further discussions

about people's own wishes. Guidance was available in people's care records about their end of life wishes, although there were no people receiving end of life care at the time of our visit.

- The registered manager explained how they had supported two people receiving end of life care in the recent past. They explained the additional sections added to care plans to account for the extra flexibility and compassionate care required during this sensitive time in people's lives. They also understood the importance of supporting people's relatives too. One relative told us, "The care staff I can't say enough about, they were absolutely wonderful. They couldn't do enough. My family member was never rushed and staff always gave good care, they were very compassionate. They were always smiley and also asked after how I was and encouraged me and were just wonderful people. Very kind and considerate to me and my family. If something wasn't right they would advise on what to do and who to call, they were very on the ball."

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff when this was required.
- Staff were also committed to providing high-quality care and support and felt this was led by good role modelling from the management team. One member of staff told us, "I am quite impressed with the management and how they get involved with the managerial side but also the caring side as well. They come in and support us which means I get to see the managers quite often and if I have any concerns after the call we can have a chat about that before going onto the next call."
- People spoke positively of the staff team explaining how they were very supportive. One person told us, "Staff are brilliant." Other people explained how staff only did things they were no longer able to do for themselves, as they liked to still do what they could. A friend of one person told us, "The staff are fantastic. They are really good at communicating and I recommended them to a friend for their family member."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff told us they were able to provide good quality care and support to people because they had a registered manager and senior staff who got involved and understood the role. They said they could raise issues with any of the management team and their concerns would be listened to.
- The registered manager knew people well and was supported by a senior staff. The director and an operations manager were just as knowledgeable and able to manage the service when the registered manager was on holiday. This made sure that the agency ran well all the time.
- The registered manager complied with legal requirements for duty of candour; they were aware of the need to display their rating once the service is rated. We had received statutory notifications in a timely manner.

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

- People and their relatives had completed a survey in 2019, which showed positive comments such as 'I am really satisfied with the care provided by staff, they take care of me very well. I have no complaints. Another person had commented, 'No improvement required, all staff treat me with good care and support'.

- Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about their care.
- Staff told us that they attended meetings regularly, which gave them support and information was shared quickly with them.

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. The registered manager carried out audits and quality monitoring visits. These showed they identified areas of the service that required improvement and made those improvements in a timely way. For example, developing contingency plans to ensure people did not miss care visits due to adverse events and using on the job coaching to support staff development.
- Records of complaints, accidents and incidents were not yet analysed to find trends or themes due to lack of data being a new service. However the registered manager explained their plans to use feedback and analysis to create an improvement plan to keep learning from incidents driving up the quality of the care delivered.

Working in partnership with others

- Information available to us before and during this inspection showed that the staff worked in partnership with other organisations, such as the local authority social services and healthcare teams. One health professional said, "My experience with Hands on Health Care Solutions is good. I believe they provide good care and are person centred and caring. The care agency has contacted social services if they are concerned with any situation regarding a client. They have been able to provide support to a client at unscheduled and unplanned times if needed to provide better care."
- The registered manager worked proactively with organisations and attended local network meetings to share best practice.