

Support Hands Domiciliary Care Ltd

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Support Hands Domiciliary Care Ltd is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 2 people using the service.

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.

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

At the time of inspection we found supervisions had not been carried out for a staff member. We have made a recommendation about staff supervisions.

People received their medicines as prescribed and on time. We have made a recommendation about a persons as required medicines (PRN).

Risks to people's health and wellbeing had been assessed and recorded, although the information was not always comprehensive. Environmental risks to people and staff had not been completed.

People told us they felt safe and well cared for, calls were received on time and people were informed if staff were delayed.

Staff were recruited safely and knew how to keep people safe from harm and there were enough staff to deliver care to people.

People told us staff wore Personal Protective Equipment (PPE) when providing care and support.

People were supported to eat and drink enough to maintain a balanced diet. Meals and drinks of their choice were prepared for them.

Audits and quality assurance were in place but needed some improvement to ensure the service continually improved and provided positive outcomes for people.

People and their relatives told us they felt able to raise concerns and they would be listened and responded to.

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

This service was registered with us on 21 February 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Support Hands Domiciliary Care Ltd

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

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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 1 November 2022 and ended on 9 November 2022. We visited the location's office on 3 November 2022.

What we did before the inspection

We reviewed information we held and had received about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity which took place on 5 October 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with the director who is also the registered manager. We reviewed a range of records. This included 2 people's support plans and 1 person's Medication Administration Record [MAR]. We looked at 1 staff file in relation to recruitment, training and supervision. We looked at a sample of the service's quality assurance systems including medication and care plan audits.

Following the inspection to the domiciliary care service, we continued to seek further clarification from the registered manager to validate evidence found. We spoke to 1 staff member, 1 person using the service and 1 relative to obtain their feedback of their experience.

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 good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's support plans included information about risks to people's health and wellbeing. However, we found these were not always individual and specific to the risk identified. For example, one person required the use of 2 different types of equipment, we found those 2 identified risks were included on 1 risk assessment with no date of completion. We also found 1 person's manual handling risk assessment with no date and current risk level blank.
- We found environmental risk assessments for people's homes and external areas had not been carried out. For example, guidance for staff in the event of an emergency, where the utility access points were located.
- The registered manager and staff member were able to describe the risks identified to people they support and how they were able to mitigate the risk. The staff member told me about 1 person they support who is at risk of falls, "I follow my training, walk with [person], I support and instruct them how to get up and sit down. I walk with [person] every day for exercise."
- The registered manager told me they will be reviewing and updating all current risk assessment for people using the service.

Using medicines safely

- We reviewed 1 Medication Administration Record (MAR). We found protocols missing for medicines prescribed as required (PRN). Protocols are important as they help staff to understand when it is appropriate to offer PRN. The registered manager told us they will update medicine records to include a PRN protocol.

We recommend the provider seek advice and guidance from a reputable source, about the safe management of medicines and take action to update their practice.

- Where required, people received their prescribed medicines by a trained member of staff.
- The registered manager carried out audits of people's Medication Administration Records (MAR) and carried out competency checks to ensure medicines were being given safely.

Staffing and recruitment

- People were recruited safely, and appropriate checks were carried out, including Disclosure and Barring checks: 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.
- There were enough staff currently to support people's needs, and people told us staff arrived more or less

on time.

Systems and processes to safeguard people from the risk of abuse

- The staff member we spoke to, knew how to identify different types of abuse and report any concerns they had. They knew how to safeguard people from the risk of abuse and told us, "I would inform the registered manager, If I was not happy, I would inform the police or other authorities."
- People told us they felt safe, one person told us, "I'm glad someone is here to help me." One relative told us, "Yes, [name] feels safe when being cared for."
- The registered manager had safeguarding policies and procedures in place, and staff had received training on how to protect people from harm.
- The registered manager was aware of their responsibilities to report safeguarding concerns to the local authority and CQC. At the time of the inspection no safeguarding concerns had been raised.

Preventing and controlling infection

- The registered manager and staff member had completed training in infection prevention and control and were provided with the personal protective equipment (PPE) they needed.
- The registered manager had relevant policies in place to support effective infection prevention and control and was following current guidance.

Learning lessons when things go wrong

- The staff member knew how to report incidents appropriately, a staff member told us, "The person I support has access to Careline support, I would contact them in the first instance, complete an accident form, and also record in persons daily notes and notify the registered manager and next of kin."
- At the time of inspection, no incidents or accidents had occurred, however the registered manager told us, "We work as a team sharing information, with a no blame culture." The registered manager also told us, "I am working on putting together in one folder with incident, accident and safeguarding information which will enable me to have a clear overview and share any learning with staff moving forward."

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.

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

- People's needs were assessed prior to commencing the service. One relative told us, "We were both present when [name of registered manager] carried out the assessment."
- People's support needs were reviewed regularly to ensure care continued to be delivered as required, however people told us they did not have access to their support plans. The registered manager held the support plans in their office. One person told us, "I think I have seen it, I'm not sure." A relative told us, "I have not seen, or had access to [persons] support plan."
- Following the inspection, the registered manager told us they had been in touch with people and their relatives. Three monthly reviews will be arranged to ensure people and relatives are involved in reviewing their support plans.

Staff support: induction, training, skills and experience

- The registered manager told us they have a buddy system for new staff, whereby the new staff member shadows the registered manager until confident.
- We saw the staff member had completed the care certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The registered manager was in the process of booking further specialist training for both themselves and the staff member which included Diabetes, End of Life and Parkinson's training.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink in line with their support plan.
- We saw a person using the service being referred via the GP for a Speech and Language Therapist (SALT) referral to be undertaken as the staff member observed the person having some swallowing difficulties.
- The registered manager and member of staff were involved with other professionals. For example, where the staff member had remained with the person at their home, for their Optometrist appointment to provide reassurance and support.

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 MCA 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.

We checked whether the service was working within the principles of the MCA

- The registered manager and staff member had completed MCA training and encouraged and supported people to make their own decisions. One staff member told us, "I always ask [name] what they would like and gain consent before I start."
- We saw a person's relative had Lasting Power of Attorney (LPA), however we were unable to find a copy in the support plan, another was in the process of applying for LPA. The registered manager told us they would request a copy and place in persons support plan.

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; respecting equality and diversity

- People were supported by staff who had got to know them well. One person told us, "I have the same member of staff all week except at weekends where I receive support from a friend."
- People and their relatives told us they were treated with respect. One relative told us, "[Name of registered manager] is very caring and treats [name] with respect at all times."
- People's support plans contained information such as, 'to maintain privacy and dignity, make sure the door is closed and the curtains are drawn'.

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

- People told us they were involved in decisions about their care. One person told us, "Yes two ladies came around to talk to me." A relative told us, "Me and [name] were together when the assessment was carried out."
- The registered manager was in the process of carrying out reviews with people using the service to obtain their feedback and experience of the service provided.
- People had their preferred way of receiving care and support detailed in their support plans. For example, a person had 2 different coloured flannels for washing with, and their support plan stated exactly where and how the person preferred to be supported with their personal care every day.

Respecting and promoting people's privacy, dignity and independence

- The registered manager arranged a meet and greet with people's permission and staff members prior to commencement of any care package, to help get to know one another which included a handover of information.
- The staff member knew how to respect people's privacy and dignity they told us, "[Name] is always in control, I always ask permission first."
- People were supported to maintain their independence; we saw examples from daily notes 'encouraged [name] to mobilise in the garden as the weather was nice', and one person told us, "we went out for a walk this morning."

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

- Where a person had expressed a preference of staff gender, we found their preference had been accommodated.
- People had support plans in place which detailed their personal preferences, however some of the information was not always person centred. For example, a person's support plan asked for their preferred name and this was documented, however, we found this had not been referred to throughout the persons support plan.
- Following the inspection, the registered manager told us they would be updating people's support plans and the new electronic care planner and monitoring system will soon replace the current support plans.

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 told us they are not currently supporting anyone with any different communication needs but told us this would be discussed as part of their assessment process to determine the best way to provide information in a format they would be able to understand.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to make a complaint. One person told us, "I would tell my relative and they would do it on my behalf," One relative told us, "I feel comfortable raising any concerns, [name of registered manager] is always easy to get hold of if I need to discuss anything."
- The registered manager had a system in place to record and monitor complaints. At the time of this inspection the service had received no complaints.

End of life care and support

- The service was not supporting anyone at the end of their life. However, the registered manager told us they would contact the appropriate healthcare professionals should it arise.
- The registered manager and staff member had not received end of life training; however, we saw evidence of discussions taken regarding a person's end of life wishes. This had been respectfully documented as the person did not wish to discuss any further. Following the inspection, the registered manager told us end of life training had now been booked.

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

- The registered manager had some systems in place to check the quality of the service including support plan reviews and medicine audits, however the systems to check the quality of the service were not always robust. The registered manager had not identified the concerns we found in relation to medicine protocols and risk assessments. Although there were not enough processes the registered manager had oversight of the service because they worked directly with people and staff.
- The registered manager told us they were looking to expand their care team to be able to focus on the management and quality assurance of the service.
- The registered manager and staff member understood their role and what standard of care was expected from them.
- The registered manager understood their responsibility to notify us of any incidents relating to the service. These notifications tell us about any important events which have happened at the service. At the time of our inspection there had been no incidents to report.

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

- The staff member we spoke to told us the registered manager was very supportive and approachable and spoke positively about being able to share ideas on how to improve the service as it grows.
- People we spoke to including the staff member felt able to report any concerns if they had any and they would be acted upon.
- The registered manager had started to implement staff meetings and we saw 2 had recently taken place discussing specialist training and the introduction of the new electronic care planner monitoring system.

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 understood their responsibility under duty of candour. Duty of candour requires providers to be open and transparent with people who use the service and other people acting lawfully on their behalf in relation to care and treatment.
- The staff member we spoke to spoke positively about the service, they told us, "The registered manager is very caring and treats me fairly. They engage with the people using the service, the protection and best interest of people we support is the most important thing."

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

- The registered manager had not undertaken a formal supervision staff, however the staff member confirmed they were in regular contact and said, "[Name of registered manager] always ask if there are any problems, how are you, looking out for my wellbeing,"

We recommend the provider seek advice and guidance from a reputable source, in relation to carrying out staff supervisions.

- The registered manager spoke to people using the service and their relatives regularly and had just taken delivery of care review forms to obtain people and relatives feedback to improve the delivery of the service moving forward.
- This was a new service and the registered manager was enthusiastic about continual improvement of the service and had sought consultancy advice to support with this.
- The registered manager and staff member worked alongside other agencies to meet people's needs and liaised with other healthcare professionals such as the GP, SALT team, and Optometrist.