

Safehands Support Services (UK) Limited

Safehands Support Services UK Limited

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 Support Services UK is a domiciliary care agency. It provides personal care to adults living in their own homes. At the time of our inspection, 150 were being supported by Safehands Support Services.

People's experience of using this service:

People told us they felt safe and systems were in place to help protect them from the risk of abuse.

Staffing levels were adequate and management considered staffing levels to ensure they were safe when accepting new referrals to support people. People told us they could rely on the care workers to arrive on time.

People's needs were assessed by trained staff and their care records reflected the person's choices. People were encouraged to do the things they wanted and the service worked hard to allow them to do so as safely as possible.

Some care workers received additional training to enable them to demonstrate specialist equipment to other care workers to ensure they could support people safely.

People told us they were offered a choice of meals and enjoyed what the care workers cooked for them.

Where people were unwell or needed other support, referrals were made to people's GPs, district nurses and speech and language therapists (SALTs).

People spoke highly of the care workers and felt they were treated with kindness and respect. People told us how they usually saw the same care workers so had got to know each other well.

People gave us examples of how care workers had supported them to remain independent and had a positive impact on their lives.

Technology was used to help people be involved in their care. Up to date information about people's care was available on a secure online site so people could see which care workers were visiting and relatives could see that the care workers had arrived.

People were supported to participate in activities outside their homes and remain a part of the local community.

The management of the service worked hard to monitor and improve the service. People and their relatives told us they were confident in them and that someone was always available if they needed anything.

Rating at last inspection: Good, published on 22 November 2016

Why we inspected: This was a scheduled inspection based on the service's rating at the last inspection.

Follow up: We will continue to monitor the service through information we receive and future inspections.

For more details, please see the full report which is on the CQC website at 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 Support Services UK Limited

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. 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 team consisted of one adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of domiciliary care service.

Service and service type:

Safehands Support Services is a domiciliary care service. Not everyone using Safehands Support Services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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:

The inspection was unannounced.

Inspection site visit activity started on 24 April and ended on 26 April 2019. We visited the office location on 24 April 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed information we held about the service including notifications the registered manager was required to send us about things happening in the service, information from other stakeholders, for example local authorities, and information from members of the public.

The provider completed a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with five people using the service, four relatives of people using the service, three care workers, the registered manager, office staff and field based senior care workers. We reviewed care and medication records of four people, recruitment files of four care workers and quality assurance audits performed by the provider.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person we spoke with told us, "I feel very safe with them because I have regular care workers coming round so I know them very well."
- Systems were in place to safeguard people from abuse.
- Care workers were trained and understood signs that a person may be at risk of abuse.
- Any concerns raised were logged and notified to the relevant authorities according to the level of harm identified.
- Low-level concerns were recorded and reported to the local authority in line with the policy of the local authority.

Assessing risk, safety monitoring and management

- Risks to people were assessed and their support plan incorporated measures put in place to reduce the risk to the person.
- Support plans contained detailed advice and instruction to care staff.
- People's choices were respected and their support plans reflected the way the person wanted to be supported. People could take risks in as safe a way as possible.

Staffing and recruitment

- The service ensured they had sufficient staffing levels to ensure people were supported safely.
- Care workers we spoke with told us they had enough time to spend with people to ensure their needs were met.
- Staffing needs were assessed to ensure they were safe when considering whether to take on additional packages of care.

Using medicines safely

- People received their medicines safely.
- A relative of a person using the service told us, "They are very good. They make sure [my relative] takes their tablets and they also have some ointments which they help them with."
- Staff received training in supporting people with their medicines.
- People's care records contained information about what medicines they were prescribed and what support they needed to take them safely.
- People were encouraged to use pharmacies that would print out medicine administration records (MARs) to reduce the risk of handwriting MARs. Where people preferred to use pharmacies that would not print MARs, the MARs were clearly written and checked to ensure they were correct.
- MARs we saw were completed clearly and were audited by management staff to identify any errors.

Preventing and controlling infection

- People were protected from the risk of infection.
- Staff received training in infection control and food hygiene and understood its importance.
- Supplies of personal protective equipment (PPE) such as disposable gloves and aprons were readily available for staff.

Learning lessons when things go wrong

- Accidents and incidents were analysed to identify any patterns or trends that could suggest underlying issues.
- Where improvements to the service were identified these were implemented and the learning was shared with care workers through team meetings and supervisions.

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.

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

- People's needs were assessed by trained staff.
- People's care records reflected the person's cultural background and choices. One care record we saw read, "I do insist I get out of bed and chair as I do have feeling in my legs." Another read, "I do have hearing aids but I choose not to wear them."
- Where appropriate, equipment was used to promote people's independence. One person told us, "They have a hoist to move me about but because I've had the safety training with the local council I only need one carer because I know what needs doing. I do feel safe with them."

Staff support: induction, training, skills and experience

- Staff told us they were well trained and felt very supported by management.
- A care worker we spoke with told us, "We feel well trained. It gives you confidence in yourself and we know the people well so we know what they need." A person using the service who we spoke with told us, "I have [a number of medical conditions] so I'm a bit complicated but I have regular care workers who know what they're doing. They have to be knowledgeable to help me with all that."
- Care workers told us if they felt they needed further training they were able to ask for it and it would be provided.
- Care workers were encouraged to attend training to develop their skills. One care worker we spoke with was attending a course to give them the skills to support other care workers with moving and handling equipment.

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

- People told us they were well supported to eat and drink and were offered meals of their choice.
- One person we spoke with told us, "They do all sorts but I like the spaghetti bolognese they do for me." Another person we spoke with told us, "They will do me a casserole or a chicken salad or anything I want. They are very good."
- People's care records highlighted particular needs of people. One care plan we looked at read, "Please prompt [Person] to have a drink, they are very dehydrated in the morning."
- Other care plans we saw described where people preferred to eat their meals and how they preferred them to be served.
- If people were viewed to be at risk of not eating or drinking enough additional documentation was put into their care records to help monitor what they were eating and drinking.

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

- Care workers were proactive in seeking advice and support from other healthcare professionals if they were concerned about a person.
- A relative we spoke with told us, "I tell you how switched on they are. The care workers noticed [my relative] wasn't drinking and were worried about her. Next minute they had the speech therapists out and were checking on her wellbeing to see if she was alright. They are brilliant really on the ball."
- Another relative we spoke with told us, "They know [my relative] very well and can spot if they are under the weather and spot things before me because they are experienced. They spotted they had a urine infection and asked me to ring the doctor."
- People's care records detailed other people involved in supporting the person such as district nurses and the person's GP. Visits from other care professionals were recorded and any advice they had given was included in the person's care plan.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- The service was working within the principles of the MCA.
- At the time of our inspection the service was introducing new capacity assessments to be used when people lacked the capacity to make decisions for themselves.
- People's care records contained information about the best time to ask people to make decisions. One person's records read, "I can communicate my wishes well but can get a little confused after my medication."
- People we spoke with told us they were asked by their care workers for their consent before they were supported. One person told us, "They ask me before they do anything but to be honest we have a routine and just get on with it. I feel very comfortable with how they look after me."

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; respecting equality and diversity

- People spoke fondly of their care workers and told us they felt the care workers were kind and treated them well.
- One person we spoke with told us, "I look forward to them coming they are all very nice people and I get the same ones coming every week so I have got to know them quite well." Another person told us, "I appreciate everything they do for me. I cannot thank them enough. They make a difference to my life and I couldn't manage without them. That's for all of them young and old."
- Relatives also felt people were treated with kindness. A relative we spoke with said, "They are brilliant with [my relative] and very caring. The care workers will sit and talk with them and watch films and do their hair and put nail polish on for them which I know they appreciate very much. They do their hair better than the proper hairdresser." Another relative told us, "[My relative] has very delicate skin so they have to be very careful. They are quite frail and the care workers are very patient and take good care of them."

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

- People were encouraged to make decisions about how they wanted to be supported.
- One person told us, "I have 2 hour sitting sessions where they take me out or do whatever I want like doing my hair or nails." Relatives of people using the service told us they felt involved in their relatives' care. One relative told us, "The registered manager is very good. I asked that we have regular staff so [my relative] knows all their faces and they sorted it. It gives us some continuity and we have built up a relationship with the carers who come to the house."
- Care workers we spoke with said they knew the people they supported well. One care worker explained, "I've had the same run for two years so we get to know them very well and can tell if they aren't right."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged and enabled to remain as independent as possible.
- One person we spoke with told us, "I depend on them to be on time because I have to get to work and don't want to be late. It's because of them that I can maintain my independence and go out to work." Another person told us, "I try to help myself in the shower or when I get dressed and they encourage me but I know they are there to help if needed."
- Relatives also gave us examples of how people had been encouraged to be independent. One relative told us, "They have got [my relative] walking round and smiling with their support, encouragement and guidance."
- People also told us their privacy and dignity was respected well.
- One person explained, "What they have to help me with is quite intrusive and they treat me with respect all

the time and I am not at all embarrassed. I am very comfortable in how they assist me. They are trained and very experienced so I am confident that I am getting well looked after." Another person told us, "They help me to have a shower and everything is done properly. No embarrassment, I feel very relaxed when they are looking after me."

- A relative told us, "I would know if [my relative] wasn't happy but I can see they treat them with patience dignity and respect and they get wonderful smiles from them which is more than I get sometimes. I know they are comfortable with them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service 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 and their relatives were involved in deciding how they wanted to be supported.
- People's care records reflected their involvement and choices, including choices relating to the person's culture or background.
- Care records were regularly reviewed to ensure they continued to meet the person's needs. People told us they felt involved in these reviews and any suggestions they made were respected and reflected in the review.
- People's communication needs were identified, recorded and flagged so they could be shared with other care and support agencies. The registered manager explained, "We can do audio versions of anything people need and we have access to the local authority translation services if people need anything in another language."
- People were supported to remain part of their local community and engage in activities that interested them. One person told us, "When I go out with them I am not frightened or anxious about anything going wrong because I know I am safe with them."
- Technology was used well to enable relatives to be involved in people's care. One relative we spoke to explained, "I wanted to make sure [my relative] knew who was coming to the house because they get anxious and upset if they don't know people. I spoke to the office and [the registered manager] has let me have access to their online rota so I can tell my [my relative] who is attending which stops them from being anxious. They were very accommodating about this and it has helped to make us feel more secure. From the rota I can also tell from the green light that the visit has gone ahead okay. This has been a real help to me."

Improving care quality in response to complaints or concerns

- People told us they felt able to complain and were confident any concerns raised would be dealt with appropriately.
- People we spoke with told us, "I have nothing to complain about and if I did I would not be worried at all about speaking to [staff] at the office. They are approachable and always very helpful when I speak to them." Another person told us, "I get what I need and I have no complaints but I would not be afraid to complain because I know that they would listen if I rang the office."
- The service had a complaints policy explaining how complaints would be investigated and responded to.
- We saw where issues had been identified, people's care records had been updated to reflect the concerns and try to resolve the issue.

End of life care and support

- At the time of our inspection no one was receiving care at the end of their life, however processes were in place to support people if required.
- Care workers received training in supporting people at the end of their life. Care workers we spoke told us

they would feel confident in supporting people in this way.

- We saw comments from a relative of a person who the service had supported at the end of their life. The comments included, "Without your care and support [my relative] wouldn't have been able to come out of hospital back home where they wanted to be. [My relative] wanted to die at home and the support they received enabled them to do this."

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.

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

- The management team of the service promoted a professional and open culture.
- Care workers we spoke with confirmed they were confident in the management of the service and were proud to work there. One care worker we spoke with told us, "They really go out of their way to help you. They go above and beyond what you'd expect." Another care worker added, "You've got to have an environment where you're supported to enjoy your work. We've got that here."
- Care workers told us they were encouraged to raise any concerns they had and felt they were listened to.
- People and their relatives told us they felt the management of the service was open and honest.

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

- The service had a registered manager who understood their regulatory responsibilities.
- When incidents and events happened that needed to be notified to CQC and other organisations this was done promptly and appropriately.
- The management team had a commitment to improving the quality of care and support they provided.
- A variety of quality and audit systems were in place to monitor the standards of care. People we spoke with told us they were frequently visited by management staff to check on the quality of care they were receiving and were asked if anything could be improved. One person we spoke with told us, "I've had spot checks where they come out and check the staff are doing their job properly and make sure the book is filled in properly. They ask me if I'm satisfied with the help."
- The service had also recently undergone an external quality audit to try and help them identify any improvements they could make to the service. At the time of our inspection the recommendations were starting to be implemented.

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

- The service worked hard to ensure the service was meeting the needs of the people it supported.
- People using the service and their relatives felt involved in the service and felt any suggestions they made would be taken seriously. Comments we received included, "I've filled in a few surveys but it's all good. I can talk to them any time." and "I'm asked regularly what my opinion is and to check everything is going smoothly."
- Regular surveys were sent out to allow people and their relatives. This enabled people who could not communicate verbally or people who preferred to give their views anonymously to do so.

