

Care at Hand Limited

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Inspection report

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Harlow
Essex
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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

This announced inspection took place on 10 November 2016.

Care at Hand provides a domiciliary support service to enable people to continue living at home. The service predominantly supports older people although some adults with a range of support needs arising from physical or learning disabilities are also provided with a service. When we inspected the service provided support with personal care to upwards of 100 people living at home in and around the Harlow area.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (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 were supported in their own home by staff that were able to meet their needs safely. Staff had the skills and knowledge they needed to provide people's care. People said they felt cared for safely in their own home. There were risk assessments in place to reduce and manage the risks to people's health and welfare. Staff understood their role in caring for people with limited or no capacity under the Mental Capacity Act 2005. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns.

People benefited from receiving a service from a staff team that knew their job. Staff were supported by a registered manager that was receptive to ideas and committed to providing consistently good standards of care. People also benefitted from receiving personal care and support from trained staff that were caring, friendly, and responsive to people's changing needs. People's right to make day-to-day choices about how they preferred their care and support to be provided was respected and this was reflected in their agreed care plans.

People received a reliable service that was well-led. There were sufficient numbers of staff employed to meet people's assessed needs. People were protected from the risks associated with the recruitment of staff unsuited to the role by the provider's recruitment procedures.

People had the guidance they needed to raise concerns or make a complaint. There were procedures in place to ensure complaints were appropriately investigated and action was taken to make improvements to the service when necessary. There were systems in place to monitor the quality of the service provided on a day-to-day basis as well as longer term.

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 said they felt safely cared for in their home. Staff understood and acted upon their responsibilities to ensure people were kept safe.

People were protected from unsafe support and care by staff that knew and acted upon risk assessments associated with providing the level of support that was needed for each individual.

People received staff support from competent staff that had been appropriately recruited and trained.

Is the service effective?

Good 

The service was effective.

People received a reliable service. There were contingency arrangements were in place to ensure the continuity of the service when staff were sick or on holiday.

People were provided with the support they needed and this was regularly reviewed to ensure their needs continued to be met.

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

Is the service caring?

Good 

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity was protected and promoted.

People were cared for by staff that were committed and passionate about providing good care and support.

People benefited from receiving support from staff that respected their individuality.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed prior to an agreed person-centred service being provided. Their needs were regularly reviewed with them so that the agreed service continued to meet their needs and expectations.

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 were assured that appropriate and timely action would be taken if they had to complain about the service.

Is the service well-led?

Good ●

The service was well-led.

People benefited from receiving a service that was well organised on a day-to-day basis as well as long term.

People were supported by staff that had the day-to-day managerial support they needed to do their job.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

Care at Hand Limited

Detailed findings

Background to this inspection

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

This announced inspection was carried out by an inspector on 10 November 2016. The provider was given notice of our inspection visit because the location provides a domiciliary care service and we needed to be sure staff would be available.

Before our inspection, we reviewed information we held about the provider such as, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also took into account other information the provider had sent us about their service. 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. The provider returned the PIR and we took this into account when we made judgements in this report.

During this inspection we visited the provider's office located in Harlow. We looked at the care and support records of six people using the service and six records in relation to staff recruitment and training. We spoke with the registered manager about the day-to-day management of the service. We also met and spoke with four of the care staff team, including the assistant manager, about their role and the training and support they received to enable them to do their job. We spoke with five people on the telephone and with their prior agreement we also visited three people at home to ask them about their experience of using the service.

Is the service safe?

Our findings

People's needs were safely met. The registered manager ensured that staffing levels were consistently maintained to meet the assessed needs of each person that received a service. People said they felt safe receiving their service. One person said, "It's good that they (the agency) do their best to send the same carers. I've got to know them and they have got to know me. They can see if I'm a bit 'under the weather' so that's what makes me feel I'm in 'safe hands'."

People said that staff usually arrived on time and did not rush them. One person said, "I'd get a bit 'worked up' if I didn't know they (the carers) were coming, but they let me know if there's been a 'bit of a hiccup' and they are running late. It's bound to happen now and then but just knowing what's happening means I don't get worried."

People were protected from unsafe care. Care plans provided staff with the guidance and information they needed to provide people with safe care. People had appropriate care plans kept at their home, with copies kept up-to-date at the agency office. One person said, "They (care workers) always look at it (the care plan) just to make sure there's been no changes they need to know about. They don't just rely on me remembering to tell them."

People's care plans were reviewed on a regular basis to ensure that pertinent risk assessments were updated regularly or as changes occurred. Care plans contained an appropriate assessment of the person's individual needs, including details of any associated risks to their safety that their assessment had highlighted. A range of risks were assessed to minimise the likelihood of people receiving unsafe care. There were policies and procedures in place with regard to the safe administration of medicines in people's homes, for example with regard to prompting people to take their prescribed medicines.

People were protected from harm arising from poor practice or ill treatment. Staff understood the roles of other appropriate authorities that also had a duty to respond to allegations of abuse and protect people. There were clear safeguarding policies and procedures in place for staff to follow in practice if they were concerned about people's safety. Staff knew about 'whistleblowing'. They understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice.

People were safeguarded by staff recruitment policies and procedures against the risk of being cared for by unsuitable staff. All staff were checked for criminal convictions and references from previous employers were taken up. Recruitment procedures were satisfactorily completed before staff received induction training prior to taking up their duties. Newly recruited staff 'shadowed' an experienced care worker before they were scheduled to work alone with people receiving a service.

Is the service effective?

Our findings

People received care and support from staff that had the skills, knowledge and experience, as well as the training they needed to carry out their roles and responsibilities effectively. People benefited from receiving their service from staff that had a good understanding of their individual needs. They received a service from staff that had been provided with the appropriate managerial guidance to do their job. People said that they were confident in the staff and felt they "knew their job" and did it well.

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Staff had received the training and guidance they needed in supporting people that may lack capacity to make some decisions. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005). 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's needs that were met by newly recruited staff were assured that their care worker had received a thorough induction that prepared them for doing their job. Staff said their induction provided them with the essential knowledge and practical guidance they needed before they took up their role.

People received a service from staff that were supervised and had their job regularly appraised at regular intervals throughout the year by senior staff. Staff said that the registered manager and other senior staff were readily approachable for advice and guidance whenever they needed that support. Staff said they felt valued in their roles. They said that they would not hesitate to seek support from the registered manager and their colleagues if they were unsure about what was required of them.

Is the service caring?

Our findings

People's dignity and right to privacy was protected by staff. People's support was discreetly managed by staff so that people were treated in a dignified way. People's care and support was 'person centred'. People were supported to do things at their own pace and the people we visited at home and spoke with on the telephone were pleased to be enabled to continue to live in their own home. Their individuality was respected by staff. One person said staff had 'a good way' with them. They said their manner was always respectful, friendly and good humoured. Another person said, "It's nice to have a 'bit of laugh'. Cheers you up, doesn't it?"

People said staff were familiar with and acted upon their daily routines and preferences for the way they liked to have their care and support provided. Staff were able to discuss how they facilitated people's choices in all aspects of their day-to-day support.

People received the information they needed about their agreed service and what to expect from staff. This information was provided verbally and in writing. It included appropriate agency office contact numbers for people to telephone if they had any queries or were worried about anything.

People said they trusted their care workers discretion. Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people that did not need to know. One person said, "They (care workers) never talk about anyone else they visit. I'd never ask but it's good to know they keep that private."

People said that staff always asked if they were 'alright' when they arrived and before they left. One person said, "They (care workers) take an interest in how I am. They don't just rush in and out again. I know they are busy but they really do mean it when they ask if I'm fine. It's friendly and reassuring as well."

Is the service responsive?

Our findings

People's abilities to do things for themselves had been thoroughly assessed prior to being offered a service in their own home. People's personal care needs, their family support, as well as how they managed on a day-to-day basis were taken into consideration when their care plan was agreed with them or, if appropriate, a relative acting in the person's best interest.

People's care plans contained information about their likes and dislikes as well as their personal care needs and provided support staff with the guidance they needed to adapt to changing circumstances. Care plans were regularly reviewed and updated and if people needed to make changes to the care and support this was accommodated where practicable.

People's care plans contained information about how people communicated as well as their ability to make decisions about their care and support. There was accurate and up-to-date information in people's care plans about what they were capable of doing for themselves and the support they needed to be able to put this into practice.

People consistently received the level support they needed in accordance with their individual needs assessments, whether on a day-to-day basis or over a longer period as their dependency needs changed or fluctuated over time.

People were provided with the verbal and written information they needed about what to do, and who they could speak with, if they had a complaint. The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible. There were options available to people if they were still dissatisfied with the service and information was available relating to the role of the Care Quality Commission (CQC) as well as the Local Authority and Ombudsman with regard to complaints.

Is the service well-led?

Our findings

People were assured of receiving support in their own home that was competently managed on a daily and longer term basis. The registered manager had the necessary knowledge and acquired experience to motivate the staff team to do a good job. People benefited from receiving care from a small team of staff that were committed and enabled to provide them with consistent care they could rely upon.

People's care records were fit for purpose and the formats for recording information and setting out guidance was regularly reviewed by the registered manager and other senior staff. Care records accurately reflected the daily as well as long term care and support people received. Records relating to staff recruitment and training were also fit for purpose. They were kept up-to-date and reflected the training and supervision staff had received. Records were securely stored at the service office at the agency office in Harlow. Policies and procedures to guide staff in good practices were in place and had been routinely updated when required.

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. People's suggestions for improvements to the service were listened to and acted upon as necessary. Feedback from people that used the service was regularly sought through surveys and 'spot checks' by senior staff. Staff said they felt listened to and were in regular contact with the registered manager and other senior staff. They had been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC).

People benefited from receiving a service where there was a positive culture that encouraged and valued staff. The culture within the service focused upon supporting people's well-being and enabled people to live as independently as possible.