

# Handle with Care (Black Country) Limited

## Crescent House

### Inspection report

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26 March 2020  
30 March 2020

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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

Crescent House is a domiciliary care service providing personal care to predominately older people. At the time of the inspection the service was supporting 55 people.

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 and relatives confirmed their family members were comfortable receiving care from the staff team. Staff knew how to identify and report concerns relating to people's safety and well-being. Risks were assessed and managed to reduce the risk of avoidable harm. People received timely support from a consistent staff team. Systems used for the management of medicines were safe and people received their medicines as prescribed.

People's needs were assessed to ensure staff could meet their care needs. Staff received training relevant to their role and felt supported by the management team. Staff sought people's consent before providing care and understood people's capacity to make decisions. People were happy with the support their received in relation to meals and drinks and were supported to access healthcare professionals when required.

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.

People described staff as kind, helpful and considerate. People were supported to maintain their independence where possible. Staff recognised people's diverse needs and were trained to provide support that respected people and their privacy.

People's care was responsive to their changing needs. People and relatives were involving in the planning and review of their care. People's communication needs were considered as part of their care and information was available in a range of different languages or formats where required. People and relatives knew how to raise a concern if they were unhappy about the service they received.

People, relatives and staff felt the service was well managed. The nominated individual was aware of their responsibilities as a registered person. People and staff were given opportunities to share their views about the service. The management team carried out regular auditing to review the quality of care people received and acted to address any concerns identified.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

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

#### Why we inspected

This was a planned inspection based on the registration date.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Crescent House

## 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

The inspection was conducted by one inspector.

#### 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 16 March and ended on 30 March 2020. We visited the office location on 16 March 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the provider's registration. We sought feedback from the local authority and professionals who work with the service. 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 one person who received a service, and two relatives. We also spoke with three care staff, one team leader and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The registered manager was not available on the day of inspection. We looked at four people's care records, medicines records, complaints, health and safety and quality assurance records. We also looked at three staff recruitment 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 felt safe when receiving care and support. One person told us, "I feel comfortable with staff."
- Staff had received training in protecting people from harm and knew how to identify signs of potential abuse. Staff were aware of the provider's processes for raising concerns about people's safety and knew how to escalate concerns with external agencies if necessary.
- The registered manager and provider had referred any safeguarding concerns to the local authority and submitted notifications to CQC as required by law.

Assessing risk, safety monitoring and management

- Care records reflected people's risks had been assessed and guidance was available to staff to ensure they acted safely and consistently.
- Staff we spoke with were knowledgeable about how to protect people from avoidable harm. This included managing risks presented by skin breakdown and choking.
- Risk assessments had been reviewed when people's needs changed and included information shared by other healthcare professionals about how to keep people safe.

Staffing and recruitment

- People told us they received support from a consistent staff team at the time they required support. One person said, "I have set calls times and the staff stick to these, I've had no missed calls. If they are delayed, staff may ring me, or I ring them."
- Staff confirmed there were enough staff to support people. One staff member said, "There are enough of us, there are also plenty of new staff starting."
- The nominated individual told us there were eight staff currently going through their recruitment process and they hoped to slowly expand the service to support more people. We reviewed staff recruitment records and found staff had been safely recruited and checks had been carried out to ensure staff were safe to work with vulnerable people.

Using medicines safely

- Some people required support with their medicines. People and relatives told us they were happy with the support they received. One relative said, "Medicines are given by the staff, there is never a problem, staff do this well."
- Staff had received training in the safe administration of medicines and senior staff carried out regular checks to ensure staff were competent.
- We reviewed medicines administration records and people received their medicines as prescribed. Where

recording errors had occurred, these were identified through audits and rectified promptly.

#### Preventing and controlling infection

- People were protected from the risk of infection by staff who wore personal protective equipment (PPE), such as gloves and aprons. A relative told us, "I have checked and staff are always wearing protective equipment."
- Staff told us they had received training in infection control and always had access to PPE. One staff member said, "I have received information re COVID-19 and what is good practice, for example, doing things more often like hand washing. We have enough PPE."

#### Learning lessons when things go wrong

- The nominated individual regularly reviewed information relating to accidents and incidents and made changes to reduce the likelihood of reoccurrence.
- Staff were aware of their responsibilities to report any incidents or events and told us learning was shared with them through daily communication and staff meetings.



# 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

- People's needs were assessed and information from the assessment was used to develop their care plans and risk assessments. Assessments included information about people's mental and physical health as well as their communication needs.
- People were also asked about any diverse needs as defined by the Equality Act 2010. Staff had discussed with people about how their needs may be met, in relation to their religion or sexuality.

Staff support: induction, training, skills and experience

- People and relatives spoke positively about the support they received from staff. One relative commented, "The staff are well trained and know what they are doing. Sometimes they are new and need time to settle in, but [person] tells them what to do and they listen."
- Staff received regular support and supervision and were trained to meet the needs of people they cared for. One staff member told us, "I feel well-trained. We do some practical and online training. I've recently done training in diabetes, mental capacity, mental health and moving and handling."
- New staff received an induction and worked alongside experienced staff, so they could get to know people and understand their role. Where staff did not have experience in caring for people, they were required to undertake the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector.

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

- Some people received support with their meals. Those that did, were happy with the support provided by staff. One person said, "The carers help with getting breakfast and they always get a choice."
- Where people required specialist support with feeding, for example, via a feeding tube, this was managed by community nursing teams. However, staff were aware of people's needs and knew how to support people safely.

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

- Where people required support with their health, staff worked with other agencies to ensure people's needs were met. Staff made referrals to district nursing teams and occupational therapists. Where healthcare professionals had given specialist advice about people's care, staff were aware and followed their guidance.
- With the exception of the person with epilepsy, care plans contained guidance for staff about people's health needs. Staff were aware of how to monitor people's health and shared with us how they had

escalated concerns when people's conditions had changed.

#### 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 and relatives told us staff sought their consent before providing care and support. One person said, "The staff always ask if it's ok to do things."
- Although no-one receiving support at the time of the inspection lacked capacity to make decisions about their care and support; we saw people's capacity had been considered as part of their assessment. Staff had received training in the mental capacity act and shared with us how they supported people to make their own decisions.

# 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 and relatives spoke positively about the staff team. One relative told us, "The staff have a good relationship with [person]. They have a laugh and a joke with them and they enjoy this and look forward to staff coming."
- We reviewed feedback received from people and relatives and saw one relative had commented, "[Staff member] does their job to a very high standard and more, so they make [person] feel they are genuinely cared for."
- Staff shared examples with us of how they had gone above and beyond. For example, by collecting groceries or essential items for people who were unable to leave their home.

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

- People were supported to make their own decisions. A relative commented, "Staff always offer a choice, and [person] is able to make their own decisions."
- Staff shared examples with us of how they offered people focused choices, with regard to clothing, meals and snacks.
- Staff knew people's preferences well, however they told us they still checked with people about their choices rather than making assumptions.

Respecting and promoting people's privacy, dignity and independence

- People and relatives were happy with the support provided by staff. One relative's family member received support with washing and bathing, and they told us this was done respectfully.
- Staff shared examples with us of how they supported people to maintain their independence. For example, by encouraging a person to walk more using their mobility aid.

# 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's care was planned according to their needs and preferences. Staff we spoke with were aware of people's likes and dislikes. One staff member shared, "[Person] likes to look well presented. They have specific clothes they like to wear, so I always know what to offer them." Care records contained details of people's preferred gender of carer.
- Relatives told us they felt people's individual needs had been considered. One relative shared how staff considered their family member's long-term health condition and adapted their support accordingly.
- People, and where appropriate, their relatives, were involved in reviewing their care. Reviews were held periodically and were used to gather feedback, as well as ensure people's care plans still reflected their current needs. We saw one review had identified a person would benefit from a referral to an occupational therapist in relation to pressure care. Records confirmed this referral had been made.

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.

- The provider met this standard. Assessments contained details of people's communication needs, and people were invited to share details of any specific communication requirements. Care plans were also offered in a variety of formats, should they be required.

Improving care quality in response to complaints or concerns

- People and relatives were confident to raise complaints or queries. One relative told us, "I've never made any complaints, but I feel they would listen if I did."
- The provider had a complaints policy in place. We reviewed complaints received since the provider's registration. We found the nominated individual had responded appropriately to concerns raised and people had received a written response. Where concerns had been substantiated an apology had been offered to the complainant.

# 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

- People and their relatives spoke positively about the quality of care and the management of the service. One relative commented, "The agency is one I would recommend to people, so far it's been very good."
- People and relatives felt the support they received was helpful and met their needs. Care plans clearly recorded people's expected outcomes, so staff knew how to deliver care that met people's needs and preferences.
- The service supported people with a range of diverse needs. The nominated individual told us they felt one of the strengths of the service was their diverse staff team. They said, "We have good cultural awareness and carers speak various languages. We are needs led and flexible in how we deliver support. We respond to what people are telling us."

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; Continuous learning and improving care

- The nominated individual was aware of their responsibilities under duty of candour. The duty of candour is a regulation which all providers must adhere to. Under the duty of candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- Where things had gone wrong the nominated individual had contacted people and their relatives, offered an apology, and explained what action they had taken to address concerns.
- The nominated individual explained they were keen to develop the service slowly and make sure the quality of care people received was good, before expanding the service further.
- At the time of the inspection electronic call monitoring was being introduced, with the aim of further improving governance and oversight of people's experiences. The nominated individual told us they felt real time information would enable any errors to be quickly identified and action taken to address any issues.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was not available on the day of the inspection visit, and the nominated individual told us they were soon to leave the service and a new care manager had been appointed. The nominated individual had taken responsibility for the day to day running of the service in the absence of the registered manager. They were aware of their duties as a registered person and had substantial experience in the care sector.

- The nominated individual regularly reviewed the quality of care people received. The compliance officer along with team leaders, conducted quality audits to ensure care records and medicines administration records were completed accurately.
- The nominated individual had carried out initial assessments and so knew people and their relatives and understood their needs. This enabled them to maintain a good oversight of the needs of both people and staff who supported them.

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

- People and relatives told us they had been asked to share feedback about their experiences. One relative told us, "The office staff are really good at keeping in touch if we need anything, they are very responsive. When I ring, they are helpful."
- Staff told us they felt able to approach the nominated individual and share their views. Regular team meetings as well as one to one meetings included time for staff to share their experiences and give feedback on the service. One staff member said, "Think it's a well-managed company - always someone to support. Very supportive in terms of family needs."
- An independent consultant had been commissioned to gather feedback from people and relatives. Any concerns identified were then shared with staff team to ensure changes or improvements were made.

Working in partnership with others

- Staff worked in partnership with other agencies to ensure people's needs were met. The management team had established good working relationships with community health teams as well as the local authority.