

# Hands on Care Homecare Services Limited

# Hands on Care Homecare Services

## 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

Hands on Care Homecare Services is a domiciliary care agency providing personal care to people 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. The service was supporting 51 people at the time of our inspection of which 19 were supported with their personal care.

### People's experience of using this service and what we found

Overall, people who used the service were satisfied with the care and support they received. However, the timing of people's calls required improvement to ensure they were carried out to meet the person's care and support needs. The registered manager had already identified this and was actively looking to make improvements.

Staff had access to personal protective equipment (PPE), and used it effectively to reduce risks of cross contamination and infection when delivering personal care.

Quality assurance and service auditing processes identified the strengths of the service as well as areas where improvement was needed. Audits were in place to monitor the effectiveness of the service and actions identified were used to drive improvement.

People were supported to be as independent as possible while taking their prescribed medicines. When staff offered people support, they were competent to do so.

People, and their relatives were involved in their need's assessment and the development of their care plans. Choices and preferences were documented so staff could deliver person centred care. Overall, people spoke highly of their staff teams, only requesting more consistency to improve their experience. Again this was an area the registered manager was acting to address.

People's dignity and privacy was respected, and staff told us how they listened to people and delivered care and support in line with their wishes.

Staff felt well supported. They felt listened to and had opportunities to seek advice and support from the registered manager. Overall staff were satisfied with the training they received although some felt it could be timelier and more detailed. The registered manager had identified that training was an area where improvement was required prior to the inspection and was actively looking to address this.

Risks were assessed to reduce or mitigate identified risks. People felt safe and staff told us they continually reviewed risks and reported changes to the office staff.

Staff understood how to safeguard people from the risk of potential harm. People's complaints were listened to and acted upon. The registered manager was open and transparent and took opportunities to seek feedback about people's experiences of care provided.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 16 October 2019 and this is their first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service and to give the service its first rating.

#### Follow up

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

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

# Hands on Care Homecare 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one 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.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. 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.

At the time of our inspection, the service had a manager who was registered with the CQC.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure that the registered manager would be at the registered office to facilitate the inspection.

Inspection activity started on 27 September 2022 and ended on 5 October 2022. We visited the location's office on 27 September 2022.

### What we did before the inspection

We reviewed information we had received about the service since their registration in October 2019. We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities, together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

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.

### During the inspection

We spoke with seven people who used the service or their relatives about their experience of the care provided. We spoke with seven members of support staff, the registered manager, the nominated individual and the director of the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included three people's care records and extracts from others. We looked at three staff files in relation to recruitment, training and supervision. We viewed a variety of records relating to the management of the service, including policies, procedures and audit documents.

We continued to seek clarification from the provider to validate evidence found. The manager provided us with requested documents to demonstrate training, audits and feedback received directly to the agency about the quality of the service provided.

# 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 of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- There were sufficient staff to support people although the timings of calls was an area where people who used the service thought improvement was required. One person told us, "They are not very good at time keeping."
- People shared examples of late calls and explained how these impacted on their care needs and the timing of meals. We shared this feedback with the registered manager who sent us a detailed breakdown of call times and explanations that mitigated any risks late calls would place on a person. For example, they showed calls for people with special dietary needs or medicinal needs were always prioritised.
- The new registered manager was mindful call timings were currently a challenge and was taking a robust approach to monitoring call times. They had reduced the number of support packages to ensure they could effectively meet people's needs. One person told us, "The carers who come are so friendly and polite, but I just wish they could remain more regular, it's not something I've complained about officially as I know they try their hardest to accommodate."
- Staff records reflected an effective recruitment process. The most recent appointment was supported by DBS checks and references as well as a declaration the person was fit for the job they were appointed to do. This meant staff were safe to work with people who used the service. The Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Preventing and controlling infection

- People shared positive experiences of staff wearing personal protective equipment (PPE) such as gloves masks and aprons when supporting them. One person told us, "PPE wearing has been meticulous."
- Staff told us they had access to personal protective equipment and had received training to ensure the risks of cross infection were minimised. Good hygiene practices were observed.
- The provider's infection control policy was reflective of a domiciliary type service. However, the registered manager agreed to review one document relating to infection control practices that was more appropriate to a care home environment and make it more specific for a domiciliary type service.

### Systems and processes to safeguard people from the risk of abuse

- Staff told us they would be confident to recognise and report abuse.
- Most staff had received training as part of their induction to provide them with the knowledge of safeguarding processes and procedures to follow if they suspected abuse. Other staff had obtained the knowledge via different routes, but they were all confident of their roles and responsibilities to protect people from harm.

- The registered manager was aware of their responsibilities to protect people from harm and had liaised with external agencies to act to keep people safe when required.

#### Assessing risk, safety monitoring and management

- People told us they felt safe when receiving care and support. Although not everyone knew their risks were formally assessed, people knew staff took steps to keep them safe. One person told us, "They are very thorough and keep me safe by just being aware of things that could go wrong and manage to help prevent upsets by moving things and applying creams in time." A relative was equally confident their family member received safe care. One relative told us, "[They] feel very safe with the carers."
- Risks associated with providing safe care and support had been formally assessed by the registered manager to demonstrate how staff were to reduce or remove the impact of harm. Although risk assessments were seen on files, not all staff told us they had read them or seen them. Despite this staff felt care was delivered safely and some staff shared examples of how they had raised concerns about potential hazards, and these had been addressed.

#### Using medicines safely

- Most people managed their own medicines and some people received minimal support to enable them to manage their medicines independently. One person told us, "I do my medicines myself thankfully but sometimes they check."
- People told us when they needed support with their medicines, this was done as they required it. One relative told us, "[Their] medicine is given to them and it is very good and there has never been a mistake."
- Records relating to medicines administration were contained in an electronic app care staff referred to in order to ensure people received their medicines as required.
- The registered manager audited administration records as updates were sent from the app to the computer system in the office. This meant they could be confident medicines had been administered as prescribed.
- We heard the registered manager respond to such a missed medicine alert by contacting the care worker and exploring the reason for the omission. This meant any errors could be rectified without delay ensuring people received their medicines as prescribed to keep them well.
- Staff felt well trained and confident to administer medicines. They said they have been observed by a senior staff member to ensure their practice was safe.

#### Learning lessons when things go wrong

- The registered manager told us there had been no accidents and incidents relating to people who received a regulated activity from the service.
- The registered manager had taken action following a safeguarding referral and liaised with the local authority to ensure the person's ongoing safety.
- The registered manager looked at complaints and identified trends and monitored outcomes to ensure reoccurrences did not occur. We saw how actions had been identified and taken after complaints had been raised.



# 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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### Staff support, induction, training, skills and experience

- People considered staff had the skills and experience to meet their needs.
- Most of the staff we spoke with had previous care experience and had received training prior to their current appointments. They told us refresher training was delivered by the provider and this had been booked to ensure their knowledge stayed current and up to date. The training matrix reflected this.
- Some staff felt the training could be improved, especially for staff who did not have previous care experience. The registered manager told us training was an area where they had identified improvement was required and were actively exploring options.
- When required, staff received training to support specific conditions. One staff member told us they supported someone who had a specific health condition and had received bespoke training from a health professional to ensure they could effectively meet the person's needs.
- Staff had mixed feedback about their induction training. One staff member said it was basic and others said it was helpful to understand their role. Most staff recalled they had completed the care certificate, although some had yet to start this. The provider and the registered manager told us, "Induction is not fit for purpose and needs review." This was something they were looking at.
- Staff told us they felt well supported by the registered manager who was relatively new in post. They were confident they would be making positive changes within the organisation. One staff member told us they were, "Firm but fair."

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

- People's needs were assessed before they used the service and the registered manager used these assessments to develop a care plan. Plans were stored electronically on an app on staff phones. There were also paper copies in people's homes. Staff told us the information they contained was helpful when they first started supporting a person to give them details of a person's needs and preferences.
- Care was delivered in line with people's personal needs and preferences. People knew they had a plan of care and were happy with it. One person told us, "There is a care plan and they follow it. There is a good routine."
- Assessment information included consideration of any characteristics under the Equality Act 2010 such as age, religion and disability. This meant care could be delivered in line with people's preferences and choices.

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

- Staff worked with health care professionals to support people to remain in good health. One staff member told us how they were arranging their visits to a person at the same time as an occupational therapist so

they could work with them to enable a person to become more mobile. Hospital passports were in place to provide continuity of information should the person require hospital admission.

- Care plans were updated when people's needs changed and in consultation with appropriate people. One person told us, "The care plan is followed and updated when necessary." A relative told us, "[The person] does have a care plan and we have all discussed it with them and the carer."
- The registered manager was involved in reviewing people's care and support internally and with external health and social care professionals. This meant that they could discuss changing support needs and amend care accordingly, to deliver consistent and effective care.

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

- When required staff supported people at mealtimes by preparing food and drinks. They offered additional assistance if needed and this was documented in care plans.
- People's dietary needs and preferences were documented after consultation with people and their relatives and staff were aware of these.
- Care plans detailed allergies, likes and dislikes. People's nutritional needs had been assessed and plans were personalised. For example, one plan detailed where a person's drinks should be placed and where they liked to sit.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. We checked whether the service was working within the principles of the MCA.

- Staff knew who had capacity to make decisions and they told us how they promoted people's choices and wishes when delivering their care and support.
- The registered manager told us they worked with family members when people could not express their wishes as agreed with the people who used the service.

# 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 felt well-supported, cared for or treated with dignity and respect.

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

- People received a caring service from staff who they told us were polite and kind. One person said, "They [the staff] are brilliant, kind cheery and compassionate." A relative said, "They have a laugh with them and seem to really care about them."
- Care plans detailed people's personal wishes, and preferences. This meant staff could respect people's individuality. For example, people's religious and cultural needs were documented so staff could support them accordingly.
- People told us they valued consistency of staff as that meant they got to know them well. Staff told us they got to know their regular people, and this meant they could deliver a personalised service that promoted people's independence in way they preferred.

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

- People told us they were consulted and listened to in relation to how their care was delivered. Relatives had also been involved in the planning and review of care. This meant, when people could not express their wishes, care was personalised with input from the people who knew them best.
- The registered manager worked with people, and relatives when needs changed so care could accommodate their changing needs.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt safe with the staff who supported them and they treated them well.
- Staff told us how they treated people with dignity and respect. Staff felt strongly that they treated people how they would like to be treated or how their family member would like to be treated. They shared examples of how they protected people's privacy and dignity to ensure people felt comfortable.
- Staff told us how they promoted independence by encouraging people to do the tasks they could do for themselves and then helping when assistance was needed.
- People's care plans were available for their review in their homes. Electronic information was only accessible by those who had permission to access it. This meant people's information remained private and accessible only to people who needed to see it.

# 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 good. This meant people's needs were met through good organisation and delivery.

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

- People told us the care and support they received met their assessed needs and they had input into developing their care and support plans. This meant they could be personalised to reflect individual needs and wishes.
- Staff considered they delivered personalised care despite the app they used being quite task focussed. One staff member told us, "We treat people as individuals and get personalised information from people we support – most people can express their needs."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager advised us that any individual communication needs were documented in a person's care plan. Information could be made available in different formats to ensure information was accessible. For example, information could be produced in large print. The registered manager told us that, "A previous request for braille had been accommodated."
- We saw the service user guide and statement of purpose were both available in large print as standard.

Improving care quality in response to complaints or concerns

- Complaints were documented by the registered manager who responded to them. The registered manager maintained a complaints log which detailed outcomes and actions required. This was reviewed by the provider when checking quality.
- People said they would feel confident to share any concerns with the registered manager or the providers as they were approachable and responsive.

End of life care and support

- People's care plans contained information about their religious beliefs, and some contained basic information about their wishes should their care needs increase.
- We saw how people had shared wishes with the staff member completing their assessment. However, where there were areas they did not wish to discuss, this was recorded.

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The new registered manager had been in post since August 2022. They were appointed after the provider identified they were going to take a lead on training within the service and they required additional management support in order to achieve this. Since that time the provider and the registered manager had made changes to improve the service.
- A person who used the service told us, "On the whole it is a good company and very pleasant, but timing and staffing needs to be addressed." The registered manager had already identified this and was taking action to improve. They had started reviewing call times to ensure they took place when required to keep people safe and the electronic system could identify anomalies and address late calls in real time. The provider and registered manager had handed back several care packages in response to a review of staffing as they identified they could not safely accommodate them.
- The registered manager had made changes to the service in response to reviewing practice and documentation. For example, they had updated care plans and risk assessments to make them more personable. They had added risk assessments to ensure all identified risks were removed or mitigated.
- Staff knew what their roles entailed and felt well supported to carry out that role.

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

- Staff told us the registered manager was approachable and visible. One staff member told us, "They listen to what we say and are family oriented."
- People were asked to provide feedback about the service they received. Some shared this at review of their care and others had completed questionnaires. The registered manager ensured feedback was shared so people could see what action was being taken to address issues. For example, the latest quality assurance exercise identified, 'the timings of calls were all over the place.' The action plan outlined how they planned to improve this and the process had started.

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 fully open and transparent and shared areas where they had made improvements to the service to be more accountable and responsive. They monitored complaints and liaised openly with external agencies to ensure continuity of care.

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

- The registered manager carried out regular audits to monitor the quality of the service provided and developed action plans to make improvements following these.
- Information was shared with staff and they felt confident to share issues or make suggestions for change.

Continuous learning and improving care

- The registered manager could evidence they had listened to feedback by producing a summary of the latest quality assurance survey and identified strengths of the service and also areas where improvements were required.

'● The electronic care planning system had been implemented and the management team were using it to monitor care in real time and update information promptly as needs changed. This meant they could continually improve the care provided.

Working in partnership with others

- Staff liaised with external agencies to ensure they were providing safe and effective care. For example, one person had an identified medical need and a specialist nurse had provided training to support staff to deliver safe care.
- The management team liaised with health and social care professionals when people's needs increased. This joint working meant continuity of care for people using the service.
- Staff and managers were open to advice and support offered by health and social care. Staff told us professionals were very approachable and supportive.