

Safe Hands Home Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Safe Hands Home Care Limited is a domiciliary care agency providing personal care to older people, those with a physical disability, people living with dementia and people with a learning disability who are living in their own homes. At the time of our inspection there were 17 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The registered manager was not aware of this guidance and therefore they were not fully able to demonstrate how the service was meeting the underpinning principles of 'Right support, right care, right culture.'

Right Support

An effective system to assess, monitor and manage risk was not in place. Risks relating to people's care and support, infection control and medicines had not been fully assessed.

Records did not fully demonstrate how people were supported to have maximum choice and control of their lives.

Right Care

The person and relatives we spoke with talked positively about the caring nature of staff. Comments included, "All my experience is that they're all very nice," and, "Some of them go above and beyond and spend a bit of extra time if she needs it."

Care plans did not fully reflect people's needs. The registered manager told us these were being updated.

People were supported to access the local community and take part in activities, where this was part of their plan of care.

Right Culture

An effective system was not fully in place to monitor and manage the quality and safety of the service and

ensure regulatory requirements were met. We identified shortfalls across many areas of the service including the assessment of risk, medicines management, the maintenance of records relating to people, staff and the management of the service. These had not been identified by the provider's monitoring systems.

Whilst we did not identify any impact on people, there was the potential for people to come to harm, as risks were not adequately assessed and records were not well maintained. The registered manager told us they were reviewing their whole governance system to ensure it effectively monitored the quality and safety of the service.

We visited 1 person at home and observed positive interactions between the person and staff. Staff also spoke enthusiastically about working at the service and the people they supported.

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

Rating at last inspection

The last rating for this service was good (published 28 June 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. A decision was made for us to inspect and review the key questions of safe, effective and well-led. When we inspected, we found there were shortfalls across many areas, so we widened the scope of the inspection to include the key question of responsive. For the caring key question not inspected, we used the rating awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the full report below for further details.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations

We identified 3 breaches of the regulations relating to safe care and treatment, staffing (in relation to training) and good governance.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

We will request an action plan from the provider to understand what they will do to improve the standards

of quality and safety.

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 responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Safe Hands Home Care 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an 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. We also sought advice from a CQC medicines inspector about our findings in relation to medicines management.

Service and service type

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

This service also provides care and support to a person living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 23 March 2023 and ended on 6 April 2023. We visited the location's office on 23 March and 6 April 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the provider, registered manager, team leader, senior care worker and care worker. We reviewed records relating to people's care and support, medicines management, staff recruitment, training and support and the management of the service, including policies and procedures. We visited 1 person at their home and spoke with 2 relatives 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection; Learning lessons when things go wrong

- Risks relating to people's care and support, infection control and medicines had not been fully assessed.
- An effective system was not in place to manage medicines. Guidance and records were not fully in place to support the safe administration of medicines. This meant there was a risk people may not receive their medicines consistently.
- A system to identify lessons learned and ensure action was taken to help prevent any reoccurrence was not fully in place.

The failure to ensure an effective system was in place to assess, monitor and manage risk was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst we did not identify any impact on people, there was the potential for people to come to harm, since risks were not adequately assessed. The registered manager told us they were updating people's risk assessments to ensure these reflected people's needs. In addition, they were reviewing medicines records to ensure these reflected best practice guidance..

Staffing and recruitment

- A system to ensure records demonstrated that effective recruitment procedures were followed was not fully in place.

The failure to ensure records evidenced that an effective recruitment system was in place was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us he was going to reintroduce the staff file checklist so they could ensure records relating to recruitment were well maintained.

- There were sufficient staff deployed to meet people's needs. Recruitment was ongoing. Recruitment had been affected by COVID-19 and the current cost of living crisis.

Systems and processes to safeguard people from the risk of abuse

- The provider was strengthening their safeguarding system because this had not been effective prior to the

inspection. They had recently updated their safeguarding policies and procedures to ensure any safeguarding concerns were managed appropriately.

- The local authority had placed the service into 'organisational safeguarding.' This meant the local authority was monitoring the service and supporting them to ensure the correct procedures were in place to keep people safe.

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

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

- Records relating to people's care and support and the management of the service did not evidence that people's care and support were assessed and delivered in line with best practice guidance. We identified shortfalls relating to the assessment of risk, medicines management and infection control.

The failure to ensure an effective system was in place to assess people's needs and ensure care and support was delivered in line with best practice was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- An effective system was not fully in place to demonstrate that staff were competent and trained.
- Records did not fully evidence what training staff had completed. In addition, training had not been completed in line with the provider's training policy.
- Records did not fully evidence that staff had received an annual appraisal in line with the provider's training policy.

The failure to ensure staff were competent and trained was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that training was ongoing and they were updating staff training records and the training matrix to ensure records reflected staff training.

- Staff told us they felt supported in their job role and spoke positively about working at the service and the people they supported.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records did not fully evidence how people were supported to eat and drink safely.
- There was conflicting information in one person's care plan about their dietary requirements and safety whilst eating. Records did not evidence that advice and guidance had been sought from a speech and language therapist.
- One person did not have an up-to-date hospital passport. Hospital passports provide important

information that health and social care professionals need to know about a person with a learning disability or an autistic person. This information includes details about people's likes and dislikes, communication needs, pre-existing health conditions and medication needs.

The failure to ensure records demonstrated how people were supported to eat and drink safely and access health care support was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- Records did not evidence how staff were following the principles of the MCA.
- Information about consent and how this was gained was not fully recorded.

The failure to ensure records demonstrated how staff were following the principles of the MCA was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that staff were undertaking additional training in MCA.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- Care plans did not fully reflect people's needs and records did not always show how people were involved in their care.

The failure to ensure care plans reflected people's needs and preferences was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that care plans were being updated, and this had commenced prior to our inspection.

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.

- An accessible information policy was in place. The registered manager told us that no one currently using the service required information in a different format.

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 were supported to access the local community and take part in activities, where this was part of their plan of care.
- We visited one person at home, who told us how staff supported them to attend art classes, go shopping, have meals out and visit local towns such as Blyth, Tynemouth and Whitley Bay.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. However, this was not up to date since it did not mention or provide details of the Local Government and Social Care Ombudsman who investigates complaints about social care services.

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 our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- An effective system was not in place to monitor and manage the quality and safety of the service and ensure regulatory requirements were met. We identified shortfalls across many areas of the service including the assessment of risk, medicines management, the maintenance of records relating to people, staff and the management of the service. These had not been identified by the provider's monitoring systems.

The failure to ensure an effective monitoring system was in place was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst we did not identify any impact on people, there was the potential for people to come to harm, since risks were not adequately assessed and records were not well maintained. The registered manager told us they were reviewing their whole governance system to ensure it effectively monitored the quality and safety of the service.

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

- The provider was reviewing their feedback systems to ensure feedback could be obtained and action taken to address any issues. We received several comments that more communication from the office would be appreciated.

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 registered manager told us there had been no incidents which had required them to act upon this duty. However, the provider's duty of candour policy was not detailed and didn't provide sufficient guidance to enable staff to identify and respond to a notifiable safety incident.

Working in partnership with others

- The service was working with one of the local authorities and other external agencies to implement change. Further action was required to ensure improvements were made in a timely manner.

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

- The person we spoke with and relatives spoke positively about the caring nature of staff. The person told us, "All the carers make me feel comfortable and fabulous." We visited one person at home and observed positive interactions between the person and staff. Staff also spoke enthusiastically about working at the service and the people they supported.
- The registered manager sent us case studies to show how people's independence and wellbeing had improved whilst using the service with the support of staff.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risks relating to people's care and support, infection control and medicines had not been fully assessed or managed. Regulation 12 (1)(2)(a)(b)(g)(h).
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing An effective system was not fully in place to ensure staff were suitably trained and skilled. Regulation 18 (2)(a).

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 An effective system was not in place to monitor the quality and safety of the service. Regulation 17 (1)(2)(a)(b)(c)(d)(i)(ii)(e)(f).

The enforcement action we took:

We issued a warning notice.