

## Safehands Homecare

# Safehands Homecare

### 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: Safehands Homecare is a 'domiciliary care agency' providing personal care and support to people in their own homes. The service was providing a regulated activity of personal care to 26 older people at the time of the inspection.

People's experience of using this service: Issues found under the safe and well-led domains at the last inspection, relating to staff recruitment checks, recording of medicines administration and governance of the service had been addressed.

Recruitment processes had been improved and checks were in place to ensure staff were suitable to work in a care environment. People's medicines were administered as prescribed and recorded appropriately. The registered manager demonstrated an open and honest approach which supported staff to understand the values of high quality person-centred caring. Some audits to monitor the quality and safety of the service to drive improvements, were being developed and enhanced.

People were protected from avoidable harm and abuse by staff who could identify and report safeguarding concerns. People received assessments and support and staff followed guidance where risks were evident to keep people safe.

People told us they received their services on time and that staff were appropriately trained to meet their needs. An induction was completed by new staff and annual training supported staff to enable them to carry out their role effectively. Some specialist training specific to people's individual needs had been sourced through the local hospice and the community district nursing team.

Staff could tell us how they built trusting relationships with people. Comments from people confirmed that staff maintained their dignity, privacy and promoted their independent living skills.

Staff understood their responsibilities in relation to the mental capacity legislation. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care plans had been reviewed and updated to contain more person-centred information. The registered manager advised this was a 'work in progress' to ensure all personalised information was captured. Staff could identify when people required additional input from health professionals and followed any advice to meet people's specific needs.

People were supported by staff to attend health care appointments and encouraged to participate in activities and events in their local community. Not all people had end of life care plans in place to ensure their wishes were respected. This was an area the provider had identified for further development and had arranged end of life care training for all staff with the local hospice.

Complaints had been addressed in line with the providers policies and procedures. People told us they knew how to make a complaint and would be confident any concerns would be addressed.

Rating at last inspection: Requires Improvement (Published 13 April 2018).

Why we inspected: This was a planned inspection based on previous rating.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule or sooner if we receive information of concern.

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

## 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** ●

# Safehands Homecare

## Detailed findings

### Background to this inspection

**This inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was carried out by one inspector.

**Service and service type:** The service is a 'domiciliary care agency' providing care to people in their own homes. The service was registered to support older and younger people, some of whom may be living with a dementia related condition.

Safehands Homecare supports people with personal care and social support in the Scarborough and Pickering areas of North Yorkshire. At the time of the inspection 26 people were receiving support.

The service has a manager registered with the Care Quality Commission (CQC). 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:** Inspection site visit activity started on 1 April 2019 and ended on 2 April 2019. We visited the office location on both dates to see the manager and office staff; and to review care records and policies and procedures.

The inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is small, and we needed to be sure that the manager would be available to speak with us.

**What we did:** Before the inspection we reviewed information available to us about this service. This included details about incidents the provider must notify us about. We sought feedback from the local authority safeguarding and commissioning teams. The provider sent us a provider information return prior to the inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with the registered manager, the health and safety manager and two staff. We spoke with six people who used the service and three relatives. We looked at three people's care records, including their care plans and risk assessments. We looked at medication administration records and observed a member of staff administering medicines. We also looked at a selection of documentation about the management and running of the service. This included quality assurance processes and recruitment information for three staff.

# Is the service safe?

## Our findings

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

People were protected from abuse and avoidable harm. Legal requirements were met.

At the last inspection, this domain was rated requires improvement. This was because there were issues with gaps in medicines administration records and recruitment checks needed to be more robust. At this inspection we found measures had been put in place to address these issues.

Learning lessons when things go wrong; Staffing and recruitment; Using medicines safely.

- The provider had worked alongside the Local Authority to ensure improved audits were in place for medicines administration. This ensured that any gaps in records were identified and addressed in a timely way.
- Medicines administration records we checked had no gaps in recording.
- People told us they received their medicines on time and as prescribed. Information about each person's medicine and any associated information such as allergies were kept in people's homes, so staff could refer to them when needed.
- Senior staff were responsible for administering medicines and had received appropriate training and competency checks.
- The provider had introduced a recruitment checklist. This gave them oversight of the recruitment process to ensure staff were of suitable character, references verified, induction training and shadowing completed before working alone.
- The registered manager told us they continually reviewed staffing levels and had contingencies in place for office staff, managers and agency to support if needed.
- Accidents and incidents were recorded in detail and appropriate actions taken to support people. The provider was in the process of developing their analysis to ensure future risks were mitigated where possible.

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

- Safeguarding policies and procedures were in place to guide staff and they completed training about how to protect people from harm and abuse.
- Staff could describe different types of abuse and knew who to report their concerns to. One member of staff advised, "I would report to my manager, safeguarding and CQC."
- People told us they felt safe and supported by staff. One person said, "They [staff] always check I am ok and ask if I need anything else before they leave."

Assessing risk, safety monitoring and management; Preventing and controlling infection.

- People's needs had been assessed and potential hazards identified, guidance was in place to support staff to mitigate these risks. The registered manager was in the process of developing these further to include risks associated to people's diagnosed health conditions and adding additional information to

environmental risk assessments to include more detailed checks around fire safety.

- Staff used Personal Protective Equipment such as gloves, aprons and shoe covers. They carried out appropriate hand hygiene practices to ensure infection control was managed.

# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience.

- New staff were provided with a structured induction programme and training to ensure they were competent to carry out their role and understood the values of the service.
- Staff received regular refresher training and could access specialist training to develop their skills and experience.
- Staff received regular supervision, competency checks and yearly appraisal. This supported staff to discuss any concerns and identify training needs. Supervisions identified good practice so that staff felt valued for their contribution to people's lives.

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

- The registered manager and staff met with people and their relatives to complete initial assessments. A holistic approach had been adopted to ensure people's physical, emotional and spiritual needs were discussed and recorded.
- Staff were aware of the responsibilities of their role and relevant best practice guidelines which enabled them to support people appropriately and seek advice other health professionals when needed.

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

- Staff supported people to meet their nutritional needs. People were encouraged to eat and drink. Staff knew to encourage people to listen to advice from health professionals to ensure a healthy diet was maintained.
- Staff who supported with meal preparation had received food hygiene training.
- People told us, "[Name of staff] always asks me what I would like to eat and if I don't have it in they go to the shops and get it for me."

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

- People told us they were supported to access health care professionals such as GP's, and district nurses. A relative told us, "Staff supported [name] to attend a hospital appointment whilst I was on holiday."
- Staff knew when to refer people to other health professionals and records of these visits showed timely referrals for advice or support were completed.
- Patient passports were in place so that information was shared when people transitioned between services, such as hospitals.

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 living in their own homes can only be deprived of their liberty to receive care and treatment with appropriate legal authority from the court of protection. We checked whether the service was working within the principles of the MCA.

- People told us that staff asked for their consent before completing personal cares.
- Staff understood the law in relation to the Mental Capacity Act (MCA) and had received training in this area. At the time of this inspection no authorisations were in place to deprive people of their liberty.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- The service promoted a person-centred culture. Staff built trusting relationships with people and their relatives.
- People told us that staff communicated well with them and genuinely cared about them. One person told us, "I never feel rushed or that staff don't have time for me."
- Staff told us they loved their jobs. One member of staff said, "I wouldn't want to work anywhere else."
- People were supported to maintain regular contact with their family and friends.
- Staff understood how to cater for people's diverse needs and were mindful of people's cultural or religious preferences.

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

- Staff empowered people to make decisions about their own care and support.
- People's care plans included information about communication needs and the registered manager was developing this further to record how staff supported people. Information was available in different languages and formats depending on people's needs.
- Satisfaction surveys were sent to people and their families annually to gain valuable feedback which was used to improve the service.
- Information on advocacy services was available should people need support to express their views.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. One person told us, "Staff always allow me private time when delivering personal care. They close the door to the toilet and give me time to get myself ready."
- Staff told us how they promoted people's independence. One member of staff said, "I read the care plan which details people's abilities and I encourage them to do as much as possible for themselves."
- Information was securely stored in line with data protection laws to maintain people's confidentiality.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

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

- People's care plans contained information that was personalised, such as their likes, dislikes and preferences. Care plans were regularly reviewed each month or when people's needs changed.
- We were told by people living at the service they received the care they required. One relative told us, "Staff are very good with [name], they are not easy to deal with. They have built a good relationship and so things work well between them."
- The service was responsive to people and their family's needs. For example, people told us, "I have asked to change times of my calls and this has been accommodated." A relative advised, "I have asked for additional support when I am on holidays and the manager has sorted this, so I don't have to worry about [name]."

End of life care and support.

- Some people had been given the opportunity to discuss their end of life wishes and planned them. However, this information had not always been explored. The registered manager took steps to ensure this was part of the initial assessment to ensure people's wishes were known and respected.
- Staff were scheduled to attend specialist training delivered by the local hospice for end of life care and support.

Improving care quality in response to complaints or concerns.

- Complaints had been dealt with in line with the providers policy.
- People told us they would raise issues and either speak with staff or the registered manager. One person told us, "The manager visits so we have a chat and it's a nice opportunity to speak with them. I know they would sort any issues if I needed them to."

# 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.

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

At the last inspection of this service this domain was rated requires improvement. This was because there were issues with the oversight of the service in terms of recruitment and recording of medicines. Audits had not always identified where improvements needed to be made. At this inspection we found measures had been put in place to address these issues.

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

- Audits were in place to assess the quality of services and identify where improvements were needed. Monthly medicines audits had been introduced and a recruitment checklist. The provider told us they were developing an annual audit they could use to ensure they were continually compliant with the Health and Social Care Regulations.
- Staff told us they had regular meetings where concerns were shared to improve learning and best practice within the staff team.
- The registered manager understood their legal responsibilities in terms of the duty of candour. This sets out how providers should conduct themselves when things have gone wrong to promote open and transparent communications with people and their relatives.
- The provider refreshed their knowledge of the registration regulations and submitted notifications for two isolated incidents that had happened recently. Appropriate action had been taken and there was no impact to people receiving services.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- People and their relatives told us they were invited to meetings where care needs were reviewed and planned.
- People and their relatives spoke positively about the service. Comments included: "Yes, I'm happy with the service" and, "On whole pretty good - they seem alright when I'm there. They interact with [name] ok."
- The provider was open and transparent throughout the inspection and had a positive approach to any constructive feedback. During the inspection staff took measures to improve some documentation and outlined future planning and improvements they intended to make.
- Staff told us the service was managed well and they felt supported by the registered manager. One member of staff advised, "I can speak to [name of manager] anytime, they are always available and give helpful advice."

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

characteristics. Working in partnership with others; Continuous learning and improving care.

- The registered manager told us they actively sought feedback from people and their relatives through annual satisfaction surveys, visits to people in their homes and general discussions during care visits. The management team regularly completed care visits to keep in regular contact with people and their relatives and to ensure the smooth running of services.
- The registered manager was aware of best practice guidelines and these had been incorporated into the services policies and procedures. Records showed partnership working with various professionals including; Community District Nurses, GP's and local authority commissioners.
- The provider had identified where additional training may be required and organised some external training, such as dementia and end of life care. This supported staff to have a better understanding of the complexities of people's needs and how to support them well.