

Hands On Care Wombourne Limited

# Hands on Care (Wombourne) Limited

## Inspection report

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21 November 2018

22 November 2018

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 22 November 2018 and was announced. Hands on Care (Wombourne) Limited are registered to provide the regulated activity of personal care. The service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. There were 21 people receiving regulated activity at the time of our inspection.

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

At our last inspection in February 2018 we identified improvements were needed under the key questions of is the service safe, effective, caring, responsive and well-led. We identified four breaches of the Health and Social Care Act 2008. Following our inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question(s) is the service safe, effective, caring, responsive and well-led to at least good. We issued a Notice of Decision in relation to Good Governance. A Notice of Decision is one of our enforcement powers.

This inspection took place on 22 November 2018 to follow up on our previous findings. We returned to check the necessary action had been taken to improve the quality of care and reduce any risks to people. During this inspection the service demonstrated that some improvements had been made, however, further improvements continued to be required in relation to Good Governance.

There were two registered managers in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Although people were supported by enough safely recruited staff they did not always receive their calls at their allocated time. People were protected from the risk of abuse. Risks to people had been assessed and were managed appropriately. People told us they received their medicines as prescribed. Staff had access to personal protective equipment (PPE) to help prevent the spread of infection.

People's needs were assessed and care records were in place for staff to follow. Staff had access to training and had their competencies checked to ensure they continued to provide safe care. People were supported with their dietary needs and accessing healthcare professionals when required. People consent was sought before staff provided care and staff understood the principles of the Mental Capacity Act.

Although people told us staff were kind they sometimes experienced rushed, late and short calls. People said their dignity and privacy was respected. People were encouraged to remain as independent as possible

and were involved in their care planning.

Care records contained information about people's needs and what was important to people. People knew how to complain however were not always confident their concerns would be acted upon.

Some improvements were found in the governance systems however, we identified further improvements were required in relation to identifying themes and patterns. Quality assurance systems were not fully effective in improving the quality of service provided to people. This is the fourth consecutive inspection whereby the provider had failed to achieve a 'Good' rating in the well-led question.

## 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 consistently safe.

Staff were recruited safely. Although there were sufficient numbers of staff, punctuality of staff was not managed to ensure people received their care on time. People were protected from harm by staff who were aware of their responsibilities to keep people safe. People received their medicines by competent staff.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People were supported by staff who received training and had the skills to meet people's needs. Staff sought people's consent before providing care. Where needed, people were supported to have enough to eat and drink and access healthcare professionals.

**Good** ●

### Is the service caring?

The service was caring.

People said staff were kind and respected their dignity. Staff promoted people's independence when providing support.

**Good** ●

### Is the service responsive?

The service was responsive.

Care records were updated and reflective of people's care and support needs. People knew how to raise a concern if they were unhappy with the service provided. The provider has a system in place to record and respond to complaints.

**Good** ●

### Is the service well-led?

The service was not consistently well-led.

Effective quality assurance systems had not yet been fully established to monitor the safety and quality of the service. Feedback from people had not been used to improve service delivery. Staff felt supported in their roles and understood their

**Requires Improvement** ●

responsibilities.

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# Hands on Care (Wombourne) 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.

The site inspection took place on 22 November 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is a domiciliary care agency and we needed to be sure that the manager was about. Inspection activity started on 20 November 2018 and ended on 26 November 2018. It included telephone calls to people who use the service and staff. We visited the office location on 22 November 2018 to see the registered managers and office staff; and to review care records and policies and procedures. The inspection was to follow up on our previous inspection findings. We returned to check the necessary action to improve the quality of care and reduce the risks to people had been completed.

The inspection was carried out by an inspector and telephone calls were made to people and their relatives by an Expert by Experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of care service.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events the by law the registered persons should tell us about. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service this included action plans the provider was required to send us as part of the enforcement action we had taken at our last inspection.

We contacted 16 people however, only spoke with three people and three relatives. We contacted seven

members of staff and spoke with four, the registered managers and office staff. We reviewed the care records of five people and five staff files, which included pre-employment checks and training records. We looked at other records relating to the management of the service including complaints logs, incident reports, audit checks and scheduling of calls.

# Is the service safe?

## Our findings

At our last inspection in February 2018 we rated the service as 'Requires Improvement' in this key question. We found the recruitment process was not robust. The provider had failed to ensure recruitment procedures were operated effectively and were in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the service was now meeting the requirements of the above regulation. We will continue to monitor the service to ensure the improvements have been sustained and review this at our next inspection.

At our last inspection we identified the systems and processes in place for the safe recruitment of staff was not sufficient to ensure the suitability of staff for their role. We found not all staff had completed an application process and for some staff reference checks had not been done. At this inspection we found people received care and support from safely recruited staff. Staff told us checks had been carried out prior to them starting in their roles to ensure they were suitable to work with vulnerable people. Staff records we looked at confirmed this. The provider checked to ensure staff were safe to work with people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. We also saw reference checks were completed and any gaps in staff employment history was verified. This showed safe recruitment procedures were being followed.

At our last inspection people told us they often experienced late calls. At this inspection although people told us they received their calls they continued to encounter late and short calls as well as calls not being delivered at their preferred times and not knowing which members of staff were going to attend their calls. Comments from people included, "They are often late and don't stay the full time they should." And, "[Staff] come in and are gone in about ten minutes." And, "I don't know who is coming each time, I don't get the same two people every day." And, "I do have regular staff but I never know who is coming they just arrive." Staff told us there were sufficient numbers of staff available to meet people's needs and that they had adequate travelling time between calls. One member of staff said, "I have enough time to do the calls, if I am slightly late I apologise. Some people will tell [staff] to leave early when the tasks have been finished. I record this in the [daily record book]." Daily record books we looked at confirmed this. We saw staff had recorded when they had completed their tasks and finished calls early.

We looked at how calls were planned and allocated to staff. At the last inspection we saw a computerised system was used to record calls but did not identify those calls that were completed late or were shorter in duration. The registered manager said the computerised system was being updated and would identify these concerns so that they could be addressed by the management team. However, at this inspection this had not been completed and although we did not find any adverse impact for people; the management team continued to not have an accurate oversight of the issues and therefore had not embarked on any action to address these concerns. For example, actions they said they would take following our last inspection had not been completed such as providing people with copies of rotas so they would know who and at what time staff would be visiting them.

At the last inspection although staff understood people's individual risks and the support they required. We

found risk assessments had not always been completed or were reflective of people's needs. At this inspection, people told us staff understood their needs and associated risks. One person said, "[Staff] seem to know what they are doing. I don't have any concerns." Staff we spoke with could tell us about people's individual risks and described how they supported them to keep them safe. For example, one member of staff explained a person used a hoist for transfers; they explained two staff completed the calls and the actions they took to ensure the person's safety whilst moving them using the hoist. Care records we looked at had been updated since the last inspection and detailed how staff should provide appropriate care. We saw environmental risks assessments had also been completed which highlighted any potential hazards around people's homes. This showed people had their risks managed to keep them safe from potential harm.

At the last inspection we found effective systems had not been established or operated to investigate or evidence any allegation of abuse. At this inspection we found a process was in place to record and report any concerns of potential harm or abuse. People told us they felt safe with the staff who supported them in their home. One person said, "I feel fine with staff." Another person told us, "I feel safe with carers." Staff we spoke with understood their responsibilities to protect people from potential harm. One member of staff said, "I would record any concerns and report it to the office. If issues were not sorted I would take my concerns higher and contact [local authority safeguarding] or [CQC]." We saw incidents had been recorded and reported to the local authority. This indicated people were safeguarded from the risk of abuse or harm.

People told us they received their medicines and were happy with the way they were supported. One person said, "[Staff] put my tablets out when they come in and I have them with my meal." Staff told us they had received training in administering medicines as well as having their competency to do so checked by a senior member of staff. Staff continued to explain that they completed Medicine Administration Records (MAR) to record when people received their medicines. We looked at some MARs to check if people received their medicines as prescribed and found them to be completed accurately.

People told us they were protected from the risk of infection. One person told us, "[Staff] wear gloves and aprons." Staff we spoke with had a good understanding of infection control practices and confirmed they had sufficient amounts of Personal Protective Equipment (PPE) provided.

We looked at how the provider and management had considered care practices and looked at lessons learnt when accidents or incidents occurred. Staff we spoke with were aware of how to report any issues or concerns and we saw the registered manager had a system in place to record these. However, systems were not in place to monitor for trends or patterns which might minimise the risk of any re-occurrences.

## Is the service effective?

### Our findings

At our last inspection in February 2018 we rated this service as 'Requires Improvement' in this key question. We found the provider did not have an oversight to ensure people continually received effective care from well trained staff. At this inspection, we found improvements made had been sustained.

People had been involved in the assessment of their care and support needs. We saw assessments considered a number of areas such as health, personal care and mobility needs when developing people's individual care plan.

People told us staff had the skills and knowledge to care for them. One person said, "I think the staff are trained." A relative commented, "They seem to know what they are doing." Staff we spoke with told us they felt supported in their roles. One member of staff said, "I have completed different training courses and I feel I get enough support to do my job." New staff completed an induction to equip them with the skills to undertake their role and support people safely. Staff explained they had regular contact with their managers and attended meetings to discuss any concerns. One member of staff said, "The managers are always available should you need to get hold of them." Staff also confirmed that they had their competencies checked by senior staff to ensure they continued to provide effective safe care.

Some people told us staff supported them with their meal preparation. Where staff were responsible for people's food and drink, people were happy that this was carried out well. One person said, "I always choose what I want; I tell [staff] what I want for breakfast and at lunchtime they make a sandwich. They make me a cup of tea and I always have a couple glasses of water at my side, I have plenty to drink." Staff we spoke with had a good understanding of people's individual dietary needs and preferences, along with an understanding of the support a person required to prepare or eat their meals. Care records we looked at described what assistance was required with eating, drinking and food preparation. This indicated people had a choice of food and drink and were supported by staff who understood their individual dietary needs.

People told us when required staff supported them to contact healthcare professionals. One person said, "If needed [staff] would contact the doctor for me." Care records we looked at also included details of people's healthcare needs along with the contact details of healthcare professionals where required. We saw staff had supported people to access district nurses and other healthcare professionals based on individual need. This showed people were supported to maintain their health and contact healthcare professionals when required.

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. The application needs to be made to the Court of Protection for people living in their own home. At the time of our inspection no one was receiving care or support that was subject to a court order. Where required people's care assessments documented where a Lasting Power of Attorney (LPA) had been

appointed; this is a representative who is appointed to make decisions in relation to health and wellbeing or finances and is able to make decisions on a person's behalf.

We checked whether the service was working within the principles of the MCA. People told us staff always sought their consent before providing their support. One person commented, "[Staff] do ask." Staff we spoke with demonstrated an understanding of the principles of the MCA and said they always ensured they sought people's consent before providing any care or support.

## Is the service caring?

### Our findings

At our last inspection in February 2018 we rated this service as 'Requires Improvement' in this key question. We found although individual care staff were caring we were not assured the provider was caring in their approach to people's care. At this inspection we found improvements had been made, however, these improvements needed to be embedded into practice. We will continue to monitor the service to ensure the improvements have been sustained and review this at our next inspection.

At this inspection people told us staff were kind and caring. One person commented, "[Staff] are very friendly." Another person said, "[Staff] are kind and friendly."

People told us they were able to make choices and decisions about how they liked to receive their care. They told us where they preferred a female to provide personal care this was accommodated by the provider. Staff gave us examples of daily choices people made; for example, choosing whether to have a wash or shower, what clothes to wear or what they would like to eat or drink. Staff explained to us people's individual communication styles and the support they might require when communicating their needs. For example, using body language. We saw people's choices were acknowledged and recorded in their care records. For example, staff using people's preferred name.

People were supported to maintain their independence. One person said, "I like to do as much as I can for myself." Staff understood the importance of supporting people to maintain their independence and provided examples of how they did this. For example, encouraging people to mobilise as well as supporting people to wash parts of their body for themselves.

People told us they were treated with dignity and their privacy was respected by staff who provided personal care. One person said, "They chat and have a towel ready to cover me." A relative commented, "[Staff] respect [person's] dignity when providing care." Staff we spoke with also explained how they promoted people's dignity and privacy. One member of staff commented, "I speak politely to people, close doors and curtains when providing personal care and am respectful in people's homes. It's about treating people how you would like to be treated." This indicated people were treated with respect and their privacy was maintained.

## Is the service responsive?

### Our findings

At our last inspection in February 2018 we rated the service as 'Requires Improvement' in this key question. We found the provider did not provide a service that was responsive to people's needs and were in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found the provider had failed to ensure effective systems to manage and monitor complaints were established and were in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the service was now meeting the requirements of the law. However, these improvements needed to be embedded into practice. We will continue to monitor the service to ensure the improvements have been sustained and review this at our next inspection.

At our last inspection people told us the service was not always responsive to their needs. At this inspection people told us they were happy with the care they received from their regular staff. One person said, "They know what I like and how I like things done." Staff we spoke with were knowledgeable about people's needs and understood what care and support was required.

At our last inspection we found people's care records were not always accurate or up to date. At this inspection we found care records had been updated and included information about a person's history and cultural needs as well as details about their care and support needs. Guidance for staff to refer to was also included in the records including how a person preferred to receive their care. Staff told us information about changes to a person's care needs were shared by using mobile technology and recording information in daily notes, this ensured people continued to receive the right care and support.

At the last inspection we found although the provider had a complaint policy in place this was not followed and concerns identified from our conversations with people were not known by the provider. At this inspection people told us they knew how to raise concerns or make a complaint. They said they would speak with the office staff or registered manager. We found systems had been established to record and investigate complaints and concerns. However, we did note from our conversations with people some concerns in relation to call times had not been followed up by the provider to ensure actions taken had resolved issues raised satisfactorily.

At the time of our inspection one person was in receipt of care to support them as they neared the end of their life. Staff we spoke with could explain the things which were considered at the end of people's lives and the care record we reviewed detailed how a person wished to be cared for and the tasks required to keep them comfortable. This showed people had plans in place for the care they wanted to receive as they neared the end of their life.

## Is the service well-led?

### Our findings

At the last inspection in February 2018 we found the service was not well-led and we rated the provider as 'Inadequate' in this key question. We found systems to monitor the quality of care people received were not effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following this inspection, we imposed conditions on the provider's registration. The provider produced a monthly action plan to drive forward the required improvements as well as reviewing systems to monitor the quality of the service people received. This included audits that addressed areas such as, recruitment systems and care planning.

At this 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. Therefore, the provider remained in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We will continue to impose conditions on the providers registration to monitor quality assurance activities carried out by the provider.

At this inspection we found the provider had developed some systems and processes to monitor the quality of the service and some of these checks had identified areas for improvement. However, we found further improvement were still required in the day to day monitoring of service delivery. Some of the checks completed had not been used effectively to make improvements to the quality of care people received. For example, we found although people's feedback was sought through surveys or conversations; information had not been analysed sufficiently to identify themes and patterns. For example, issues of late or shortened calls had not been addressed and had resulted in consistent feedback from people about poor staff timekeeping and people feeling rushed when receiving their care calls. People told us poor communication from the provider about call times impacted on the quality of care they received. We raised these concerns with the registered managers and they confirmed that there was no process in place to identify themes or trends. Although the registered managers had identified late and short calls from their audit of daily notes they had not taken any action to address the concerns; this indicated there was a lack of oversight by the provider to act on people's concerns and a lack of understanding of how to address these issues.

Systems were in place to record incidents that had occurred, however, processes for preventing the risk of re-occurrence were not robust. The registered manager told us they audited records but had not identified any patterns or trends nor were they assessing information collected to look at any lessons learnt to reduce the risk of re-occurrence. Staff punctuality was raised as a theme in feedback from people, whilst this had not caused harm there was a potential risk particularly if people did not their medicines at the correct time.

Quality assurance audits need to be used effectively to identify patterns and trends and to show how the required improvements were made. The lack of robust governance systems meant people did not always receive a service that met their needs. This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our last inspection the provider had implemented processes and systems to improve the safety and quality of care people received. For example, a complaints process, a system to protect people from abuse and improper treatment and a process to recruit staff safely. We also saw audits were completed monthly of care records and these identified any issues. However, at the time of our inspection these new processes and systems had not been fully embedded into practice and we will review this at our next inspection.

Since the last inspection an additional registered manager had been appointed. The Registered managers understood their responsibilities in relation to their registration with CQC. Notifications were received as required by law, of incidents that occurred at the service. These may include incidents such as alleged abuse and serious injuries.

At our last inspection people had mixed views on the management of the service. At this inspection people continued to have varying views. Comments included, "I don't think anything has improved I have the same issues I've had for a long time." And "They need to be better organised." And "The management isn't so good." People knew who the registered manager was and how to contact them should they need to. Since the last inspection the registered managers had developed processes to engage with people along with ensuring people had access to the complaints procedure. This showed people had opportunities to express their views about the service however, at the time of our inspection these systems had not been fully embedded into practice and we will review this at our next inspection.

Staff told us they felt supported by the registered managers and said they were approachable. One member of staff said, "I feel supported in my role and I can raise anything with [registered manager]." Staff told us they attended one to one and team meetings that provided them with an opportunity to put their views forward. Records we saw supported this. Staff were aware of the provider's whistle blowing policy, including raising concerns about possible wrong-doing within an organisation. Competency checks were also completed of staff practice to monitor performance; staff said they felt confident in their roles and understood their responsibilities.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured there were adequate systems in place to monitor the quality of care provided to people.

### **The enforcement action we took:**

We imposed a condition on the providers registration.