

Protecthand Care Limited

Protecthand Care Limited

Inspection report

8B (7A) Elms House, Elms Industrial Estate
Church Road, Harold Wood
Romford
RM3 0JU

Date of inspection visit:
10 November 2021

Date of publication:
30 December 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Protecthand Care Limited is a domiciliary care agency based in the London Borough of Havering. The service provides personal care to adults 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 four people with personal care.

People's experience of using this service

Not all risks were identified and assessed to ensure people received safe care. Pre-admission assessments and care plans were not robust to ensure people's preferences with support and care were captured. Care plans did not include how staff should communicate with people effectively. Robust quality assurance systems were not in place to identify shortfalls to ensure there was a culture of continuous improvement.

Medicines were being managed safely. Pre-employment checks had been carried out to ensure staff were suitable to support people. People told us they felt safe when receiving support from staff and staff were aware of how to safeguard people from abuse. There were appropriate numbers of staff to support people when required.

Staff had completed essential training to perform their roles effectively and felt supported in their roles. 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. People had choices during mealtimes and were supported to access healthcare services.

People received care from staff who were caring and had a good relationship with them. Staff respected people's privacy and dignity. People were encouraged to be independent and to carry out tasks without support.

People received person-centred care. Systems were in place to manage complaints and people. Feedback was sought from people and staff and this was used to make improvements to the service.

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 18 April 2019 and this was the first inspection.

Why we inspected

This was a planned inspection based on when the service registered with us.

Enforcement

We have identified breaches in relation to the need for more robust risk assessments and good governance. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Protecthand 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a registered manager who was a director of the provider organisation. 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.

Notice of inspection

We announced the inspection and gave the provider 48 hours' notice. This was because we wanted to make sure the registered manager would be available to support us with the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we already held about the service. This included details of its registration.

During the inspection

We spoke with the registered manager. We reviewed documents and records that related to people's care

and the management of the service. We reviewed four care plans, which included risk assessments and four staff files, which included pre-employment checks. We looked at other documents such as training, medicine and quality monitoring records.

After the inspection

We continued to seek clarification from the provider to validate evidence we found, such as reviewing policies. We spoke with one person who used the service and one relative. We also spoke with three staff and contacted professionals that the service worked with for feedback about the service.

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 for this newly registered service. This key question has been rated requires improvement. This meant that 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

- Risks were not always managed safely because risk assessments had not been completed in full for some people to ensure they received safe care at all times.
- There were risk assessments in place for moving and handling, falls and the environment. However, risk assessments had not been completed in relation to people's health conditions. For example, some people had diabetes and lung cancer. There was no information on the signs and symptoms of diabetes, or the risks associated with lung cancer and what action staff should take if people's health became affected by these conditions.
- Failure to complete risk assessments in these areas meant that there was a risk people may not receive safe care at all times.
- We fed this back to the registered manager who told us that they would ensure risk assessments were put in place immediately.

The above concerns meant that risk assessments were not completed in full to demonstrate the appropriate management of risks and to ensure support and care was always delivered in a safe way. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Using medicines safely

- Medicines were being managed safely.
- Medicine Administration Records (MAR) showed that medicines were administered as prescribed. A person told us, "They help me with medicines, they give it on time."
- Medicines to be given when needed were administered and protocols were in place to ensure this was administered safely.
- Staff had been trained in medicines management and told us they were confident with supporting people with medicines. A medicines policy was in place. Spot checks had been completed by the registered manager to ensure staff were competent to manage medicines safely.

Learning lessons when things go wrong

- There were systems in place to learn from lessons following incidents.
- There had been no accidents or incidents since the service started supporting people with personal care. The registered manager was able to tell us the procedure for recording incidents and how they would analyse the incident to learn lessons to minimise the risk of reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. A person told us, "Yes, I feel safe with them." A relative commented, "[Person] is really happy with the carers. [Person] feels safe."
- There were processes to minimise the risk of abuse. Staff had been trained in safeguarding and understood how to safeguard people from harm. A safeguarding and whistleblowing policy was in place. Whistleblowing is a person who informs a person or relevant authorities regarding abuse or unlawful activity.

Staffing and recruitment

- Systems were in place to monitor time keeping, to ensure staff attended calls on time. Recruitment systems were in place to ensure staff can work with vulnerably people safely.
- Rotas were sent in advance to staff to ensure they had adequate time to plan travel. A staff member told us, "We use the company car to get to calls, so we are not late." Staff completed time sheets, which were also checked by the registered manager to ensure they attended calls on time and stayed the duration of the calls. People's feedback was also sought on time keeping as part of quality monitoring checks.
- People and relatives told us staff were punctual. A relative commented, "There has been no missed visits and they are not late."
- Records showed that relevant pre-employment checks, such as criminal record checks, references and proof of staff's identity had been carried out. This ensured staff were suitable to provide safe care to people.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection.
- People and relatives told us that staff wore personal protective equipment (PPE) such as gloves and aprons when supporting them.
- Risk assessments had been completed to minimise the risks associated with COVID-19 for both staff and people.

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 for this newly registered service. This key question has been rated 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

- Systems were in place to assess people's needs and choices.
- Pre-assessments had been carried out in detail to ensure the service was able to provide person-centred support to people. The service provided short-term end of life support to people and the provider was also given an interim care plan by the placing authority. The registered manager then completed a pre-assessment to identify people's current circumstances and support needs. However, we found the assessments were not comprehensive and did not include people's preferences with support and risks in detail to ensure it was personalised to them.
- We fed this back to the registered manager and they showed us a template that had been devised to ensure pre-assessments captured people needs in full.

Staff support: induction, training, skills and experience

- Staff had been trained and supported to perform their roles effectively.
- Staff had completed essential training and refresher courses to perform their roles effectively such as on safeguarding, infection control, manual handling and basic life support. A staff member told us, "I got training online and onsite. It was really helpful." A person said, "Yes, they do know what they are doing." A relative commented, "Carers are trained and skilled to look after my [person]."
- Regular supervisions had been carried out with staff. However, appraisals had not been completed for staff working for more than 12 months. The registered manager told us that this was due to the COVID-19 pandemic and therefore it was difficult to carry out appraisals. Appraisals are important to ensure staff are supported to develop and objectives can be set to ensure staff perform their roles effectively. The registered manager told us that appraisals had been booked and will be completed.
- Staff told us they felt supported. A staff member said, "[Registered manager] is a very good manager. She supports me well."

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

- People were supported to eat and drink to maintain a balanced diet.
- Care plans included the level of support people required with meals or drinks and their likes and dislikes. People's weights were monitored to ensure they were in good health and there were food and fluid charts completed when required to monitor people's nutritional and fluid intake.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services.

- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.
- Records showed the service worked with professionals such as nurses to ensure people were in the best of health.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Systems were in place to obtain consent from people to provide care and support.
- Staff had received training on the MCA and were aware of the principles of the act and consent had been sought from people to provide care and support.
- Staff told us that they always requested people's consent before doing any tasks. A staff member told us, "Of course, we have to get consent and permission before we do anything." A person commented, "They ask for consent before doing anything."

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 for 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; equality and diversity

- People and relatives told us staff were caring and they had a good relationship with people. A person said, "Yes, very kind and friendly." A relative told us, "Really caring and really friendly. [Person] is quite independent but when we introduced carers, [person] was worried about carers, but has now built up a rapport with carers. [Person] really likes them."
- People were protected from discrimination within the service. The registered manager and staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. Care plans include people's backgrounds and beliefs and information on how to meet these needs had been included.

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

- People were involved in decisions about their care. Care plans were signed by people to ensure they agreed with the support they would receive.
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with dressing and personal care. A staff member told us, "Every time, we involve them with decisions."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected when they were supported by staff.
- Staff told us that when providing support with personal care, it was done in private. A staff member told us, "We knock on the doors before entering, we pull the curtain when supporting them with personal care making sure their dignity is respected." A person told us, "Yes, they respect my privacy and dignity."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Care plans included information on areas people were independent and where they needed support. A staff member told us, "As much as we can, we promote independence." A relative commented, "They are engaging and communicate well with [person]. They promote independence."

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 for this newly registered service. This key question has been rated 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; End of Life care and support

- Care plans were not consistently person-centred. The service provided short-term support for people needing end of life care. Some care plans included information on how to support people in a person-centred way and included their background history and upbringing.
- However, for one person a care plan had not been created to include the person's preferences with support and staff were reliant on the pre-assessment that had been completed by the registered manager, which was limited in detail. The registered manager told us she did not have time to complete a care plan at the time and sent us the completed care plan after our inspection.

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 ability to communicate was not recorded in their communication care plan, to help ensure their communication needs were met. We fed this back to the registered manager who informed that this would be included and they sent us evidence of this after the inspection.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. We were told by the registered manager that no complaints had been received since the service registered with the CQC.
- The registered manager told us people were made aware of the complaints process and were aware of how to make complaints. Staff were able to tell us how to manage complaints.
- Records showed there had been a number of compliments. Compliments included, "Your care for (person) was without fault and everyone always did their very best to keep (person) comfortable" and "You provide a wonderful service and we cannot thank you enough."

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 for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Robust quality assurance systems were not in place to ensure shortfalls were identified and prompt action taken to ensure people received safe and effective care at all times.
- Audits were carried out on aspects of the services, which included medicines and spot checks. However, they had not identified the shortfalls we found with risk assessments, pre-assessments and care plans. Robust systems were not in place to ensure these shortfalls were identified so that prompt action could be taken to ensure people received person-centred care.
- In addition, information had not been kept about people's communication abilities, which was important to ensure their communication needs were being consistently met.

This meant the service had failed to ensure that adequate quality assurance systems were in place to identify shortfalls and ensure people received safe care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- The registered manager acknowledged the shortfalls found at the inspection and was committed to making improvements to the service. We received evidence after the inspection that improvements were being made. Further, the registered manager told us training and induction would ensure newly employed staff were clear about their roles and regulatory requirements to deliver quality in their performance.
- Current staff told us they were clear about their roles and were positive about the management of the service. One staff member told us, "I like it because I am part of the team and I enjoy working with people. [Registered manager] is a good manager and supports me."
- People, relatives and professionals were positive about the service. A person told us, "They are a good care agency." A relative commented, "No concerns with the care agency at all. I would say it is a good agency. [Person] is happy with them."
- A professional told us, "When I have spoken to the manager she has a good knowledge of the clients, as I believe she periodically visits and provides their care, so has first-hand experience."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team.

- People's beliefs and backgrounds were recorded and staff were aware of how to support people considering their equality characteristics.
- The management team told us they obtained feedback from staff and people about the service through surveys. Records confirmed this and the results of the surveys were positive.

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 was aware that it was their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

Working in partnership with others:

- The service worked in partnership with professionals to ensure people were in good health.
- The registered manager gave us an example of good partnership working where they supported one person whose mobility improved considerably through support and working with professionals.
- There were positive comments from professionals. One professional told us, "Carers are caring, reliable and overall very good. The manager is very professional and communicates appropriately with me with regard to the packages of care and any issues as they arise. Overall, we have had no issues with Protecthand."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users.</p> <p>Regulation 12(1).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider was not robustly assessing, monitoring, improving the quality and safety of the service users and mitigating the risks to ensure people were safe at all times.</p> <p>Regulation 17(1).</p>