

Healing Hands Care Limited

Healing Hands Care

Inspection report

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Date of inspection visit:
11 October 2019
14 October 2019

Date of publication:
08 November 2019

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

Healing Hands is a domiciliary care agency and provides care and support to people living 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. At the time of our inspection three people received the regulated activity 'personal care'. This was the first inspection since the service was registered in October 2018. At the time of inspection three people were receiving

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

Staff were aware of the safety and wellbeing of people who used the service and kept people safe from avoidable harm. Staff followed good infection control practises and administered people's medicines safely.

People received the right support based on their current needs and preferences. Staff had the right skills and knowledge to carry out their roles effectively and were well-supported by the registered manager with supervisions and one to one support.

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.

Staff were kind and showed a genuine passion for providing high standards of care. We were told by people their privacy and dignity were always respected and they supported people to be as independent as possible.

People received personalised care and support based on their individual needs and preferences. The service was well-led. The registered manager had good oversight of the running of the service through been hands on in people's home. The registered manager was making continuous improvements.

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

Rating at last inspection

This service was registered with us on 10 October 2018 and this was the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information 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 ●

Healing Hands Care

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 Care Act 2014.

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.

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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We visited the office location day one on 11 October 2019. Day two we spoke to people and staff on the telephone on 14 October 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 used all this information to plan our inspection.

During the inspection

We spoke with two people on the phone who used the service about their experience of the care provided. We also spoke with three members of care staff on the telephone. We spoke to the registered manager in the office on day one. We reviewed a range of records. This included three people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service.

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

Systems and processes to safeguard people from the risk of abuse

- Everyone we asked told us they felt safe when receiving care. People told us they always knew which staff would be visiting them and said this contributed to them feeling safe when receiving care. One person said, "Yes I am very safe with the staff they are like family."
- Staff knew the procedures for reporting any concerns they had and had completed training in safeguarding. No incidents had been reported

Assessing risk, safety monitoring and management

- Risks, such as moving and handling and infection control, were identified during the initial assessment of a person's needs. Guidance was provided for staff to manage the identified risk.
- An assessment of the environmental risks staff may face when supporting people in their own home was completed. For example, external lighting, information on key codes and fire safety.

Staffing and recruitment

- Staff recruitment was safe. Any gaps in employment history were explained, and Disclosure and Barring Service (DBS) checks been completed. This helped to make sure staff were fit for the role. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.
- Everyone we spoke to told us calls were always completed and staff were rarely late, if this happened people were contacted. One person said, "I am very happy with the carers they are like a second family."

Using medicines safely

- Staff told us they had received training in medicines management, and records we checked confirmed this.
- The provider had effective systems in place to monitor how medicines were managed within the service; this included monitoring of records, and carrying out spot checks of care visits. We saw people had received their medication in relation to their prescriptions.

Preventing and controlling infection

- Staff received training in infection control and food hygiene. Staff we spoke with told us this training was useful.
- People told us staff used gloves and aprons when appropriate.

Learning lessons when things go wrong

- Staff told us they would report any incidents or accidents directly to the registered manager
- Records showed that when incidents and accidents happened, analysis took place to reduce the risk of recurrence.

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

- We saw assessments of people's needs were undertaken before they began to receive care. People's physical, mental and social needs were holistically assessed so that the provider understood the care people needed.

Staff support: induction, training, skills and experience

- Records showed staff received a good standard of induction before they commenced work, and staff we spoke with confirmed this.
- The provider's records showed that staff received a good standard of training, and the registered manager told us they were committed to training. One staff member said: "The training's really good, I have no issues about that."

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

- People's care records showed where staff were required to provide them with food and drink, their personal preferences were offered.
- People told us staff provided the food they enjoyed and ensured they were given a choice.

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

- Staff knew when to contact outside assistance. People's care records showed evidence of this.
- Advice provided by healthcare professionals was incorporated into people's care plans, which meant staff were providing care which met people's health needs.
- Staff kept clear records of people's care and worked together to provide consistent support.
- Staff told us they would contact medical care if needed.

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the provider had good systems in place for obtaining and acting in accordance with people's preferences.
- Everyone at the time of inspection had capacity and this was recorded in the care plans.

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

- Care records we checked showed people's cultural needs and preferences were taken into consideration when their care packages were being developed.
- People told us care staff consistently treated them with respect and told us they felt listened to when staff were carrying out care tasks. One person said, "The staff are lovely they know me really well and are respectful of what I want and how I like things done." Another person said, "They are good girls we have a laugh and a joke."

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

- People were regularly asked for their input and views about how their care was being delivered. This was via meetings with managers, phone calls, surveys and during management spot checks of care visits.
- People's views and decisions about care were incorporated when their care packages were devised.
- People told us staff involved them in their care and were aware of their care plans. One person told us they were aware they had a care plan as they were fully involved from the start of the process.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of maintaining confidentiality. They told us they do not discuss the details of their work.
- Staff maintained people's privacy, dignity and independence when they provided care and support. They closed curtains and doors before supporting people to wash or dress and ensured they remained covered wherever possible.

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

- Each care plan we looked at showed the person's needs and preferences had been taken into consideration when the care plan was being developed.
- Staff records of care given demonstrated that staff checked with people about how care was being provided to ensure people had control over the care they received. People confirmed they felt fully involved in their care.

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.

- The provider made documentation available in alternative formats, such as large print and easy read, to enable people to access information if this was needed.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint, and said they would be confident to do so if they needed to.
- The provider had a complaints policy in place at the office. There had been no complaints.

End of life care and support

- Nobody was receiving end of life care at the time of inspection, however the registered manager told us they would seek professional outside support if this was required.

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.

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

- People told us there was very good communication with the care staff and the registered manager.
- Staff said they enjoyed working at the service and felt well supported by the registered manager. Staff said the registered manager was open and approachable. One staff member said, "She [registered manager] is very good, I can talk to her about anything and she listens."
- The registered manager knew the kind of incidents that needed to be notified to the Care Quality Commission, and appropriate notifications had been made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits and checks were in place. Accident and incidents were analysed.
- The registered manager told us she was always looking at new ways to improve the service.
- Staff were clear about their roles. All staff told us the registered manager was "very helpful" and "supportive."

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

- People and relatives were involved in reviewing and agreeing their care and support plans.
- People said they were able to contact the registered manager if they needed to but never had any reasons to do so.
- The service was working alongside other services and outside professionals looking at best practice.