

Hands On Care Wombourne Limited

Hands on Care (Wombourne) Limited

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?

Requires Improvement ●

Summary of findings

Overall summary

Our inspection took place on 24 February 2106 and was announced. We last inspected the service on 24 June 2015. At the last inspection we identified the provider needed to take action to improve in a number of areas. This was to ensure medicines were managed safely, suitable staff were deployed correct so care calls were timely, people's care plans were accurate, people's complaints were managed effectively and systems for the monitoring the quality of the service were in place. We found that the provider had made improvements in these areas and had addressed the breaches of regulation we had previously identified.

Hands on Care (Wombourne) Ltd provides personal care to people with a range of needs in their own home. At the time of the inspection they were providing a personal care service to 22 people.

There was a registered manager in post at the time of our inspection, who was also a company director for Hands on Care. 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.

People felt safe with the staff, and were confident the care they received was provided in a way that ensured they were safe. People felt staff were managed in a way that ensured they came when needed, and had time to provide the care and support people wanted. Risks to the health, safety or wellbeing of people were identified and staff understood these. The service had improved how they recruited new staff so that they were of a suitable character to support people. People felt their medicines, when administered by staff, were managed safely.

People felt staff were well trained and had the knowledge and skill to meet their individual needs. People's rights were promoted and people said their consent was always sought. People felt they were well supported with their food and drink, when they received this support. People were helped to access healthcare professionals by staff when required.

People felt staff were kind, caring and respectful. People's dignity and privacy was respected and they felt involved in making decisions and choices about how their care was delivered and planned. People's independence was promoted by staff.

People's needs were assessed and any changes needed to their care in response to their health or circumstances were met by the service. Staff were aware of people's needs and preferences. People knew how to complain and were confident any complaints would be addressed appropriately.

The provider was developing their systems to monitor the safety, and quality of care people received although these needed to be fully embedded so that improvements made were maintained. People were able to share their views with the service and were confident changes would be actioned if needed. Staff felt

well supported by the registered manager.

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.

People were confident in the service and felt care was provided to them in a way that was safe. People felt staff were deployed in a way that ensured they were protected and had support when needed. Risks to the health, safety or wellbeing of people were identified and staff were knowledgeable about these.

Recruitment practices were improved meaning staff were of a suitable character to support people. People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People told us staff were well trained and had the knowledge to meet their needs and individual requirements. People's rights were protected because staff were aware of how to obtain consent when delivering care. People told us they were supported to have food and drink in the way they wished. People were supported to access healthcare professionals as required.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind, caring and showed them respect and cheered them up. People said their dignity and privacy was respected and they felt involved in making decisions and choices about how their care was delivered. People told us their independence was promoted.

Is the service responsive?

Good ●

The service is responsive

People were involved in planning their care. People said that any changes to their needs and preferences were responded to by the service. Staff were knowledgeable about people's needs and preferences. People were aware of how to complain and were confident there would be an appropriate response to any

complaints they raised.

Is the service well-led?

The service was becoming better led.

The provider had improved systems to capture and review people's experiences and to monitor the quality of the service. The provider's quality monitoring systems were still developing and needed to be fully embedded in practice to evidence the service would sustain good leadership. People were able to approach the service and share their views and were confident these would be listened to and changes made if needed. Staff felt well supported.

Requires Improvement 

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.

This inspection took place on 24 February 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in. The inspection team consisted of two inspectors.

We looked at the information we held about the service. We looked at any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events such as serious injuries. In addition we sought the views of local commissioners about the service prior to our inspection. We considered this information when we planned our inspection.

During our inspection we spoke with five people and four relatives of people who received a service from Hands on Care (Wombourne) Ltd. We visited one person at their request and spoke with others by telephone. We spoke with the registered manager, four care staff and a consultant that was contracted to support the provider.

We reviewed a range of records about how people received their care and how the domiciliary care service was managed. We looked at four care records of people who used the service, three care staff records and records relating to the management of the service. The latter included records of spot checks carried out by managers on the quality of the service, call records, provider quality checks, complaint records and questionnaires/surveys from people.

Is the service safe?

Our findings

At the previous inspection on 24 June 2015 we found the provider had not met the regulations as there were a number of areas where the service needed to improve. We had found that people's medicines were not managed safely, staff were not deployed in a way that ensured people received their care calls on time, and recruitment checks were not robust enough to ensure staff employed were safe to support people. We found the provider had addressed these breaches of regulation at this inspection.

People were happy with the support they received with their medicines. One person explained to us how staff assisted them with their medicines and they told us they were given the correct ones, with support given in a way that reflected their needs. Another person said, "Staff are red hot on jobs like that". A third person also told us they thought the staff managed their medicines in a safe way. Another person told us that staff did not administer their medicines, but did give them the support they wanted so they were able to take them safely. We looked at some people's medicine administration records (MARs) and found that recording had improved since the last inspection. We did find some limited gaps on one person's MARs but these had been identified by an audit and the follow up to this was documented. Records and discussions with staff evidenced they had been trained in the administration of medicines and their competence was checked.

We found there were sufficient numbers of staff available to keep people safe. The registered manager told us that they had some recent difficulties in recruiting staff. In order to ensure that the service could continue to meet people's needs they had restricted the number of people they had offered a service to. People told us with little exception staff arrived at the times that they were expected. One person said, "There are no problems with the times [staff] come". Another person said, "Happy with the times [staff] come" and that staff came the same time every day. A third person said, "One time the staff came anytime, its better now. It's only occasionally they are a little bit late". A relative told us, "Staff are here on time". The registered manager showed us how calls were planned and how they used a recognised tool to calculate a realistic travel time between calls. This was to ensure staff were not late for care calls, and had sufficient time to spend with people. Staff we spoke with said that they had enough time planned in to travel between care calls so they were able to arrive on time.

The registered manager said there had been no missed care calls recently, although had considered factors that may have impacted on this. For example they had written to people when snow was expected to alert people to the potential impact this may have on staff traveling time. One relative told us about this letter which they told us said staff would prioritise visits to people who were at more risk. The relative told us they thought this was the correct decision. Most people told us if staff were expecting to be late for a visit due to unforeseen circumstances office staff would contact them so as to keep them informed. One person told us, "If they are going to be late I get a phone call, but this [late calls] is not very often". Another person said, "A couple of times staff a bit late. The staff phone up and tell me if running late". Only one person said they did not get phone calls from staff but they said it was unusual for them to have a late call. The person said they were to speak with the registered manager about this and they were confident it would be resolved. A relative told us, "On one occasion they [office staff] phoned up and said there was an emergency, can you

cope? I said we could and they agreed to come when they could. Apart from this there have been no issues". They added the call was on time however. Everyone that we spoke with that received a service said that they had never had missed calls. This showed that people were kept informed of any changes that may impact on the service they received.

We looked at the systems in place for recruitment of staff and found these had improved so the right staff were recruited to keep people safe. During our last inspection we had some concerns about staff suitability to work with vulnerable people. We found that these staff no longer worked for the provider at this inspection. We saw that checks, for example Disclosure and Barring checks (DBS), were now carried out before staff began work at the service. DBS checks include criminal record and barring list checks for persons whose role is to provide any form of care or supervision. We spoke with staff that had commenced working at the service since our last inspection and they confirmed that the provider had carried out all the appropriate checks needed before they started work.

People told us they felt safe with the service and the care staff who supported them. One person said, "I am safe. I'm confident if I ring [registered manager] and say I'm in trouble they would come". Another person said, "If I am a little bit down [the staff] will stop with me to see if ok" and the person said staff stopping a little longer on these occasions reassured them. The registered manager was aware of the steps they should take to report potential abuse. This awareness was demonstrated by actions they had taken since our last inspection, where the appropriate agencies had been notified and we had received notifications. Staff told us they had received safeguarding training and were able to recognise signs of potential abuse and knew the relevant reporting procedures. People we spoke with were aware of who to speak to if they had concerns about their safety. This showed people were confident staff would promote their safety, but they knew how to raise concerns if necessary.

Assessments were undertaken to assess any risks to people who received a service and to the staff who supported them. These had improved since the last inspection. This included environmental risks and any risks due to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring. Some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their bed. People expressed confidence in the staff, for example they told us staff were well trained in using the equipment people needed such as hoists and stair lifts. A relative said, "Staff seem to know what they are doing". Staff we spoke with were knowledgeable about the information within people's risk assessments.

Is the service effective?

Our findings

The registered manager and staff were able to tell us how they ensured that they acted in accordance with the Mental Capacity Act 2005 (MCA). The 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 and their relatives said staff asked people if they were in agreement and consented before providing their care. They said they had discussion with the registered manager or senior staff about their consent to their planned care. Staff confirmed they understood their responsibilities to ensure they gained people's consent and told us how they ensured people consented prior to any care and support they offered. Staff told us they received training in the MCA which helped them understand the importance of gaining people's consent. This showed that staff were aware of their responsibilities under the MCA.

People expressed confidence in all the staff that visited them, and said they were all well trained. One person said, "They [staff] are very well trained", another, "All very good, efficient, professional and do job well". A third person said, "One male carer I have is excellent". A relative told us the staff were, "Excellent from day one". Some people told us that particular staff did more than they expected to ensure they were well looked after. One person told us, "Staff will do other things such as pop to the shop, post my letters and get me a newspaper if they have time. They go that extra mile". Another person said there were, "Some really good carers. They know my routine and do my extra jobs if asked". People told us they were happy with the staff that visited them. Only one relative commented that the consistency of the carers could be better at times. However, they said they were going to discuss this with the registered manager and were confident the matter would then improve.

Staff told us they were well supported by the registered manager. They told us that they had regular supervision, appraisals and were checked doing their job. They felt they were able to approach their line manager or the registered manager with any queries they may have. Staff said they received support to understand their roles and responsibilities through one to one monthly sessions. We spoke with some new staff and they told us they had commenced an induction at the start of their employment that included working towards a care certificate. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. They also told us that they had felt well supported during their induction period and they had the time to get to know people they visited while shadowing more experienced staff. The staff felt confident that their induction had equipped them with the knowledge required to support people in their own homes.

Training was provided during induction and then on an on-going basis. Staff told us they had a training plan, and the training they received was relevant to the work they completed. We saw a training programme was in place that included courses that were relevant to the needs of people who received a service from Hands on Care. The provider had employed a consultant and external trainers to provide a range of training to staff that we saw ensured they had up to date knowledge and skills related to their roles. The registered manager

was able to demonstrate how they monitored on –going staff training, so those that had not attended training had additional sessions planned. This showed that staff were supported to gain the knowledge and skills required to carry out their jobs effectively.

People were happy with the support they had to eat and drink. People told us the support they needed with meals and drinks varied dependent on their individual circumstances, but staff had a good awareness of their needs. One person told us when their food and drinks were prepared they were placed where they were able to reach them, as detailed in their care plan. Another person told us, "There is a list of foods, almost like a menu and they give it me in the right order. Foods are very well cooked and warmed, staff do them well". The person confirmed that the support they received reflected their care plan. A third person told us how staff prepared a flask for drinks in accordance with their preferences. A relative told us staff cooked the meals well. They said staff noted when there was a problem with the person's diet and they called the person's GP. This showed people were supported with having the food and drink they choose and it was well prepared.

People said staff were observant of any changes in their health and supported access to health care services when this was required. One relative told us the person had been supported by the service when there were concerns in respect of the health of their skin. They told us, "[The registered manager] sorted out an air mattress, and contacted the appropriate people". One relative told us the staff were, "Very good, spot anything straight away, for example if they are any sores they are straight on to the district nurse. I'm confident in them". Staff we spoke with recognised what they should look out for in respect of monitoring people's health, and any action they should take. This showed that the service were observant of people's changing needs and supported them with access to health care services when needed.

Is the service caring?

Our findings

People said staff were consistently kind and caring. One person said staff were, "Very kind and caring" and, "I am surprised the care from a little company is so humane". Another person said, "The staff make me laugh and I love them to bits". A third person said, "They do a difficult job well, the staff are good. I have a laugh and a joke with them. Staff are polite, caring and they cheer you up". A relative told us, "If I was a patient I could not wish for anything better, they do care and look after [the person]. This makes me relaxed". Another relative said, "Staff are good to me as well". This showed that staff provided support to people in a caring way.

People told us the staff listened to them to understand their needs and preferences, and they had good relationships with the staff who visited them. One person said they had a small number of staff but, "I know them all, they are all the same, they are so nice". Another person said, "I am satisfied carers have different ways but they all treat me the same way". A relative told us, "[staff name] is fantastic, prefer male and they try to provide a male when they can", which the relative confirmed did happen. Another relative said the staff were, "A very good team, you get to know staff. The staff get to know [person's name] and moods. There is a regular team; you see the same faces, know all the staff". This showed people were supported by staff that knew them well.

Staff understood the importance of communication and talking to people about the care they provided. People told us that staff spoke with and listened to them before and during providing care, this meaning they had choices about how their care was provided. One relative told us, "When [the person] gets agitated they know how to cope with [the person], they try everything to get [the person] calmed down". Staff showed awareness of how to communicate with people, so they were able to find out what their choices and preferences were before providing care. This showed that staff understood the importance of communication with people.

People told us the staff treated them with dignity and respect. One person told us, "They [staff] use the key code, but there is always a little knock on the door". Other people told us that the staff would always knock the door and let them know who was there before entering. Another person said the staff showed respect as, "If staff use toilet they ask first" for permission. People consistently said that staff were all polite, friendly and showed them respect. People also told us that staff took their time when providing care and no one said they felt they were rushed. Staff we spoke with were able to tell us of ways in which they promoted people's privacy and dignity. For example, one staff member told us they would always shut a person's curtains and shut the door before providing personal care. This meant people's privacy and dignity was respected.

People told us staff helped them be more independent. People we spoke with also told us the staff encouraged people to be independent where able. One person told us how staff helped them as they had poor eyesight. They said staff put items where they knew they would be, so they could access them. Another person told us how they were helped to take medicines independently with the right level of support from staff to help them do this task. We spoke with staff who understood they should not foster people's dependency, but promote their ability to complete tasks independently where possible, meaning people's

independence was promoted.

Is the service responsive?

Our findings

At the previous inspection on 24 June 2015 we found the provider had not met the regulations as people's care plans were not up to date and did not provide the correct guidance for staff to ensure people received the care they needed. In addition people did not know how to complain and when they did, these complaints were not responded to appropriately. We found the provider had addressed these breaches of regulation at this inspection.

People told us they knew who to complain to and were confident that any complaints would be addressed by the service. One person told us that, "If I phoned up the staff would put me right, they are attentive with complaints, on the ball". Another person said, "I Have been told if any time in any doubt to contact [the registered manager]" who they said had responded when contacted. One relative told us, "Aware of how to raise concerns", a second that when there are, "Complaints, I can straight away tell the manager who will sort out straight away. They [the registered manager] is always available on an emergency mobile". Two people mentioned some issues they thought may need the attention of the registered manager, but both said they had not raised these with them at the time, and were confident that if they did these matters would be addressed. We saw that two complaints had been received by the service since the last inspection and we saw these had been dealt with appropriately by the registered manager. We saw these complaints were recorded, with detail of the outcomes and the action taken to resolve them. There was also a response made to the complainant.

People we spoke with confirmed that assessments of their needs and personal requirements were carried out prior to the commencement of the service. One person said the registered manager, "Came and assessed my needs" before their service commenced. Another person said they did discuss their care plan when the service commenced and they had a printed copy of their care plan. A relative told us that they had a folder with all the person's information in and they had been involved with the care plan which was, "Fully agreed". We looked at people's assessments and care plans and these reflected what people or their relative told us. We also saw that people's records reflected their individual preferences as to how they wanted their care provided, for example how they wanted to be addressed by staff. We spoke with staff and they told us they were given time to read the care plans and were able to demonstrate a good awareness of people's needs and preferences. What staff told us reflected what we saw written in people's records about what was important for them. This showed the provider had developed more robust systems to assess and identify people's needs at the point the service commenced and people were involved in the assessment and care planning for their needs.

People told us that their care was reviewed and changes were made in their care plan to reflect these changes. People said the service was responsive to their needs, and they received care and support that mirrored their expectations. One person told us, "The carers are very good. The day I came out of hospital they were there waiting for me". One relative said the person's, "Care has changed when needed" and another said staff, "Physically keep an eye on pressure points and bruises. They are very hot on this". The person went on to say staff took appropriate action when and if needed. Everyone told us they had regular contact with the registered manager who would call them, or visit and discuss the service they received with

them. People said they could contact the registered manager, one person telling us they were confident that if they phoned the service staff would respond. This showed that the service had improved and was now responsive to people's changing needs.

Is the service well-led?

Our findings

At the previous inspection on 24 June 2015 we found the provider had not met the regulations as there were not adequate systems in place to monitor and audit the quality of the care provided to ensure people were safe. We found the provider had made improvements and had addressed this breach of regulation at this inspection.

The provider had, with support from a consultant they had sourced, developed some systems to audit the service which included, for example care plan and medicines audits. We saw these were being used to identify shortcomings, with actions in place ensuring improvements were made. We saw that the provider had addressed all the breaches of regulations we identified at our last inspection which was indicative that improvements had been made. For example we saw there had been significant improvement in the quality of people's care records, with staff having a much better understanding of the risks to people when using these. This had led staff providing people with care that was safe. We spoke with the consultant that was supporting the provider and they told us that their remit had been to develop the provider's understanding so that they understood how to effectively manage the service and implement improvements themselves. They told us the provider understood why improvement had been needed after our previous inspection and wanted to make the improvements. We were told that there were additional frameworks to help the provider to improve the monitoring of the service, for example incident and complaints monitoring which were going to be introduced. This showed that the provider systems for monitoring the quality of the service had improved, but further planned developments needed to be embedded into practice so improvements were sustained.

The registered manager demonstrated good knowledge of the people using the service and their responsibilities as a registered manager. People told us they thought the service was well run and they were satisfied with the service they received. One person said that the registered manager was, "Someone who understands but keeps to the rules" and this made a difference to the care. Another person said they, "I could not be any more pleased" with the service and, "Would not have anyone else". A third person said, "Can't say a bad word about them". A relative told us, "Would give them a gold star". All the people we spoke with knew who the registered manager was and all said they knew how to contact them. They also said that the registered manager or senior staff maintained regular contact with them to ask about the views of the service they received, and were confident that suggestions for improvement would be responded to. One person said, "[The registered manager] has come a few times to see if I'm alright, they have given me a new life the last few months". Another person said the registered manager, "Does come out, I can tell her what I think". We saw completed questionnaires the service had used to gain people's views, and people told us they had received and returned these to the service. This showed that people were able to share their views and had confidence in the service.

Staff told us they understood their role, what was expected of them, and were happy in their work. Staff expressed confidence in the way the service was managed and told us the management were available when they wanted to talk to them. Staff said the management listened to them and they felt well supported as a result. In addition we saw, and staff told us there were spot checks on the staff by seniors or the

registered manager to monitor staff performance. Some staff acknowledged that there had been a lot of change since the last inspection but they felt this has been positive and the service had improved. Staff told us they felt able to raise concerns by speaking to the registered manager or external agencies and 'whistle blow' if needed. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, dishonest, or not correct within an organization that is either private or public.

We found the provider had met their legal obligations relating to submitting notifications to CQC and the local safeguarding authority. The provider was aware they were required to notify us and the local authority of certain significant events by law, and had done so. We also saw that the provider had ensured information about the service's inspection rating was displayed prominently as required by the law. One relative also told us that the registered manager had, "Told everyone" what the outcome of our last inspection had been.