

Hand In Hand Homecare Agency 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

This was an announced inspection, carried out on 14 and 17 October 2016. We gave 48 hours' notice of the inspection because the manager is often out of the office supporting staff or providing care. We needed to be sure that the registered manager or someone who could act on their behalf would be available to support our inspection.

Hand in Hand is a domiciliary care agency, providing personal care and support to people living in their own homes. The service operates from an office based in St Helens Merseyside.

The service has a manager who was registered with CQC. 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.

People told us they felt safe using the service. They said staff were careful and treated them well. Staff had completed training about safeguarding people and they had access to information and guidance as a reminder of their responsibilities should they have any safeguarding concerns. Staff knew about the different types of abuse and indicators of abuse.

Staff were confident about dealing with an emergency situation should one arise. People, family members and staff were provided with information about who they could contact for advice, guidance or support at any time of the day or night.

The registered provider had a policy and procedure relating to medicine management. Staff responsible for administering medication completed the relevant training and had their competency checked regularly to ensure they were managing people's medicines safely.

Staff received the training and support they needed. New staff completed an induction programme and all staff received on-going training relevant to their role, responsibilities and the needs of the people they supported. One to one and group meetings offered staff with an opportunity to discuss their work and training and development needs. Staff felt well supported in their roles and had no concerns about approaching the registered manager or any other member of the management team should they need advice or support.

An assessment of people's needs was carried out and appropriate care plans were developed. Care plans detailed people's preferences with regards to how they wished their care and support to be provided. Care plans were regularly reviewed with the involvement of the person and other significant people such as family members.

The registered manager understood what their responsibilities were for ensuring decisions were made in

people's best interests. Staff were aware of the need to obtain people's consent prior to providing people with care and support.

People told us that the staff were kind, caring and polite and that the staff respected their privacy, dignity and independence. People told us they enjoyed the company of staff because they cheered up their day and shared laughter and banter with them.

People told us that staff arrived at their homes on time and always stayed for the right amount of time. People were happy that wherever possible the same staff who knew them well visited them.

People's wishes and preferences were accurately reflected in the care plans and contact records were maintained to show people received the right care and support. Contact records were also used as a way of communicating important information to relevant others about people's needs.

People who used the service, family members and staff told us they thought the service was well managed. They described the registered manager and other members of the management team as being approachable and supportive.

Systems were in place to monitor the safety and quality of the service and to gather the views and experiences of people and their family members. The service was flexible and responded to any issues or concerns raised. People told us they were confident that any concerns they had would be listened to, taken seriously and acted upon.

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.

People said they trusted staff and felt safe with them.

Risks people faced were identified and minimised.

Recruitment procedures were thorough and safe.

Is the service effective?

Good ●

The service was effective.

People were fully involved in planning and reviewing their care and how it was provided.

Staff understood the legal process which they needed to follow when a person lacked capacity to make their own decisions.

People's healthcare needs were understood and met.

Is the service caring?

Good ●

The service was caring.

People's privacy, dignity and independence was promoted and respected.

People enjoyed the company of staff and formed positive relationships with them.

Staff knew people well, including their likes and dislikes.

Is the service responsive?

Good ●

The service was responsive.

People received all the right care and support to meet their needs.

Staff listened to people and responded to their needs.

People had information about how to complain and they were confident about complaining.

Is the service well-led?

Good 

- The service was well led.
- The leadership of the service promoted a positive culture.
- People were complimentary about the way the service was managed.
- There were systems in place to assess and monitor the quality of the service and make improvements.

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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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by one adult social care inspector. The inspection took place over two days and was announced. The registered provider was given 48 hours' notice because we needed to be sure that someone would be at the office.

During our inspection we visited the office and met with the registered manager and a company director. We checked a selection of records held at the office, including care records for six people who used the service, recruitment and training records for four staff, policies and procedures and other records relating to the management of the service. We spoke over the telephone with three people who used the service and five family members.

Before our inspection we reviewed the information we held about the service including notifications that the registered provider had sent us and the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, including what the service does well and any improvements they plan to make.

Is the service safe?

Our findings

People told us that staff treated them well and that they felt safe with them. People's comments included; "Yes I feel safe with them all", "I have no concerns at all they treat me very well indeed" and "They make me feel very safe".

People were protected against the risk of abuse and harm. Staff had access to a range of information and guidance about safeguarding people from abuse. This included a copy of the registered providers and the local authority safeguarding policy and procedure. As part of their induction staff were introduced to safeguarding procedures and they completed training in the subject. Staff knew the different types of abuse and recognised potential signs of abuse. The registered manager was aware of their responsibilities for alerting the relevant local authority safeguarding team of any allegations of abuse and for notifying CQC in the event of an allegation of abuse being made.

Risks were identified through assessments and how to minimise risks people faced was incorporated into their care plans to help keep them and others safe. Risk assessments were regularly reviewed and risk management plans updated as required. The plans provided staff with instructions on how to minimise risks to people's health and safety in relation to things such as the environment, the use of equipment and moving and handling.

There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. Staff who administered medication had completed the required training and competency checks annually. Medication and medication administration records (MARs) were kept safe in people's homes and checked regularly by a member of the management team to ensure they were accurate and up to date. People told us that they always received their medication on time and that staff were careful when administering them and completing records.

The process for recruiting new staff was safe and thorough. The registered provider had a recruitment policy and procedure which clearly set out the process for recruiting new staff. Records which were maintained for each member of staff showed they were subject to a number of checks prior to starting work at the service. New staff completed an application form which provided details of their previous employment history, qualifications and experience. A record of interview was taken and in addition a minimum of two references were obtained, including one from the applicant's most recent employer. A check was also carried out by the Disclosure and Barring Service (DBS). The DBS helped the registered provider make safer recruitment decisions about the staff they employed.

People were supported by the right amount of staff to keep them safe. The level of support people needed was based on an assessment of their need. Staffing levels were determined by people's needs, and those who required it received support from more than one staff. People who used the service and their family members told us that the right amount of staff had always turned up at people's homes to provide the care and support they needed.

Staff had completed training in topics of health and safety including first aid, fire awareness and infection control. Staff showed a good understanding about their responsibilities for ensuring the safety of people who used the service and their own safety. They were confident about dealing with an emergency situation should one arise.

The office was staffed during office hours and there was an on call service outside of those times. People who used the service, their family members and staff told us that they had the contact details should they need to contact anyone for advice or support at any time.

There were accident and incident reporting systems in place at the service. In the event of an occurrence staff completed accident and incident report forms which were reviewed by the registered manager to see if appropriate action had been taken. The reviews also helped to identify any patterns or themes and to help prevent reoccurrence.

People who used the service lived in their own homes and were responsible for any infection control issues. However, staff had been trained in infection prevention and control and they were aware of their responsibilities to report any concerns they had so that a solution could be found. Personal protective equipment (PPE) was available at the office which staff could access when required. PPE available to staff included hand gel, gloves and aprons to help prevent the spread of infection.

Is the service effective?

Our findings

People told us that the staff provided them with all the right care and support. They said they thought the staff did a good job and were well trained. People's comments included; "I can't fault them they do everything so well" and "I am really happy with them [staff] they are so good".

Staff received appropriate training and support for their job. All staff entered onto an induction programme when they first started work at the service. During induction new staff were introduced to the management team and the registered providers policies and procedures. They also completed key training and shadowed existing staff before they worked alone. Topics of training completed during induction included; moving and handling, medication, safeguarding and emergency procedures. Throughout induction the management team carried out checks to assess new workers understanding of the training they had completed through direct questioning and observation of their practice. A record of the training staff completed during their induction and of their progress was kept.

Following induction staff continued with an on going programme of training to refresh their knowledge and skills in topics key and to enable them to meet the specific needs of the people they supported. Staff confirmed that they had completed regular training and they said it was relevant to the work they carried out. The registered manager kept a record of staff training which enabled them to monitor staff progress and plan for their future training needs.

Staff attended formal one to one supervision meetings with their line manager and they were invited to attend regular team meetings. These meetings provided staff with an opportunity to discuss their work, the people they supported and to explore any training and development needs. All formal supervision meetings were recorded and agreed by the staff member and supervisor. Staff were issued with a memo informing them of forthcoming team meetings and staff who were unable to attend had access to the minutes of the meetings. During visits to people's homes the registered manager and senior staff carried out observational checks on staff attitude and practice. In addition people who used the service were invited during reviews to provide feedback about staff, including their appearance, attitude and ability. All information obtained in relation to staff contributed to their personal development.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In community services, where people do not have the mental capacity to make decisions on their own behalf, an authorisation must be sought from the Court of Protection (CoP) to ensure that decisions made in their best interests are legally authorised. At the time of the inspection we were informed that no one who used the service was subject to an authorisation made by

the CoP. The registered manager and director for the service advised that they had sourced training for staff in the MCA, and in the interim they had provided staff with written information and guidance in relation to the act and how it applied to their work. Staff knew the main principles of the act and the need to respect people's decisions. People told us that staff always explained the care and support they provided and obtained their consent before proceeding.

People who required it were supported to access food and drink of their choice. The support people received varied depending on their individual circumstances. Some people lived with family members who prepared meals. Staff members reheated and ensured meals were accessible to people who used the service. Where people were identified as being at risk of malnutrition or dehydration staff recorded and monitored their food and fluid intake in line with the person's care plan.

People who used the service were responsible for managing most of their own health care appointments and health care needs with the help of relevant others such as family members. However, any intervention staff were required to provide was recorded in care plans. Staff had appropriately supported people to access healthcare appointments and when required they liaised with health and social care professionals involved in people's care. People's care records included the contact details of their GP and other relevant healthcare professionals so staff could contact them if they had concerns about a person's health or for advice and guidance. Staff were confident about what to do if they had immediate concerns about a person's health and they said they would not hesitate to call emergency services. A family member gave us an example of when a staff member had accompanied their relative to a Walk in Centre because they had concerns about their health.

Is the service caring?

Our findings

People and family members told us that the staff were kind and helpful and they were polite, caring and respectful. Their comments included, "They [staff] are lovely. They never rush and are very kind and helpful", "I look forward to seeing them. They cheer me up", "So polite and courteous and very friendly. They never make me feel embarrassed" and "They [staff] treat my [relative] with a lot of respect and they go the extra mile".

Information about people's needs and things of importance was detailed in their care plan, including their wishes, preferences, likes and dislikes. Staff had a good understanding about people's needs and what was important to them and they spoke about people in a caring and compassionate way.

People's independence was respected and promoted. Care plans included information about people's abilities and they put a lot of emphasis on promoting people's independence. For example they included terms such as 'encourage', 'promote' and 'assist'. Staff told us that they were very conscious about encouraging people's independence and not taking over. People confirmed that staff encouraged their independence where ever possible and that staff were patient in their approach.

Staff explained how they ensured people's privacy and dignity. Examples they gave included; ensuring doors and curtains were closed when assisting people with personal care, giving people choices and listening and acting upon them. People told us that staff always knocked on their door before entering their homes even if they had access via a key code safe. People said staff greeted them on arrival to their home and that staff never left in a rush and without saying goodbye. One person said "They always say good morning and ask how I am" and another person said, "They [staff] always sit and have a chat and a cup of tea before they leave". People told us that staff were respectful of their homes and that they always left everywhere clean and tidy before leaving.

One person said, "I get the same girls and I've really got to know and trust them" and another person said, "I'm really pleased that the same girls [staff] visit me because they know my routine and how I like things done". Family member said, "[Relative] has the mostly the same girls [staff] visiting which is great because [relative] has really got to know and trust them and looks forward to them coming". The registered manager told us that they made every effort to ensure that people received visits from the same group of staff and records showed this. People confirmed that they were visited mostly by the same group of staff and that this was important to them as it helped them get to know each other. This was also confirmed by family members. One family member commented that they were happy that their relative received visits from a consistent team of staff as it helped to build positive and trusting relationships.

People told us that they were involved in deciding which staff visited them. They said they were introduced to new staff and were asked their thoughts and opinions before agreeing to them visiting long term. People told us that staff were punctual and always remained at their home for the allocated call time. People said staff spent time chatting with them about things of interest and that staff never rushed to get things done.

People told us they were given information about the service which they kept at their home. Information included such things as how to complain and who to contact both during and outside of office hours.

The registered manager was aware of the circumstances of when a person may need the help of an advocate and they held details of services which they would share with people who may require the services of an advocate. An advocate acts as an independent person to help people express their needs and wishes, as well as assisting people to make decisions which are in their best interests.

Is the service responsive?

Our findings

People told us they had a care plan which they helped put together. They said their care plans were kept in their homes and included all the information which staff needed to know about them. People's comments included, "They [staff] read my notes [care plan]" and "They [staff] are very good indeed, they do everything they need to and more".

Each person underwent an assessment of their needs prior to them using the service. The assessments which were carried out by the registered provider covered areas of need and any associated risks in relation to things such as mobility, communication, eating and drinking, personal hygiene and the environment. The registered provider also obtained information from other health and social care professionals which contributed to their overall assessment and planning of people's needs.

Care plans were developed based on the outcomes of assessments and they were agreed by people and relevant others such as family members. People who used the service or where appropriate, those acting on their behalf were involved in the assessment and care planning process. Care plans were kept in people's homes and with the person's consent a copy was held at the office. The plans provided staff with information about people's needs and how people wished them to be met, for example, people's preferred routines, likes and dislikes. A formal review of people's care plans took place regularly with their involvement and the involvement of relevant others. Review records which were kept showed that people had fully participated in the process and contributed to how their ongoing care and support was to be provided.

At the end of each visit staff completed a contact sheet detailing the care and support they provided people with. This included a summary of any tasks and activities which they carried out during the visit and any significant observations which needed to be communicated onto other staff or relevant others, such as family members. Details of any contact staff had with others such as the person's GP were also entered onto the contact sheet.

People were involved in the running of the service and their views and opinions were regularly obtained and listened to. During care reviews, people and those in attendance such as family members were provided with the opportunity to complete a quality assurance form inviting them to rate and comment on aspects of the service. Topics covered included punctuality, attitude and appearance of staff and the support provided from management and office staff. In addition the registered provider also invited people and relevant others to complete a questionnaire seeking people's views about the service and staff performance. Review records and questionnaires completed in 2016 showed that people and family members had all provided positive feedback about the service.

The registered provider had a complaints procedure which people were given when they first started to use the service. People and family members confirmed that they had a copy of the complaints procedure and that they would not hesitate to complain if they needed to. The procedure clearly described the steps people needed to take if they were unhappy with any aspect of the service they received. One person said,

"I've nothing at all to complain about but I would if I needed to" and "Oh yes I'd let them know if I was unhappy".

People who used the service had access to advice and support at all times. They were provided with details of the office opening times and the names and contact details of an on call manager who was available outside of office hours.

Is the service well-led?

Our findings

People and family members were complementary about how the service was managed. Their comments included; "I can't fault them [management] they are absolutely brilliant", "There's a real openness about them, they [management] are always honest with you", "They are all easy to talk to and they are always happy to help" and "The manager and the others in the office communicate really well and they listen and take things on board".

There was a clear management structure operated at the service which was clearly understood by people who used the service, family members and staff. It was evident through discussions with people, family members and staff that the registered manager and director for the service demonstrated high standards of care and support for people which they promoted amongst the staff team. Staff spoke about how they provided people with personalised care and support, how they promoted people's independence and how they strived to improve the quality of people's lives. The management team regularly checked on staff performance and provided the staff team with ongoing support.

People were asked for their views about the service and the quality of the care and support they received and their comments were listened to and acted upon. Staff said meetings which they attended and informal discussions they had with the registered manager, director of the service and senior staff gave them the opportunity to openly express their views and opinions and put forward ideas for improving the service. Staff told us they had a lot of confidence in the registered manager, director and senior staff. They said the management team were approachable, very supportive and understanding.

There were systems in place for assessing and monitoring the quality of service provision, which aimed to protect people who used the service against the risks of inappropriate or unsafe care and support. This included regular reviews of care plans and spot checks at people's homes to check on staff performance and the maintenance and accuracy of records, including care plans, contact records and medication administration records (MARS).

People and relevant others were encouraged to provide feedback about the service in a number of different ways and from this, information was analysed and used to further improve the quality of the service provided.

There were processes in place for monitoring and learning from incidents and accidents. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to staff, resulting in improvements to people's safety.

We had received no statutory notifications from the registered provider about the service. However the registered manager had a good understanding of incidents and events which they were required by law to notify CQC about and they knew the process for sending notifications to us.

Policies and procedures were held at the office and easily accessible to staff and staff were issued with a staff handbook, which included copies of them. There was a whistle blowing policy in place and staff were aware of it. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations without the fear of reprisals. Staff knew about the whistle blowing procedure and they said they would have no concerns about using it if they needed to. They said they trusted the registered manager to deal with any concerns they may have and in a discreet and professional way.