

In Safe Hands Community Care Services Limited

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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?	Good ●

Summary of findings

Overall summary

About the service

In Safe Hands is a domiciliary care agency. It is registered to provide personal care to people in their own homes, including older people and younger adults. At the time of the inspection visit the service supported 27 people.

People's experience of using this service

People felt safe using the service and staff understood how to recognise and report abuse. Staff recruitment processes included background checks to review their suitability to work with vulnerable adults. People received support from staff when needed and they were supported to have their medicines as prescribed.

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 were supported to have enough to eat and drink to maintain their well-being. People were supported to obtain advice from healthcare professionals when required.

People received care from a consistent staff team who knew them well and treated them with dignity and respect. People's independence was promoted wherever possible.

People were involved in planning their care with support from staff. People and their families understood how to complain if they wanted to. Staff provided care to people at the end of their lives.

The provider and the registered manager were open and honest, and worked in partnership with outside agencies to improve people's support when required. There were checks in place to ensure good standards of care were maintained.

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

Rating at last inspection and update: The last rating for this service was good overall with a rating of requires improvement in well led (published March 2017). At this inspection we found improvements had been made and the service was rated as Good in all areas. This means that the service has maintained a rating of Good overall.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

In Safe Hands Community Care Services

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

There was one inspector.

Service and service type

In Safe Hands is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection. Inspection activity started on 24 September 2019 and ended on 26 September 2019. We visited the office location on 26 September 2019.

What we did before the inspection

We looked at the information we held about the service and used this to help us plan our inspection. We checked records held by Companies House. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We spoke with

five people who used the service and one person's relative.

During the inspection

We spoke with two members of staff including the registered manager and a care co-ordinator. The registered manager was also the owner of the agency. We reviewed a range of records. This included three people's care records and medication records. We looked at staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including checks on the quality of care provided.

After the inspection

We continued to seek feedback from a further two staff members.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People had risks identified in their care records, and staff had received training and instruction on how to mitigate those risks. For example, when people required specialist equipment to help them mobilise, the equipment was described to staff, to ensure they knew how the person should be supported safely.
- Risk assessments included information about the person's home, so staff knew about environmental risks, to prevent accidents and injuries.
- We were confident the staff team knew people well and were mitigating risks to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care.
- Staff had received training about the different types of abuse. Staff understood they needed to report their concerns to the registered manager and felt assured that these would be taken seriously.
- The registered manager understood their obligation to report concerns to the relevant authorities and CQC through our statutory notifications procedures to inform us of any events that placed people at risk.

Staffing and recruitment

- People and staff agreed there were enough staff to provide support when it was needed and at the agreed times. One person told us, "The staff come on time. They let me know if they are going to be later anyway. They are flexible, sometimes they come in early so that they can take me to the hospital."
- The registered manager explained staffing levels were worked out in advance and were dependant on the needs of the people who used the service. They said, "We definitely have enough staff at the moment to meet people's needs at their agreed call times." They added, "We did have to employ new staff in the Stratford area recently, as we took on some new clients from an agency that were unable to meet their needs."
- The recruitment process included background checks of potential staff to assure the provider of the suitability of staff to work at the service.

Using medicines safely

- Only staff who had been assessed as competent supported people with their medicines.
- Protocols were in place to ensure people received their medicines when they needed them.
- Medication administration records were completed by staff when people received their medicine and were regularly checked for any mistakes by senior staff.

Preventing and controlling infection

- Staff received training in how to prevent the spread of infection, and told us they wore personal protective equipment when personal care was given.
- Staff understood and followed safe infection control guidelines and knew how to minimise risks of infection.

Learning lessons when things go wrong

- The registered manager had systems in place to record and monitor accidents and incidents that occurred at the service.
- The registered manager analysed accidents and incidents to ensure lessons were learnt, to prevent future occurrences.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Protected characteristics under the Equality Act 2010 were considered in people's assessment of needs. For example, people were asked about any religious or cultural needs they had, and the provider took these into account when planning people's care. The registered manager said, "We always meet people before taking on their care, to ensure we can meet their needs."

Staff skills, knowledge and experience

- Staff were skilled, competent and suitably trained to meet people's needs effectively. One person told us, "The staff are very good, they know what to do."
- Newly recruited staff followed a formal induction programme and were required to undertake training when they commenced employment. They also worked with existing and experienced staff members to gain an understanding of their role.
- The provider's induction was linked to the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff were positive about the standard of the training and told us training gave them the knowledge and skills to support people according to their individual needs. Staff were supported to undertake recognised vocational qualification to progress in their career.
- Staff told us they received supervision and feedback on their performance from senior staff, which included spot checks on their performance.

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

- Some people received food and drinks prepared by care staff. Staff prepared meals in line with people's specific nutritional needs. Where people required assistance to eat safely, staff had received training in how to support people.

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

- People were referred to healthcare professionals to promote their wellbeing and maintain their health, such as the GP, district nurses and therapists.

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. 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 (DoLS).

- Staff were working within the principles of the MCA. People's care plans identified whether they had the capacity to consent to their care. Where people were identified as lacking capacity, the registered manager was working with the person's representatives, to ensure decisions were made in the person's best interests.
- Staff obtained people's consent and supported people to make their own decisions where possible.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same and is still good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us, they felt staff cared about them. One person said, "The staff are brilliant, and very kind." Another person told us, "Staff listen to me, and are very helpful." They added, "The care staff were very good when I was bereaved, they helped me cope."
- The management team explained how they had worked hard to ensure their service helped people to thrive in their home environment. Staff shared the management's caring ethos and told us, "We don't offer people call times that are less than half an hour, this is so we have time to support people properly without rushing."
- Staff felt confident they could support people to maintain their individual beliefs. They understood some people might need particular support to make them feel equally confident to express themselves.

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

- Staff spoke confidently about how they supported people to make everyday decisions about their care. Staff understood people's gestures and behaviours and knew how people preferred to be communicated with.
- People were asked about their individual preferences and these were acted on. For example, people could choose which care staff supported them.

Respecting and promoting people's privacy, dignity and independence

- People told us care staff acted in a way that maintained people's privacy and dignity. One person said, "They are very good when they are washing me, I'm very happy with them."
- Staff explained how they encouraged people to be independent because it helped them to remain in their own homes and improved their wellbeing. The registered manager told us about a person they supported. Staff had taught the person to read and write and improved their confidence so their care package could be reduced.
- The provider ensured people's personal information was treated confidentially. Records were locked away in the office location and could only be accessed by authorised staff. People had a copy of their own care plan which meant they had access to information about them at any time they needed it.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us staff knew them well and were positive about how responsive staff were to their needs. One person told us, "We have regular care staff that know me well. I am very happy with the regular staff, they come the same time every day."
- Care plans contained personalised information and gave direction to staff that was specific to each individual.
- People were included in the review of their care plans in ways that suited their individual needs.
- Where it was included in people's care arrangements, people were supported to attend activities of their choice.

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 communication needs were recorded in their care plans. The registered manager told us if people needed information in particular formats, they would ensure these were made available.
- Staff used a range of communication techniques to engage with people about their daily wishes, such as picture cards and agreed words and symbols. Some people communicated with staff using electronic devices such as telephones and computers.

Improving care quality in response to complaints or concerns

- The registered manager logged any feedback they received about their service. Where complaints or concerns were raised these were investigated and responded to in line with the provider's complaints policy. One person said, "I would let them know if I wasn't happy with anything."
- The provider's complaints procedure was accessible to people in their homes.
- People told us they could raise concerns without feeling they would be discriminated against.

End of life care and support

- Care staff were trained to support people at the end of their lives. The registered manager explained care staff were experienced and worked alongside other organisations, such as community nurses, to provide responsive end of life care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to Good. This meant the service management and leadership was consistent. Leaders and the culture they created supported the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour which is their legal responsibility to be open and honest with people when something goes wrong

- The staff and management had values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives as much as possible.
- People told us they had regular contact with the registered manager and care co-ordinators who regularly visited them in their home. One person told us, "The manager comes and works here sometimes with the staff, she keeps in touch with what is happening."
- People and staff were positive about the leadership of the service. The registered manager operated an 'open door' policy in their office, where staff or people could drop by at any time. There was also a 24/7 support helpline available for staff and people who used the service.
- The registered manager understood their obligations for reporting important events or incidents to the CQC. They were aware of their duties under the new general data protection regulations and information was kept securely. The provider information return sent to us by the registered manager, reflected our findings of the service during our inspection visit.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us they felt supported by each other and by senior staff. The registered manager was supported by two care co-ordinators, who often worked alongside staff to monitor their performance and check their competency, as well as provide support and information to staff regarding their caring duties.
- Staff at the service understood their roles and responsibilities and how to seek advice and guidance about people's care. For example, staff explained how they recorded any changes in people's needs and shared information with other staff in daily records.

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

- People told us they were encouraged to share their experiences of the service by completing regular surveys, in review meetings, and through regular contact with care staff. People's feedback was collated and analysed to make improvements to the service.
- Staff were also encouraged to share ideas and feedback in regular team meetings and staff surveys.

Continuous learning and improving care

- We found the provider had made improvements to the way it monitored the quality of the service. Checks were carried out by senior staff on a range of issues, including medicine records and care plans. Records showed actions were taken to make improvements to the service, following the checks.
- The provider and registered manager were committed to making improvements to the service and had obtained advice and support from external agencies, for example, Skills for Care. They shared best practice with staff to help improve the service.
- Team meetings were utilised to communicate updates and required changes to staff. These included updates on people's needs. All the staff we spoke with were confident they could raise concerns and speak openly about any improvements they thought were required or ideas they had.
- The provider had an improvement plan in place which included the introduction of call monitoring systems, a planned office move and the development of additional community services for people using their service.

Working in partnership with others

- Staff worked with other agencies to improve people's experience of care. These included health and social care professionals and local charities.