

Hands On Care Wombourne Limited

# Hands on Care (Wombourne) Limited

## Inspection report

Unit 5, Springhill Lane  
Penn  
Wolverhampton  
West Midlands  
WV4 4SH

Tel: 01902546611

Website: [www.hands-on-care.com](http://www.hands-on-care.com)

Date of inspection visit:

10 February 2020

11 February 2020

Date of publication:

04 March 2020

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

The provider is registered with us to provide personal care and support for people who live in their own homes. At the time of our inspection visit, they were supporting 19 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 continued to receive calls that were not always of the correct duration and people did not always know which staff would be attending their calls. The systems the provider had in place did not always identify these concerns and when they did, action was not always taken to make improvements.

There were several gaps on medicine administration records and the systems in place had not identified these. Action was not always taken to see if people had received these medicines or not.

The systems the provider had introduced since our last inspection were not always effective in identifying areas of improvement or making changes to the service. Not all incidents had been fully investigated or reported by the registered manager. People were asked to give feedback on the service however this was not always considered, and changes made.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not support this practice.

People were happy with their care and the support they received. Staff knew people well and had adequate training to support them. People were protected from potential harm and individual risks to people were considered and reviewed. Infection control procedures were considered and followed. Some lessons were learnt when things went wrong.

People were encouraged to make choices, remain independent and their privacy and dignity was maintained. People were offered assistance with meals and received support from health professionals when needed. There was a complaint procedure in place and people felt able to complain. Staff felt supported and listened to.

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

The last rating for this service was Requires Improvement. (Published 21 February 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough, improvement had not been made and the provider was still in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to the governance systems at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 not always safe.  
Details are in our safe findings below

**Requires Improvement** ●

### Is the service effective?

The service was not always effective  
Details are in our effective findings below

**Requires Improvement** ●

### 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 not always well-led  
Details are in our well-led findings below

**Requires Improvement** ●

# Hands on Care (Wombourne) Limited

## **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 carried out by one inspector.

#### Service and service type

The service is a domiciliary care agency. It provides personal care to people living in their own homes.

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

This inspection was announced. We gave the service 48 hours' notice of the inspection as we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 10 February 2020 and ended on 11 February 2020. We visited the office location on 11 February 2020.

#### What we did before the inspection

We checked the information, we held about the service and the provider. This included notifications the provider had sent to us about incidents at the service. A notification is information about events that by law the registered persons should tell us about. 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 in making our judgements in this report. We used all of this information to plan our inspection.

During the inspection

During our inspection we spoke with three people who used the service and two relatives. We also spoke with three members of care staff and the registered manager to check that standards of care were being met.

We looked at care records for three people and medicine records for a further five people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out to ensure people received a good service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- At our last inspection we found although there were sufficient numbers of staff to cover the care calls, punctuality of staff was not managed to ensure people received their care on time. At this inspection we found the same concerns.
- People told us they did not always know who was providing their call or at what time. However, they were not always concerned about this. One person said, "I never really know who is coming or at what time. I had a new girl come this morning who I had never seen before, but she seemed nice." Another person said, "They are better than they used to be, but I don't really know who is coming, I have different carers. I have asked if it could be the same. I have rung the office and they say they will try, but it doesn't really change."
- It was unclear from records what time people should receive their call. People had call times recorded in their file, for example from 7am until 8am, but the registered manager told us the call could occur anytime between these times. Furthermore, the registered manager told us it was the company's policy that calls could be within a half hour window either way. This meant people could have a two-hour slot to receive their care call.
- It was also unclear if people were aware of this as consent forms had been signed which stated there was a 15-minute window either way. The registered manager told us these consent forms were out of date, however there was no evidence people were aware of the changes.
- When staff attended a call, they recorded their 'in and out' time on people's daily logs. Daily logs we reviewed did not always demonstrate calls were taking place within the timeframes described by the registered manager
- When reviewing people's daily notes, we also found that calls were not always carried out for the duration specified within people's care package.

### Using medicines safely

- We reviewed medicines administration records (MAR) for people who received support with medicines. We found there were numerous gaps on the MAR where signatures were not recorded. It was unclear if these people had received these medicines or not.
- We checked the audit the provider completed in relation to medicines. This had not identified the gaps and therefore no action had been taken to investigate if people had received these medicines or not. This meant we could not be assured people had received these medicines as prescribed.
- Staff received training in the management of medicines and this was checked during monthly spot checks of staff practice. However, the provider did not formally assess the competency of staff to ensure they were safe to administer medicines to people.

- Despite these omissions, people and relatives we spoke with raised no concerns about how their medicines were managed and told us they received these as prescribed.

#### Assessing risk, safety monitoring and management

- People felt safe being supported by staff. One person said, "The staff are good, they all know what they are doing, and I feel safe when they are here." Relatives confirmed they had no concerns about safety.
- People's individual risks were considered and reviewed. When people had specific needs such as a catheter or used equipment to transfer, there were individual risk assessments in place and detailed guidance for staff to follow.
- Environmental risks in people's homes were considered, to ensure the safety of staff.

#### Systems and processes to safeguard people from the risk of abuse

- There were procedures in place to ensure people were protected from potential harm.
- Staff knew how to recognise when people may be at risk of potential harm and what action to take. One staff member said, "It is observing for any changes or abuse and then reporting it to the office." They told us when they had raised safeguarding concerns previously, the office staff had taken action and followed the correct procedures to keep people safe.

#### Preventing and controlling infection

- People confirmed, and staff told us they had access to gloves and aprons which they used when they were offering support to people in their own homes.
- Staff told us they had received training and understood their role and responsibilities for maintaining good standards of cleanliness and hygiene.

#### Learning lessons when things go wrong

- In some areas the provider ensured lessons were learnt when things went wrong. For example, since our last inspection a reflective journal on the week had been introduced. When issues had been identified, such as staff sickness, the provider had introduced a 'what we need to do before we move forward' to consider what action could be taken to improve the service provided.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were not always met.

- For the one person the registered manager told us lacked capacity to make decisions for themselves, there were no capacity assessments or best interest decisions in place. There was no evidence to suggest this person had restrictions placed on them. The registered manager told us they would take immediate action to resolve this after our inspection.
- Staff demonstrated some understanding around capacity and consent however felt that when someone lacked capacity to make decisions for themselves, then their relation made the decisions on their behalf.

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

- People's gender, culture and religion were considered as part of the assessment process. No one was currently being supported with any specific needs.
- People were asked as part of their pre-assessment if they preferred male or female care staff and this was considered.
- We saw when needed, care plans and risk assessments were written and delivered in line with current legislation for example; when people used catheters, we saw people had care plans or guidance in place for this.

Staff support: induction, training, skills and experience

- People felt staff knew them well and had the skills and experience to fulfil their role. One person told us, "They are very good staff, they know how to do everything."
- Staff received training and an induction that helped them support people. Staff who had recently

completed their induction told us this involved training and shadowing more experienced staff before working in people's homes independently.

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

- When needed staff supported people at mealtimes and with drinks. People confirmed they were offered a choice. One person said, "They will tell me what I have in and then I will pick what I would like. I had cheese on toast last night and it was lovely."
- People's dietary needs had been assessed and considered and care to people was delivered in line with this. No one currently had any specific dietary needs.

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

- Staff worked with other services to ensure people received care appropriate to their current needs.
- Although the provider was not responsible for people's health needs, staff told us if someone was unwell they would contact the GP. On the day of our inspection a staff member had waited with a person until the paramedics arrived.
- People's oral health needs had been assessed and considered.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were happy with the staff and the support they received. One person told us, "The carers are all very good." A relative told us, "Absolutely superb. They have so much compassion and are so caring. Every one of them that has been here are so friendly and incredibly polite."
- One relative spoke to us about how staff had supported them during a difficult time., They told us staff had sent them some flowers to offer them support and to cheer them up.
- There was information recorded in people's care files about their life history, which staff told us they used to engage with people.

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

- People were encouraged to make choices. One person said, "They always ask me, I can choose anything, what to wear, if I fancy a shower or not. Whatever I want they go with."
- Staff gave us examples about how people made choices. One staff member explained how they went to a call and the person wanted to remain in bed that day as they were not feeling their best. The next day the person was up and felt much better.
- The care plans we looked at considered how people made choices.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. One person said, "They always knock and shout when they are here, that way I'm not surprised when they walk in the bedroom."
- Staff gave examples of how they offered support to people including knocking on doors and shutting curtains during personal care.
- People were supported to be independent. One person told us, "I am quite able, so they offer me reassurance and let me do what I can for myself."
- Records we reviewed reflected the levels of support people needed.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 received personalised care from staff that knew them well. Staff were able to describe how people liked to receive their care and we saw this information recorded in their care plan. Both people and relatives confirmed this to us.
- People had care plans based on their needs, which were regularly updated.
- Both people and relatives felt involved with their care. They told us they were involved with the assessment process and their care had been reviewed since they had started using the service.

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 the Accessible Information Standard.
- People's preferred communication was considered in the pre-assessment and the registered manager told us information would be available for people in their preferred format should they require it.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had the opportunity to participate in activities and pastimes they enjoyed.

Improving care quality in response to complaints or concerns

- People and relatives knew how to and felt able to complain. One person said, "I would telephone the office and let them know if I was not happy with something. They have sent me paperwork on what I need to do to make a complaint."
- The provider had a complaints policy in place, which was followed when needed.
- When complaints and concerns had been raised, they had been responded to in line with the provider's procedure.

# 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.

At the last inspection this key question was rated as requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last two inspections concerns were identified around the governance of the service. After our inspection in February 2018 we imposed conditions on the provider's registration. The conditions required the provider to produce a monthly action plan to drive forward the required improvements as well as reviewing systems to monitor the quality of the service people received. At our last inspection we found although the provider had made some improvements in the auditing and monitoring systems used; improvements continued to be required in relation to the scheduling of care calls and identifying themes and patterns to reduce the risk of inconsistent care. The provider therefore remained in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We continued to impose conditions on the provider's registration to monitor quality assurance activities carried out by the provider.

Not enough improvements had been made at this inspection and the provider remains in breach of regulation 17. We have continued to impose conditions on the provider's registration to monitor quality assurance activities carried out by the provider.

- Since our last inspection some new audits had been introduced. However, these were not always effective in identifying areas of improvement. For example, a medicines audit had been completed for the last three months. This had not identified the numerous gaps in the MAR charts that we identified during this period.
- A weekly timing report had been introduced since our last inspection. This logged the amount of times staff had not stayed the agreed duration of a care call or had not logged into a call. Although it was documented this had been discussed with staff, calls continued to be shorter than the required time. This meant this information had not been used effectively to drive improvements within the service.
- There were no systems in place to monitor if people received their calls on time. We discussed this with the registered manager who said this could be added to the weekly timing report. We will check this as part of our next inspection.
- The registered manager told us no incidents or accidents had occurred in the service since our last inspection. However, we found that incidents had occurred, for example, an incident had been raised with safeguarding in February 2020. This meant we could not be assured all incidents were reported or investigated.

- Furthermore, we had not been notified of the safeguarding incident in accordance with the provider's and registered manager's legal responsibilities.
- When areas of improvements had been identified at our previous inspections, action had not always been taken to make changes. People continued to raise concerns they did not always know who would be providing their call. People were still not always provided with copies of rotas, so they would know who and at what time staff would be visiting them.

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

- We saw feedback was sought from people who use the service however this information was not always used to make changes.
- We saw a survey had been completed by people in October 2019. Comments on these surveys included, 'Quite often my calls are late' 'Don't always stay duration' and 'Too many different care workers, can't get used to their names. Always in a rush don't know if work load is too much'.
- We asked the registered manager what action had been taken. They told us this survey had been sent out in error so therefore had not been considered. This meant when people had offered feedback no action had been taken and the information had not been used to make changes for people.
- Another survey had been completed in July 2019. Information had not been analysed sufficiently to identify themes and patterns that had arisen from the survey.

We found no evidence that people had been harmed however, audits were not always consistent or effective in identifying areas of improvement. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff felt supported by the management team. They had the opportunity to raise concerns by attending team meetings and individual supervisions. One staff member said, "It's absolutely lovely, the managers are a breath of fresh air." Another staff member said, "I am happy working here, any concerns I can raise at any time and I feel they listen."
- The rating from the previous inspection was displayed in the office in line with our 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

- As all incidents and accidents had not been recognised, investigated or appropriately reported, we could not be assured duty of candour was fully considered or understood.
- People, relatives and staff raised no concerns about this and felt the provider was open and honest.

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

- People, relatives and staff spoke positively about the company and the management team. One person said, "On a whole thing are good, I can ring up the office and one of the managers will sort things out for me. I would recommend them." A relative told us, "They are very flexible, if I need another call even at short notice they will try and accommodate it."

Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed.

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 17 HSCA RA Regulations 2014 Good governance  The systems the provider had introduced since our last inspection were not always effective in identifying area of improvements or making changes to the service. Not all incidents had been fully investigated or reported by the service. People were asked to give feedback on the service however this was not always considered, and changes made.