

## Handle With Care (Portsmouth) Limited

# Handle With Care

### Inspection report

188 Copnor Road  
Portsmouth  
Hampshire  
PO3 5DA

Tel: 02392652625  
Website: [www.hwcare.co.uk](http://www.hwcare.co.uk)

Date of inspection visit:  
13 October 2021

Date of publication:  
01 December 2021

### 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

Handle with Care is a domiciliary care agency providing personal care to people in their own homes. The service was supporting 82 people at the time of the inspection, including older people, those living with dementia and people with a physical disability. 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.

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

People and their relatives told us they felt safe and the provider met their needs. Medicines records did not always contain the required detail, we made a recommendation about this. Some care plans and risk assessments required further detail, but staff knew people well and understood how to support them safely. Staff had good access to PPE to ensure people were protected from the risk of infection.

Information about people's health needs was not always described within their care plan or risk assessment, although some detail was documented. We made a recommendation about this.

People's needs were assessed prior to them using the service. 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 received a variety of training to improve their skills and knowledge and worked with other organisations to deliver effective care, support and treatment. Staff told us how they gained consent from people before supporting them.

People and their relatives told us staff were caring. They were encouraged to share their feedback via yearly questionnaires, during visits and had access to the office numbers if they wanted to speak to the management team? Staff told us how they ensured people's privacy, dignity and independence was respected and promoted.

Care plans were person centred and people were supported to have personalised care which met their needs. All people and relatives we spoke to told us they knew how to make a complaint and felt their concerns would be listened to and acted upon. The provider had an end of life policy in place when required.

The registered manager had good oversight of the service. Systems and processes were in place to review and improve the service. The provider engaged people, their relatives and staff to ensure the service was moving forward and continuously improving. The registered manager had a good understanding of their regulatory requirements.

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

The last rating for this service was Good (Published 19 August 2019).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 ●

# Handle With 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

This inspection was carried out by one inspector and one pharmacist specialist. One Expert by Experience carried out telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

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. Inspection activity started on 13 October 2021 and ended on 25 October 2021. We visited the office location on 13 October 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this 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. We used all of this information to plan our inspection.

During the inspection-

We spoke with 10 people who used the service and eight relatives about their experience of the care provided. We spoke with the registered manager and two office staff. We reviewed a range of records. This included 18 people's care records and multiple medication records. We looked at eight staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received email feedback from 11 staff members.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Some people had health needs that staff needed to understand in order to provide safe care. Although, some information about people's health needs was contained within the preassessment and reassessment documentation, further specific information was needed. For example, within people's care plans and risk assessments.

We recommend the provider seeks current guidance on assessment of need and managing risk and ensures care plans and risk assessments are in pace.

- Other risks to people had been assessed as part of their initial assessment and as part of the care planning process. Risk assessments were in place including moving people safely and falls management. These were recorded within each person's care record. They identified how staff should support people and what equipment, if any, was needed. Risks were reviewed regularly and updated when required.
- Business continuity plans were in place to ensure individuals were prioritised in terms of risk during emergency situations.
- Staff had access to an online care monitoring system, which informed them of any important information they needed to meet people's needs. For example, information in relation to any new person who had started using the service or any changes to people's planned care. This meant that staff were fully up to date with essential information. Staff knew people well and were able to describe their needs.

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

- People were protected from the risk of abuse. People and their relatives told us they felt safe. For example, one person said, "I feel safe as I have two or three regular carers." A relative told us, "He is very safe in their [staff] hands."
- Staff knew the signs of abuse to look out for and told us they would report any concerns to the manager. They were confident the registered manager would respond appropriately. Staff had completed safeguarding training.

### Using medicines safely

- Medicines were managed safely. However, some of the information to support safe administration of medicines was not always present or clear in some peoples' care plans and medicines administration records (MARs). For example, for one person when a new medicine was prescribed, the daily dose of the medicine was increased each week. However, as the staff used the same MAR with the dose amended, the history was not always clear.
- The registered manager told us they were not aware that the history wasn't recorded when changes were made. They put plans in place for a new MAR to be put in place for all changes.

- The staff did not always accurately record the strength of the prescribed medicines. We spoke to the registered manager about this who made immediate changes to ensure records accurately reflected the strength of all prescribed medicines.

We recommend the service reviews information recorded about medicines in people's care records. Medicine audits should be reviewed to make them more robust.

- Staff had received training in the safe administration of medicines and documents demonstrated they had received regular competency checks.

#### Staffing and recruitment

- People and their relatives told us there were enough staff to support them. The registered manager monitored care calls through the online app which identified times of the call and any missed calls. A relative told us, "They are usually on time and we have had no problems with staff cover at weekends."
- We saw staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff. For example, disclosure and barring service (DBS) checks, obtaining up to date information about staffs conduct in previous employment and investigating any gaps in employment, were completed prior to staff starting work in the service.
- New staff attended an induction and worked alongside more experienced staff to learn about people's needs.

#### Preventing and controlling infection

- Staff had completed infection control training. This ensured people were protected from risks associated with the spread of infection.
- Staff told us they had access to personal protective equipment (PPE), and waste was disposed of correctly. We observed stocks of PPE available for staff to collect.
- People and relatives told us staff wore appropriate PPE when providing care. One person said, "They [staff] always come in to see me with their gloves and masks on." A relative told us, "The staff always wear their PPE."

#### Learning lessons when things go wrong

- Systems and processes were in place to monitor people's safety. The registered manager was proactive in ensuring they monitored any incidents, accidents or concerns and action was taken where required.
- Audits were in place to review incidents and accidents, the registered manager checked for trends or themes so these could be acted upon. This helped to mitigate risk and 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to support starting. Once this information was gathered, it was used to develop people's support plans and risk assessments with the support of people and their relatives. People's comments included, "I have a care plan that I was involved with," and, "The carers support is allowing me to live in my own home and live how I want to."
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed. A relative told us, "They [staff] monitor [Persons name] skin and make sure they apply the cream they need."

Staff support: induction, training, skills and experience

- Staff received supervisions in line with the provider's policy, although this had been less regular during the periods of lockdown due to the COVID-19 pandemic. Staff told us they felt supported by the management team and felt able to request support from them at any time.
- Staff received a variety of training including, mental capacity awareness, safeguarding and moving and handling. In addition, staff had received training specific to people's needs. For example, dementia training, skin integrity and palliative care.
- Staff had completed an induction which included the completion of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in the care sector. People and their relatives told us staff were skilled and experienced. Relatives comments included, "The care provided is good and they [staff] look after Mum well," and, "On leaving they [staff] always leave [Person] drinks at side of bed where she can easily get them."

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

- People were supported to have food and drink of their choice. A person told us, I am diabetic, and they [staff] arrive at regular times to make sure I have my meals on time. They always ask me if it is ok to make me certain food and always ask for my consent. "One relative told us "[Person] is given drinks and meals and given choices." A staff member told us, "It will always be in the care plan, what they [person] can have, and it is their food they have chosen, or family tell us what they [person] like if they are unable to communicate."
- Staff had completed food hygiene training as well as fluids and nutrition training.

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

- People were supported to access services to maintain and improve their health. A relative told us, "[Person] developed a rash and the doctor came out straight away. Her skin is the best I have ever seen it,

she is always clean. Her skin is as soft as a baby."

- Any changes to people's health was recognised promptly and support was sought by external healthcare workers when necessary. A relative told us, "When [person] was discharged from hospital, he needed a lot of care from the rehab team, he has now become more independent. Handle with Care have done everything for [person] that they needed." Another relative told us, "I needed some advice about a health issue and the carers contacted the doctor for me."
- Staff told us they worked well as a team and communicated well with each other and the office, to ensure good outcomes for people.
- The registered manager told us they worked with other agencies and staff to share information on an electronic care records system. They told us, "We can write on the app in red for important information. It updates immediately for staff to read."

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.

- Where people lacked capacity to make certain decisions for themselves, this was referenced in their care records, capacity assessments had been carried out. These had associated best interest decisions recorded which reflected other people's input, including family's involvement.
- Staff were aware of the need to ensure people were supported to make their own decisions and understood how to apply the principles of the MCA.
- The registered manager was aware of their responsibilities in respect of community deprivation of liberty Safeguards (DoLS), although at the time of our inspection no one using the service required one.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were always treated with kindness and were positive about the staff's caring attitude. Their comments included, "They [staff] are very kind and caring," "I am treated with respect at all times," and, "They [staff] look after me well and are so kind."
- The initial assessment document which is completed prior to support starting, covered areas such as expressing sexuality, religion and gender preferences and this was also included in people's care plans.
- Staff knew people well and understood their likes, dislikes and preferences.

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

- People were initially involved in the implementation of their care plans and ongoing reviews, records confirmed this. People and their relatives told us they were involved in decisions about their care. A person told us, "They [staff] do follow the care plan that I was involved with."
- People told us they had choice and control over their care and daily lives. A relative told us, "The carers always tell [person] what they are going to do before they start a task and ask her if she is ok with it."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. People told us, "I am treated with respect at all times," and, "They [staff] provide me with privacy when doing personal care, they are very thoughtful." A relative told us, "The care is all very dignified and [person] is comfortable with [staff]."
- Staff had a good understanding and were keen to ensure people were supported to maintain their dignity and independence. They told us they knocked on people's doors, ensured curtains were closed and covered people with a towel when providing personal care.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Care plans were reviewed yearly, or more frequently when people's needs changed. People told us they had been involved in this process. Staff were able to demonstrate that they had a good knowledge and awareness of people's needs and could explain how they supported people in line with their assessed needs and wishes.
- Staff used an electronic care planning system; We reviewed this system and saw up to date important information was available to staff.

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 registered manager had good knowledge about the AIS and had cascaded this to all staff. They told us, "We can enlarge documentation. We enlarge care plans and invoices. We have previously used little communication cards for a gentleman who was deaf and couldn't lip read due to staff wearing masks." This demonstrated the registered manager understood the AIS and adapted communication to meet people's individual need.
- Communication was discussed at team meetings. We saw leaflets were available in an accessible format informing people what support is available for them.

Improving care quality in response to complaints or concerns

- People and relatives told us when they had raised a concern, they were listened to by the registered manager and it was resolved quickly. One relative told us, "I have only had to complain once about a missed call, and it was rectified." Another relative told us, "I had to phone the office as I don't want the carers to come earlier than 10 am and this was resolved."
- The complaints policy was accessible to people, their relatives and staff. The staff members we spoke with knew their responsibilities when receiving complaints or concerns. Documents demonstrated complaints were managed in line with the provider's policy and resolved in a timely and satisfactory manner. Records showed when concerns were raised verbally, they were investigated and addressed for people.

End of life care and support

- The registered manager informed us no one was receiving end of life care at the time of our inspection however, documents demonstrated people were supported to make decisions about their preferences for

end of life care if they chose to.

- The provider had a policy, based on national guidance. This provided support to staff about actions to be considered, when a person was approaching the end of their life.
- The provider had ensured staff had received training to aid their understanding of supporting people at the end of their life.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People and their relatives were happy with the service they received from Handle with Care and gave positive feedback about staff members. One person said, "I would certainly recommend this company," and another person said, "They allow me to live independently." A relative told us, "I would recommend the company to others."
- The registered manager was keen to promote an inclusive and empowering culture. They told us they were proud of their team, "They [staff] are team players, looking after each other."
- Staff told us they were happy working at Handle with Care and felt supported by the registered manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The previous inspection rating was displayed clearly in the office area and on the providers website.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. There were processes in place to help ensure if people came to harm, relevant people would be informed, in line with the duty of candour requirements. CQC were notified of all significant events.

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

- The service was well-run and well-led. People were supported in a service where the management teams caring values were embedded into the leadership, culture and staff practice.
- Quality assurance systems were in place to enable the registered manager to monitor and identify any shortfalls in the quality of the service people received. An action plan was completed to identify any improvements required, as a result of service audits and quality checks by the provider. This showed action was taken in response to the findings and monitored for completion.
- Staff at all levels understood their roles and responsibilities and were confident in the registered manager.

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

- The provider had effective arrangements in place for gathering people's views of the service and those of people acting on their behalf. We found that the feedback gathered was predominantly positive.
- Staff feedback was sought at team meetings and in supervisions. The registered manager told us, "I also send a weekly update to carers by email."

- Appropriate and up to date policies were in place to ensure peoples diverse needs were considered and supported.
- People, their relatives and staff told us they were treated fairly and individually respected. One person told us, "I wouldn't change a thing everything is very good."

#### Working in partnership with others

- The staff team worked closely with other professionals to ensure people received effective joined up care and clearly recorded documents demonstrated this. One person told us, "I needed some advice about a health issue and the carers contacted the doctor for me." A relative told us, "They [staff] phoned the doctors' surgery to get a visit as [person] had a [health condition]" and "When [person] was feeling very unwell one day they [staff] phoned for an ambulance."

#### Continuous learning and improving care

- The registered manager told us they kept themselves up to date with developments by attending training and reading CQC bulletins. They told us, "We get home care association updates, COVID updates form Public Health England (PHE) and adult social care updates." They told us the updates were shared weekly with their staff team.
- The registered manager was responsive to feedback given during the inspection.
- There was a clear action plan in place to address concerns found in audits and from feedback and this evidenced continuous improvement.