

Safehands Services Limited

Safehands Services Ltd

Inspection report

Spring Mill House
Main Street, Wilsden
Bradford
BD15 0DX

Tel: 01274481330

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Safehands Services Ltd (Safehands) is a domiciliary care service that provides care and support for people in their own homes. 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. At the time of the inspection the service was supporting 22 people with personal care.

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

People received the care they needed to keep them safe and well. Feedback about the quality of the care and support was good. People were supported by consistent and caring staff. Medicines were managed safely. Some staff did not follow safe infection prevention and control practices, inclusive of not wearing correct personal protective equipment (PPE). However, this was identified by the service during spot checks prior to inspection and was being managed effectively.

Staff knew people well and supported them based on their needs, choices and preferences. They were knowledgeable about people and the topics we asked them about. Staff had received a high level of training which was reviewed regularly. Staff spoke very positively about the support they received and the quality of the service.

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. Care plans were detailed and up to date and contained person centred information.

The service promoted high quality, person centred care and had an open and honest culture. Audits and checks were in place to monitor the quality of the service. The registered manager was approachable and supportive and provided strong leadership to the team.

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

Rating at last inspection

This service was registered with us on 24 May 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Safehands Services Ltd

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 two inspectors 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 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.

The service had a manager registered with the Care Quality Commission. A registered manager 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. We also 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. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and eight relatives about their experience of the care

provided. We spoke with seven members of staff including the registered manager, the deputy manager and care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management, Preventing and controlling infection

- Risks to people's health and safety were assessed. Assessments were in place which demonstrated risks such as the environment, mobility and nutrition had been considered. These were person centred and specific to the tasks staff would be carrying out in the persons home.
- Staff on the whole used personal protective equipment (PPE) safely and participated in COVID-19 testing. However, we found evidence of some staff not using PPE as identified in the service's spot checks. We did find evidence that the service was managing and monitoring this effectively prior to inspection.
- Staff were provided with sufficient supplies of PPE to carry out their roles safely, and the office contained adequate supplies.

Using medicines safely

- People received their medicines safely
- The service had an electronic medicines administration recording system. This allowed medicines administration to be reviewed in real time. Records were completed fully, clearly and were audited regularly.
- Staff received regular training for supporting people with their medicines and competency checks were carried out frequently.

Staffing and recruitment

- Recruitment checks were in place to ensure only suitable staff were employed. The registered manager had a robust interview process to ensure they had the right skills set and values to work in a care setting.
- People told us they were happy with the calls times and that they felt well supported by the same staff. One relative told us, "They are a pretty consistent staff team, there is always two staff at each visit. We are happy with their timekeeping."

Systems and processes to safeguard people from the risk of abuse, learning lessons when things go wrong

- People and relatives said they felt safe. One person said, "Carers make sure I feel safe on the chair before washing me."
- Staff had received safeguarding training and understood how to raise concerns. Safeguarding referrals had been made where appropriate.
- There had been no lessons learnt identified as there had been no accidents or incidents to report. However, the registered manager audited the electronic system regularly and staff knew how to report incidents if they occurred.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed before being offered a service. The information gathered in the initial assessment was detailed and used to develop comprehensive person-centred care plans and risk assessments.
- Care plans described the care needed for each call, detailing the persons personal choices and preferences on preferred routines.
- Staff supported people with their meals when this was part of their care plan. Plans contained details of their likes and dislikes and medical conditions which may affect the choice of food available. Guidance and explanations were provided for staff, people and families to fully understand the condition and reason for limitation to some foods.

Staff support: induction, training, skills and experience,

- Staff spoke highly of the induction process, training and support they received. Spot checks were carried out regularly to monitor how staff were supporting people.
- The registered manager spoke passionately about the training and induction process. They said, " The induction process is intense, and we cover everything in the training. This is then discussed and reviewed with the staff member before they go out shadowing".
- Staff received a wide range of training and development opportunities from internal and external sources.

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

- Care records showed people's health needs were assessed and the service had contacted district nurses and other health professionals to ensure people's health needs were met.
- Care plans were detailed and showed information about people's health conditions.
- People and relatives said people's health needs were supported. One relative told us, "Recently, [relative] came out of hospital with a percutaneous endoscopic gastrostomy (PEG) tube fitted, training has now been arranged for the carers to understand 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 MCA 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 ,whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was acting within the legal framework of MCA
- Staff understood the principles of MCA and how they apply this in their day to day work. They described how they supported people to be as independent as possible.

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- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.'

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We received a range of positive feedback. People and relatives told us staff were caring and treated people kindly. One relative said " They are kind and caring people so helpful to [relative]. They are now content and more excited about them coming"
- Prospective staff were taken to meet people at the initial assessment stage, so people could be introduced before care and support started.
- Staff we spoke with demonstrated caring values and provided people with high quality personalised care. They had a good understanding of the people they provided care for and were able to demonstrate a good understanding of people's needs, wishes and preferences.

Supporting people to express their views and be involved in making decisions about their care; respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff listened to their views and were actively involved in making decisions about their care. People told us they received care and support that reflected their wishes. One relative said, "The carers do listen, sometimes if [relative] doesn't want to wash, the carer makes a cup of tea and then tries again".
- People and relatives were able to look at relevant care plans and notes. These were kept in the persons home.
- People were involved in giving regular feedback through surveys and reviews, and they told us they felt comfortable reporting any concerns if they had them.
- Staff had a genuine warm relationship with people and relatives. They were able to describe examples of how they respected people's privacy and treat them with respect. Staff explained how call times were not rushed and they felt they were able to give time and attention to people during their call.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The provider had a system to monitor complaints and compliments
- There had been no formal complaints raised however people and relatives told us they knew how to raise concerns. One person said, "I have no complaints, if I did, I would ring the office straight away". A relative also told us "I have no complaints. This company appears to be concerned about the level of care they provide".

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

- We saw evidence of Initial assessments completed comprehensively, with a focus on detailing people's choices and preferences.
- We saw examples of the service being responsive and flexible to meet people's needs. This included reviewing the length and timings of calls as well as completing new care tasks. One relative told us "[Relative] came out of hospital with bed sores, straight away the carers were repositioning them and applying the cream at each visit".
- Staff used a mobile phone application that held all the care plans and risk assessments for the people they supported. This meant information was accessible and updates were received immediately. We observed the use of the mobile application from staff's perspective, and staff spoke positively about the effectiveness of the mobile application.

End of life care and support

- At the time of inspection, the service was not supporting anyone who was at the end of their life. However, information was present in people's care plans regarding how to support people should they reach the end of life stage. Staff had received training on how to support people who were at the end of their life.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service assessed people's communication needs and care plans including guidance about how to communicate with people.
- At the time of the inspection the service was not supporting anyone with specific communication needs or methods.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service has a positive culture that focused on person centred care. Staff we spoke with praised the support they received from the registered manager and said they were confident in their leadership. Staff described an open culture where people and relationships mattered.
- Staff were positive about the registered manager. They described the registered manager as approachable, supportive, caring and passionate.
- The registered manager understood their responsibility around the duty of candour. They had complied with the requirements to notify CQC of various incidents, so we could monitor events happening in the service.
- There were a range of audits in place implemented by the registered manager. The audits carried out were effective at monitoring the service provided, managing risks to people, and improving the quality of the service provided.

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

- Staff communication was effective and where staff meetings could not be held in person, remote communication was used. Staff described the morale as very good. They felt appreciated and proud to work for Safehands. One staff member said, 'there's never been a time I've not felt supported, given the number of times I've had a call to get advice'.
- People and relatives felt involved in their care and they described the communication being very good by everyone at the service. One relative described the service as being "Managed very well, there is a human element in their approach".
- The registered manager conducted regular surveys with people and relatives.

Continuous learning and improving care; working in partnership with others

- The service worked closely with key stakeholders and agencies.
- The registered manager demonstrated a commitment and desire to continually improve the service delivered and a focus around results for people.