

Handle With Care (Portsmouth) Limited

Handle With Care

Inspection report

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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

Handle With Care is a domiciliary care agency providing personal care to people in their own homes. The service was supporting 90 people at the time of the inspection, including older people and those living with dementia, people with a physical disability and younger adults.

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

People told us they received safe care. The provider had made improvements in the risk assessment of people's needs, some records required further detail, but staff understood how to support people safely. Staff were safely recruited and knew how to safeguard people from abuse. People were protected from the risk of infection and staff were checked to ensure they used the appropriate equipment to promote safe and hygienic care. People told us they were satisfied with the management of their care and enough staff were available to meet their needs. Medicines were managed safely but some information about 'as required' medicines and creams, which could be a fire risk was missing from the records. This was addressed during our inspection. Incidents and accidents were reviewed daily and action were taken to prevent a reoccurrence.

People's needs were assessed prior to them using the service. Policies and procedures were in place to guide staff on delivering care in line with current legislation and guidance. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff completed training to meet people's needs and this was monitored for completion and staff competency was checked. People who received support to eat and drink told us they were satisfied with this support. People were supported to access healthcare services when needed.

People and their relatives told us staff were kind and caring. Staff knew how to provide respectful care that promoted people's dignity and privacy. People told us they were involved in decisions about their care and their consent was sought by staff.

The provider had made improvements in their practice to meet the needs of people at the end of their life. However, further improvement was needed in the end of life care plan the provider had developed, to ensure people's needs at this time were fully explored. We have made a recommendation about this. Care plans demonstrated people had been asked about their preferences and needs, and people told us their needs were met. Complaints about the service were investigated, responded to and used to identify trends and improve practice. People were asked about their communication needs and the service was expanding on this to check whether people required any other support to understand information.

Since our last inspection in March 2018, the provider had submitted monthly updates and supporting evidence on their actions for improvement. At this inspection we found improvements had been made in the quality and safety of the service people received. An effective system was in place to monitor the service

and to achieve continuous improvements. People and staff spoke positively about their experience of the culture and management of the service. The registered manager had worked effectively with staff to achieve improvements in communication and staff morale.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement and there were three breaches of Regulation (published 4 July 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. They submitted monthly reports about their progress to us. At this inspection we found improvements had been made and the provider was no longer in breach of regulations

Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Handle With Care on our website at www.cqc.org.uk.

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.

Handle With Care

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

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 July 2019 and ended on 25 July 2019. We visited the office location on the 11 and 12 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included monthly reports, that the service had been required to send us following the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, one senior care worker and four care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke to a staff member by phone.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure staff had access to information about risks for people and the actions to take to mitigate these risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The service had improved their assessment process to ensure staff had guidance available regarding any risks to people before they started using the service. Risks were assessed using a score which identified the need for further actions if required. Some people's records still required further detail to ensure guidance was comprehensive. For example, some explanations of the risk were brief and although care plans included information on how risks were to be managed, a more detailed assessment had not always been completed. The registered manager assured us these would be reviewed and updated accordingly.
- Staff we spoke with confirmed they had the information they required to support people safely. All the people and their relatives we spoke with, told us the service provided safe care and people said they felt safe with care staff. A person said "They are so careful in what they do. They are so kind and nice."
- Staff told us, and records confirmed, risks were acted on when identified, for example, when people required healthcare support or staff had concerns about people's safety.

Staffing and recruitment

At our last inspection we recommended the provider kept records to evidence the legal requirements of recruitment checks were met. At this inspection we found improvements had been made.

- The checks and procedures required to support safe recruitment were completed and recorded.

At our last inspection we recommended the provider ensured people using the service, were clear about the service being offered and acted to manage people's expectations about their call times. At this inspection we found improvements had been made.

- At this inspection we received positive feedback from all the people we spoke to about the timing of their care calls and notice of changes to calls. People's comments included, "If they're not going to be on time, they let me know", "I haven't got anything to worry about. They work it so it's nearly at always at the same time" and "I don't want them to come when I'm having my lunch."

- There were enough staff to meet people's needs. At times of unplanned absence, existing staff and office staff supported people to ensure their needs were met.
- We received mixed feedback about the duration of people's calls, although no one told us their needs were not met during the time staff spent with them.

Using medicines safely

- Staff competency checks to administer medicines had been completed.
- People's Medicine Administration Records (MAR's) were audited monthly and information about people's medicines were kept up to date in their care records.
- Staff involved in handling medicines had completed training around medicines. People told us they were 'happy' with the support they received with their medicines. One person said, "It's very good. I've got no concerns."
- Procedures were in place and followed for the safe disposal of medicines.
- However, when people were prescribed medicines to be taken 'as and when required', such as those prescribed for pain relief, records did not have all the required information to guide staff on their safe use. For example; records did not show the minimum time between doses, the maximum dose to be given and what the medicine was prescribed for and any outcome from its use. This meant that people could be at risk of being given too much medicine or it not being effective.
- In addition, fire risk assessments were not in use for paraffin-based creams and ointments. This is required to help keep people safe. We were assured by the registered manager and deputy manager these requirements would be addressed and we saw work on this was started during our inspection.

Systems and processes to safeguard people from the risk of abuse

- The service acted on information of concern to promote people's safety and safeguard them from abuse.
- Staff completed training in safeguarding, knew how to report their concerns and were confident these were acted on by the registered manager.
- People and their relatives told us they were confident concerns would be acted on and records showed the registered manager had reported concerns to the Local Authority appropriately.

Preventing and controlling infection

- Staff completed training in food hygiene and safety and infection control. Equipment was available to prevent the spread of infections, such as gloves and aprons and was observed to be used by staff. The registered manager monitored staff adherence to infection control procedures through spot checks.

Learning lessons when things go wrong

- The registered manager reviewed all accidents and incidents daily to identify actions required to prevent a reoccurrence and to make improvements to the service. For example, the service had improved their practice of data management following a breach of confidentiality. Medication errors were acted on and action was taken to improve staff performance as required. The registered manager said, "Safeguarding is always a learning" and we saw actions had been taken because of safeguarding incidents.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure clear records were maintained in relation to people's ability to make decisions and provide consent. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the time of our inspection the registered manager told us the service was not supporting any people who lacked the capacity to make their own decisions. The people and their relatives we spoke with told us they (or their relative) were asked for their consent prior to staff delivering care. Consent forms were included in people's care records.
- When people had the legal authority to make decisions on behalf of other people, such as a Power of Attorney for health and welfare decisions, the provider requested evidence of this authority. This ensured decisions about people's care would be made in line with legal requirements.
- In the care plans we reviewed we saw people had signed their consent to their care plan.
- Staff completed MCA training and staff we spoke to understood how to apply the principles in their work.

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

- People's needs were assessed prior to them receiving care from the service. The assessment was comprehensive and included people's needs in relation to their physical, mental and social needs.
- People were asked about their needs in relation to most of the protected characteristics. The registered manager confirmed that all the protected characteristics would be added to the needs assessment form. This is important to ensure care and support is delivered in line with legislation and helps prevent

discriminatory practice.

- Policies and procedures to guide staff in delivering effective care were developed in line with legislation, standards and evidence-based guidance. For example, the management of medication policy was based on the National Institute for clinical excellence (NICE) guidance.

Staff support: induction, training, skills and experience

- Records confirmed staff continued to be supported through induction, supervision, appraisal and training. Staff told us they felt supported by the management team.
- Staff we spoke with told us they received enough training to carry out their role effectively. There was a programme of training in place and this was managed so staff completed required training and updates when they were due for renewal. People and their relatives told us staff were sufficiently skilled to meet people's needs.
- Staff knowledge and competency following training, was checked to make sure the training was effective.
- Some staff were completing professional development training in health and social care.

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

- People we spoke with who received support with eating and drinking told us they received the support they needed.
- Care records showed people's food choices and their individual needs were recorded to guide staff. However, a full risk assessment using a nationally recognised tool for the risk of malnutrition, was not always completed. This was addressed at the time of our inspection and added to the need's assessment document.

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

- The service acted on concerns to support people to access the healthcare and other support they required. People comments included "They [staff] got a doctor a little while ago. They get the doctor if I'm poorly" and "They've had to call 111 in the past, they called an ambulance. They're very good."
- The service communicated with other services providing support to people such as; occupational therapists, district nurses, an older people's mental health team and adult social services. We saw examples of where the service was following guidance provided by another agency to support the person effectively and appropriately.

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 requires improvement. At this inspection this key question has now improved to 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 their relatives told us staff were kind and caring. Their comments included "They are always friendly, polite and respectful and [relative] likes them, that's the important thing." "They are very, very kind and caring. Nothing is too much bother" and "They're lovely; I like them all."
- Staff spoke about their role in a caring way, a staff member said, "I speak to people about their day and if they have slept well, sometimes I stay longer to talk to people, I love doing care I feel like I am giving something to the person." Another staff member told us it was important to, "Listen, being there for people and being someone, they can talk to, listening is a big one."
- Staff respected people's diversity. For example; staff spoke respectfully about supporting people with same sex partners, people who did not speak English and people with different cultural needs. Staff were made aware of people's different needs and followed equality legislation when providing care and support.

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

- People told us that staff listened to them and involved them in decisions. A person said, "They do exactly what I want them to do." Another person confirmed their relative had been, "Asked what they wanted."
- People's care plans evidenced they had been asked about their preferences and decisions in relation to how their needs were met. For example; the gender of their care staff. A staff member said, "We always ask the clients opinion on everything, and if a person has dementia you give limited choices such as this or that."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect.
- Staff told us how they treated people with dignity and respect and this included; ensuring privacy for the person during personal care. A staff member said, "In general we take people into another room and help them in private - I always shut the door everyone likes a bit of privacy you've got to respect people how you would like it yourself." Another staff member said, "We are trained to treat clients with respect, including race and religion etc. we have person centred values."
- Senior staff carried out spot checks every three months to observe how staff interacted with people and to get people's feedback about their experience of staff.

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 requires improvement. At this inspection this key question has improved to good. This meant people's needs were met.

End of life care and support

At our last inspection the provider had not done everything reasonably practicable to ensure people's care and treatment was planned to meet their needs at the end of their life. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9. However, a further improvement was required.

- At the time of this inspection the registered manager told us no one was receiving end of life care. An end of life care plan had been developed but this did not include specific reference to people's preferences or needs in relation to any protected characteristics or cultural needs. The policy and/or care plan did not provide enough guidance to ensure staff completing the assessment would cover all the information that may be relevant to people at the end of their lives.

We recommend the provider seek advice from a reputable source about care planning for people's end of life care needs and updates their practice accordingly.

- The needs assessment prompted staff to check if people required an end of life care plan, people's spiritual needs and whether they had a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) decision in place.
- The service had identified a senior carer to lead on end of life care to meet with people and their families and develop the end of life care plan based on their needs, choices and preferences. The registered manager told us they would look at training opportunities for this staff member to support them in this lead role.
- Staff had completed training in palliative care.
- The service had received compliments from the families of people cared for at the end of their lives. Their comments included "I would just like to say thank you for everything your girls (care staff) did for my dad, they did a wonderful job."

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

- People told us their needs were met by the service. Their comments included; "Yes, it's very, very good" and "Yes, they get me washed and dressed."
- Care plans contained person-centred information for example; care plans included information about what people liked, their interests and their previous employment. Staff were aware of how to provide care in the way people preferred.
- When people had expressed a preference for the gender of their care worker this was met.

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.

- People's needs assessment and care plans included information about people's communication needs and whether there were any risks associated with these, and how they should be met by staff.
- During our inspection the service added to their needs assessment to include a description of any disability, impairment or sensory loss and whether and how information would need to be adapted to meet their needs. This was to clarify whether the service should provide any other support to assist the person to understand information.

Improving care quality in response to complaints or concerns

- Two of the people we spoke with told us they had raised concerns about the timing of their care calls. They both told us these had been dealt with satisfactorily and the changes they requested had been made.
- Other people told us they had not raised any complaints or concerns but told us they would feel confident to do so if necessary.
- Complaints were handled effectively. People's concerns were investigated and responded to and a record was kept to evidence this. Complaints were reviewed monthly as part of the registered manager's audit, to monitor the actions taken as a result of the complaint and the outcome. The registered manager and provider used the audit to identify trends and learning to improve the service. For example; ensuring people understood how the timing of calls was commissioned.

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 now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to have effective systems and processes in place to assess monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Following our last inspection, we made it a condition of the providers registration they submit updates on actions taken to improve the service. This was because there had been ongoing concerns about the effective management of this service and continued breaches of regulations from the previous two inspections. The monthly action plans and supporting evidence the provider had submitted, showed they had acted to improve the service. This included the regularity and management of staff training, supervision and spot checks, auditing and updating risk assessments and care plans, improved needs assessment and quality monitoring of the service.
- A monthly audit system was in place to review people's medication records, and daily care records. Information from the audits was used to identify any actions required such as following up on medication changes and needs.
- Incidents and accidents were reviewed daily by the registered manager and acted on. In addition, monthly monitoring of safeguarding and complaints was carried out to check actions were completed and outcomes were reviewed. This enabled the registered manager and provider to identify trends and act where needed.
- In addition, the provider produced an annual report based on incidents at the service to monitor trends and to make improvements. For example; action had been taken to improve communication with a sheltered housing provider, where the provider supported people living there and to improve safeguarding reporting.
- The registered manager had submitted notifications to CQC as required.

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

- People we spoke with gave positive feedback about the service and told us they received personalised, open and transparent care and support. We found the feedback about the management of people's call times and communication from the office when things changed, had improved since the last inspection. A person's relative said "When I have rung up they are always friendly. Sometimes I've cancelled a Sunday

when she's going out and they always say, 'Fine, no problem.' They always say ring back if there's any problem." A person said "They let me know if there's a problem, when they're under pressure. They look after me well. It's good."

- Staff spoke positively about the culture of the service and the leadership of the registered manager. A staff member said, "In the last year the atmosphere has completely changed within the company definitely 100% better - communication has been the most significant thing; Things are getting dealt with quicker, things are being passed on quicker - things happen." Another staff member said, "I would just say it's been really brilliant I feel (registered manager) has brought it [service] back up."
- The registered manager was proud of their achievement in improving the service and told us central to this had been the 'removal of barriers between office and care staff'. Staff told us communication had improved and records showed regular staff meetings and management meetings were held to share and disseminate information between managers and staff.
- Staff told us morale was good and they were recognised for their contribution through 'carer of the quarter'. The criteria changed quarterly for this award and the recipient was given flowers and a voucher. The registered manager told us "This month it was reporting clients needs to other services."

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

- The previous inspection ratings were displayed in the office and on the providers website.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.

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

- People were asked for their feedback on the service during regular spot checks of staff and through a client questionnaire. We reviewed the results of the survey carried out in December 2018. The results had been analysed and an action plan had been produced, based on the findings. Actions had been taken when the responses had been less than satisfactory. For example, people were contacted to discuss their feedback in more detail and their concerns were addressed.
- Staff completed a 'quality assessment' questionnaire and their feedback was analysed and acted on. Where concerns had been raised anonymously these were addressed in team meetings or with the relevant people. We saw the majority of staff had reported they felt valued, listened to and sufficiently trained in their role.

Working in partnership with others

- The service worked with other agencies to promote positive outcomes for people. This included; other registered providers, the local authority safeguarding team, district nurses, mental health team, commissioners and GP's.