

Safehands Care Limited

Safehands Care Limited Swinton

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

This was an unannounced inspection carried out on 18 June 2015.

Safehands Homecare is a domiciliary care service located in the Swinton area of Salford, Greater Manchester. The service provides care to people living in their own homes, predominantly in and around the Bolton area. At the time of the inspection the service provided care and support

to approximately 150 people. We last visited the service in June 2014 and found the service was meeting the requirements of the regulations, in all the areas we looked at.

During the inspection we found a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to Staffing.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Summary of findings

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.

The people we spoke with and their relatives told us that they felt safe with staff coming into their home and with the quality of the care provided. One person said to us; "Oh yes. My carer even takes the temperature of the water before she washes me down. We have had no accidents and I feel safe with her being in the house around my possessions".

We looked at the systems in place to manage risk and keep people safe in their home. We found risk assessments were recorded in people's care plans which helped to keep people safe.

We found medication was handled safely and that people received their medicines at the times they needed it. As part of the inspection we visited two people in their own homes to see how medication was stored and also how records were maintained by staff.

During the inspection we spoke with staff about their understanding of safeguarding vulnerable adults. Each member of staff was able to describe the process they would follow if they suspected abuse was taking place. One member of staff said; "I had concerns about one person and reported it straight to the office. I am not afraid to stand up and report things".

We looked at staff personnel files to ensure that staff had been recruited safely, with appropriate checks undertaken. Each file we looked at contained application forms, CRB/DBS (Criminal Records Bureau/Disclosure Barring Service) checks and evidence that at least two references had been sought from previous employers. These had been obtained before staff started working for the service.

The service used a matrix to monitor the training requirements of staff. This showed us that staff received initial training in core subjects such as safeguarding, moving and handling, infection control and health and safety. Despite this, several training courses had now

expired and had passed their date for renewal. This included Moving and Handling, Safeguarding, MCA/DoLS, Health and Safety and Infection Control. We raised these concerns with the manager and area manager who acknowledged this as being an area for improvement. This was a breach of regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to Staffing.

We saw that staff received regular supervision as part of their on-going development. This provided an opportunity to discuss their workload, any concerns and any training opportunities they may have. We saw appropriate records were maintained to show these had taken place.

The people we spoke with and their relatives told us they were happy with the care provided by the service. One person said to us; "I have a carer who is first class. I get a wonderful service from this agency. My carer treats me with great dignity and care".

People told us they were treated with dignity, respect and were allowed privacy at times they needed it. People also said they were offered choice about how they liked things doing.

We found that the care plans we looked at did not contain sufficient person centered information about people who used the service. Following the inspection, the manager contacted us to say this issue had been addressed with staff and would look at re-writing the care plans with specific information about people's choices and personal preferences.

There was a complaint procedure in place. We saw complaints were responded to appropriately with an individual response given to the complainant.

The staff we spoke with were positive about the leadership of the service. One member of staff said; "The current manager is very understanding which makes things easier for us".

We found there were systems in place to monitor the quality of service provided to people who used the service.

Summary of findings

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 safe. People had risk assessments in their file, with guidelines for staff to follow to keep them safe.

We found staff were recruited safely, with relevant checks carried out before they worked with vulnerable adults such as written references and CRB/DBS checks.

The staff we spoke with displayed a good knowledge of safeguarding adults and could describe the process they would follow if they had concerns.

Good



Is the service effective?

Not all aspects of the service were effective. Not all staff training was up to date, with many topics having expired and being due for renewal. This was identified through the training matrix held by the service.

Staff supervision was consistent, with records held to show that a regular pattern of supervisions had been maintained previously.

There was a staff induction programme in place. This provided staff with an overview of working in care and for the company itself.

Requires improvement



Is the service caring?

The service was caring. The people we spoke with and their relatives told us they were happy with the care and support provided by staff

People told us they were treated with dignity and respect and were allowed privacy at the times they needed it.

People said they were offered choice by staff with regards to things they liked and enjoyed doing.

Good



Is the service responsive?

Not all aspects of the service were responsive. Care plans we looked at did not always contain enough person centred information for staff to refer to when providing care.

People had their needs assessed and had care plans in place which staff could follow when providing care.

The service regularly sought feedback from people through the use of a survey, with the results analysed.

Requires improvement



Is the service well-led?

There was a registered manager in post who was registered with the Care Quality Commission.

There were systems in place to monitor the quality of service provided.

Good



Summary of findings

We asked to see minutes from team meetings held within the service but we were told that none had been held since the manager started working for the service.

Safehands Care Limited Swinton

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection carried out on 18 June 2015. The inspection team consisted of an adult social care 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. The expert by experience contacted people who used the service via telephone following the inspection.

At the time of the inspection the service provided care and support to approximately 150 people. During the day we spoke with the manager, area manager, nine people who used the service, three relatives and four members of staff. We spent time at the Swinton Branch of Safehands, looking at various documentation such as care plans, staff personnel files, policies/procedures and quality assurance systems. We also visited two people in their own homes to see how medication was handled. Our expert by experience spoke with people who used the service and relatives over the telephone as part of the inspection, to seek feedback about the quality of service being provided.

In advance of our inspection, we liaised with commissioners at Bolton Council to see if they had any concerns about the service, or would like to share any areas of good practice with us.

Is the service safe?

Our findings

People we spoke with told us they felt safe as a result of the care they received. One person said to us; “Oh yes. My carer even takes the temperature of the water before she washes me down. We have had no accidents and I feel safe with her being in the house around my possessions”. Another person told us; “Yes I do. I do fall sometimes due to my illness, but my carer waits with me, until I am strong enough to get up, even if it means them staying a little longer”. Another person added; “They hoist me onto the commode. They can operate the hoist. I feel safe with them. No accidents”.

We looked at the systems in place to manage risk and keep people safe in their home. Each care plan we looked at contained a ‘Hazard Identification Form’. This covered home security, emergencies, gas handling and fire, medication, the garden area and moving/handling. We found there was specific guidance available for staff to follow to help keep people safe.

In advance of our inspection, we were told that placements had been suspended at the service due to a series of ‘missed visits’, where people’s care calls were being missed meaning people’s care may not get delivered. The manager told us that this had improved recently and that none had occurred since the suspension was lifted, prior to our inspection.

There were staff rotas in place which identified which member of staff needed to go to certain people’s homes. Most of the people told us they had a regular carer. The service used a call monitoring system to ensure care was being delivered as it should and at the correct time. The system enabled manager to look at calls on their computer and monitor that they took place and that the right number of people had attended. Staff were required to have a work phone, which enabled them to ‘clock in and out’ when they arrived and left people’s homes and confirm the care had been provided. Each member of staff we spoke with told us they used this system and that it worked well.

During the inspection we spoke with staff and asked them about their understanding of safeguarding vulnerable

adults. Each member of staff could clearly describe the process they would follow if they had concerns about people’s safety. One member of staff said; “I had concerns about one person and reported it straight to the office. I am not afraid to stand up and report things”. Another member of staff said; “I would go straight to the manager. I would look for changes in people’s behaviour or if they were acting differently. I would know if something wasn’t quite right”. A further member of staff said; “I have reported concerns in the past and went straight to the head office. The family were informed as well”. We asked the manager about any on going safeguarding concerns at the service and saw that these had been properly investigated. Additionally, there was a policy and procedure in place for staff to refer to if they needed to seek advice.

People were protected against the risks of abuse, because the service had robust recruitment procedures in place. Appropriate checks were carried out before staff began working for the service to ensure they were fit to work with vulnerable adults. During the inspection we looked at four staff personnel files. Each file we looked at contained application forms, CRB/DBS checks and evidence that at least two references had been sought from previous employers. These had been obtained before staff started working for the service. This evidenced to us that staff had been recruited safely.

We looked at how the service managed people’s medicines and found that suitable arrangements were in place to ensure this was done safely. We looked at a sample of medication administration records (MAR) and found these had been completed correctly without any signature gaps or omissions. We saw people’s care plans detailed whether they wanted to either administer medication themselves, or whether they required assistance from staff.

Some people who used the service lived alone and staff required the use of a key to access their house. We saw the keys were appropriately stored in a ‘key safe’ outside each house we visited. This required staff to enter a pin code before gaining access to the key so they could go in and deliver care safely. One person said to us; “I unlock the door and the carer can walk in. It is locked as soon as she goes”.

Is the service effective?

Our findings

There was a staff induction programme in place, which staff were expected to complete when they first began working for the service. This was typically done over a five day period and covered topics such as Equality and Diversity, Medication, Safeguarding, MCA/DoLS, Moving and Handling and Infection Control. Each member of staff we spoke with told us they undertook the induction when they first started working for the company. One member of staff said; “My induction covered lots of different topics including moving and handling, medication and first aid. It was good”.

Another member of staff said; “The induction was really good and I am enjoying my job. It gave me a good introduction and I really felt welcomed into the company”.

The staff we spoke with also told us that initially, they were given the opportunity to shadow other workers in order to learn from more experienced members of staff. One person who used the service said; “They are all right, they are good. The new carers shadow the girls I have. The other day, three carers came, one to watch, learning what to do. The agency doesn’t throw them in at the deep end. They get them to shadow carers first. They have no problem with the hoist and never have had”.

The staff we spoke with told us they felt well supported to undertake their roles. One member of staff said; “The general support from the company is very good. Management are always willing to help”. Another member of staff said; “I feel I can speak with the manager at any time and ask for advice”.

The service used a matrix to monitor the training requirements of staff. This showed us that staff received initial training in core subjects such as safeguarding, moving and handling, infection control and health and safety. Despite this, several training courses had now expired and had passed their date for renewal. The training matrix identified staff required updates in Moving and Handling (24), MCA/DoLS (20), Safeguarding (6), Infection Control (9) and Dementia Awareness (35). We raised these concerns with the manager and area manager who acknowledged this as being an area for improvement. Training deficiencies had been something which had been identified in the company’s annual audit last completed in

December 2014. Since then we identified further training that was now out of date. This was a breach of regulation 18 (2) (a) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to Staffing.

We asked the manager why staff training had fallen behind. The manager this was in relation to staffing issues, meaning it was difficult to release staff from work to attend training. The manager added that they have now made this a priority and had been given the training schedule for the next quarter and booked 24 existing staff over two courses and would continue this way until all courses were up to date.

We found that staff supervision was consistent. We looked at a sample of staff supervision records, which suggested that they took place approximately every six months or when needed. This provided managers with the opportunity to evaluate the performance of staff, discuss any training requirements and offer any suggestions for areas of improvement. One member of staff told us; “Supervisions do take place and I seem to have one every four to six months”.

The people we spoke with told us that before receiving any care, staff always asked them for their consent. People had also been able to sign their care plans stating that they were happy for their care package to commence. Additionally, people had signed their own service agreement which explained various processes in relation to medication, fees, confidentiality and terminating their care package.

Whilst visiting people in their own homes, where staff were present, we saw staff asked for their consent before delivering care. For example, staff arrived at one person’s house and asked if they needed the toilet, but then said to this person; “It’s your choice. You don’t have to go if you don’t want to”. Another member of staff asked if a person would like to take their medication and asked them if they wanted to do this first before administering. In addition, people’s care plans contained signed contracts. These had been completed prior to the care package commencing where people had stated they were happy for the service to deliver care to them. Another person we spoke with added; “They do explain things to me. If I don’t want something then I have the chance to say”.

On the day of our inspection we were told nobody was at significant risk with regards to poor nutrition and hydration.

Is the service effective?

Staff told us that they helped prepare meals for people and offered support where required. However, people's care plans covered 'diet and weight' information which provided guidance for staff to follow if people needed additional

support at meal times. For example, some care plans stated how some people needed help with meal preparation and whether or not they could eat independently.

Is the service caring?

Our findings

The people who used the service told us they were happy with the care and support they received. One person said to us; “My carer does everything I want and always asks me if I need help with anything else. Everything is fine. We even get a little chat from time to time - that perks me up. I am highly satisfied with the situation. My carer always watches out for bed sores. Another person told us; “All the girls I have, have been with the company since it changed over and I think they do well for what they do. New carers will shadow my two carers to see how to do things. When they come they keep me clean and everything. I have had an upset tummy and they have had to change the bed twice today. The girls do the washing. They all know what they are doing”.

During the inspection people who used the service told us they were treated with dignity and respect by staff. Comments from people included; “I have a carer who is first class. I get a wonderful service from this agency. My carer treats me with great dignity and care” and “They are very good when they wash me they always cover my areas that they are not washing” and “They make sure I am well covered up transferring me to the bathroom or wherever”. A further person added; “Yes. When they are washing me in bed, they cover me up ready for washing. Same as when I am on the commode”.

The staff we spoke with were clear about how to treat people with dignity and respect when providing care. One

member of staff said; “I think making sure people are covered up is very important. Even things as simple as speaking with people even though they can’t respond shows respect”. Another member of staff said; “Simply asking people if it is ok to do things first shows respect for people”. A further member of staff added; “I only assist people with personal care when they are comfortable and ready. When I am washing people I offer them a dressing gown straight away to cover them up”.

Whilst speaking with people, they told us how staff allowed them to retain as much independence as possible. One person said; “When I want to wash myself, my carer moves away into the kitchen and I get on with it in the bathroom. I want to do as much for myself as I can”. Another person said to us; “They do my back and I do my front. My carer keeps an eye on me when I shower. She sits at the side in the bathroom which I like”. A further person added; “They give me my sponge to wash my face and never rush me”.

The people we spoke with told us that the staff who cared for them were consistent and that they enjoyed having a regular carer who they were able to get used to. This also allowed for continuity of care. One person said; “They usually try to send someone I know as I am blind – they are quite successful at that”. Another person said; I have had the same carer all the time for two years. It’s wonderful”. A further person added; “I have had regular girls for three years now”.

Is the service responsive?

Our findings

Each care plan we looked at contained evidence that initial assessments had been completed prior to people's care package commencing. This enabled staff to gain an understanding of people's care needs and how they could best meet peoples' requirements. These covered areas such as people's current health, mobility and an overview of the care that people needed to receive. One person said to us; "Someone came to the flat and suggested a care package for me, I was happy with the interview, they found out what I wanted". Another person said; "Yes, they came to the house, phoned me up and made an appointment to come in and deliver my care".

Once initial assessments had been undertaken, this then allowed for care plans to be created so that staff had guidance to refer to about how people wanted their care delivered. People's care plans contained 'personal delivery plans' which covered the amount of visits and calls during the day, medication support and whether people needed assistance with personal care or a bath/shower.

We looked at four people's care plans during the inspection and found that there was not an accurate record of what people's personal choices and preferences were. This included a lack of specific detail about people likes, dislikes, personal preferences and how people wanted their care to be delivered. For example, one person's care plan stated 'Needs assistance with person care, but not all'. When describing another person's dietary requirements, the care plan simply stated that they 'liked Weetabix', with no further mention about how to offer this person choice during other meals of the day. This meant that when staff referred to the care plans, they could be unaware of how to deliver person centred care, because the specific information was not available for them to refer to. We raised this concern with the manager who told us that following the inspection, they would re-evaluate people's care plans to capture information of importance to people, that was personalised to their needs.

We spoke with seven people during our inspection. We asked them about choice and whether staff adhered to

their personal preferences. Each of the people told us they had not been offered the choice of either a male or female carer when their care package originally commenced. Additionally, one person said that they were told to go to bed much earlier than when they wanted to. This person said to us; "I didn't have a choice of when carers come to me and I am not always happy. They put me to bed at 7.30pm every night and I don't like it, but they say they cannot change that. I like to go to bed at 9.30pm or 10pm like normal people. I have already mentioned this to the agency for over 12 months. There are only two girls who do the night shift. They didn't ask about my gender or sexual orientation or religion when I was first interviewed".

We raised this concern with the manager who acknowledged this and told us they were working to resolve this issue.

We saw that six monthly reviews were undertaken in order to seek feedback from people who used the service and their relatives asking them for their views of the care provided. This focussed on areas including independence, quality of life, dignity and respect, satisfaction, complaints and feeling safe within their own home. The people we spoke with told us they had received a review as part of their care package. One person said; "Safehands did a review last year and so they changed my care as I had cancer. The carer was/is brilliant. They sorted it out in the hospital for my extra care. They come every year to check if I am happy with the care". Another person added; "Yes, they have definitely been within the past 12 months".

There was a complaints policy and procedure in place. This clearly explained the process people could follow if they were unhappy with aspects of their care. We looked at any complaints that had been received which were held in a complaints file and saw they had been responded to in a timely manner and investigated appropriately. People told us that if they needed to complain they would speak with staff or phone the office. Additionally, the statement of purpose specifically addressed complaints and informed people what they needed to do. One person told us; "No complaints. I am quite satisfied with everything so far".

Is the service well-led?

Our findings

There was a registered manager in post. 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.

The staff we spoke with felt that the service was both well – led and managed. One member of staff said; “The manager is still relatively new but is very understanding and tends to get things done”. Another member of staff said; “If I ever need the manager then she is there. Communication is very good. If ever there is a problem then the manager lets everybody else know, usually through a text or a letter”. Another member of staff added; “The manager makes things very easy for us”.

We saw there were systems in place to monitor the quality of work undertaken by staff. These included spot checks and regular checks of MAR (Medication Administration Records) sheets to ensure medicines were being given safely. This provided an opportunity for senior managers to

monitor the work of staff and provide feedback about anything which needed to improve or any concerns they may be highlighting in their work. Additionally, an audit of the branch was undertaken by head office covering certain aspects of the service, with specific action points being set where things could be improved.

There were various policies and procedures in place at the service. These covered complaints, consent, infection control, safeguarding, fire, whistleblowing and home security. Staff told us they were covered during induction and were available to look at during times when they needed to refer to them.

The staff we spoke with demonstrated a commitment to providing high quality care towards people which demonstrated that a positive culture had been developed amongst staff. For example, staff spoke with us about their commitments to reporting safeguarding concerns without hesitation and that it was vital that people were treated with dignity and respect. Staff told us they had developed good caring relationships with the people they cared for and wanted to provide a service to them that was of a good standard.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing People were not protected from risks associated with staff not receiving sufficient training to support them in their role.