

UR Hands Care Limited

UR Hands Care

Inspection report

Britannic House
18-20 Dunstable Road
Luton
Bedfordshire
LU1 1DY

Tel: 01582380166
Website: www.urhandscare.co.uk

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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

UR Hands Care is a domiciliary care agency which provides personal care to people in their own homes to enable them to maintain their independence. At the time of our inspection five people were receiving support with live in care or personal care.

The inspection was announced and took place on 14 and 16 June 2017.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff were knowledgeable about the risks of abuse and understood how to respond appropriately to any safeguarding concerns. Risks to people and the environment had been assessed and identified hazards which people may face. They provided guidance for staff to manage any risk of harm.

Staff had been recruited in to their roles safely. Effective recruitment processes were in place and followed by the service and there were sufficient numbers of staff available to meet people's care and support needs. Staff had undergone appropriate checks before commencing their employment to ensure they were safe to work with people. Medicines were not currently administered as part of people's care at this time, but the systems were in place to enable this to happen safely should the need arise.

Staff members had induction training when joining the service, as well as regular on-going training. The service had a robust training system that was based upon the specific needs of the people receiving support. Staff also received regular supervision.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People and relatives were happy with the support they received with food and drink. People told us that staff were able to support them with access to health appointments when necessary.

Staff supported people in a caring manner. They knew the people they were supporting well and understood their requirements for care. People told us their privacy and dignity was respected and felt that the provision of care had enabled meaningful relationships to be forged between them and staff.

Care plans had been written with people's involvement to ensure they were reflective of their needs, wishes and preferences and were reviewed on a regular basis to ensure they were accurate and up-to-date. The service had a complaints procedure in place and people knew how to use it. Any complaints made were dealt with appropriately.

People, relatives and staff were positive about the leadership at the service. They felt well supported and were able to approach the registered manager whenever they needed to. Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were aware of the principles of safeguarding, and used this knowledge to protect people from harm.

Where risks to individuals were identified, risk assessments were in place to minimise any adverse effects from these.

Staffing arrangements meant there were sufficient staff to meet people's needs and the service followed robust procedures to recruit staff safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that had appropriate skills and had received the training they required to perform their role.

The service was meeting the requirements of the Mental Capacity Act 2005 and staff were aware of their responsibilities to always act in a person's best interests.

Staff provided people with support with meals where required.

People's health needs were monitored and reviewed and advice sought from healthcare professionals as and when required.

Is the service caring?

Good ●

The service was caring.

People were happy with the care provided and had good relationships with staff.

Staff demonstrated they had a good understanding of the people they were supporting. People were treated with respect.

Systems were in place to make sure staff had all the information they needed to meet people's assessed needs.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in decisions about their care.

People had their needs assessed and staff knew how to meet them. The service was flexible in the way it provided care.

There was an effective complaints procedure in place. Concerns and feedback were discussed with staff to identify lessons learned and improve the service.

Is the service well-led?

This service was well led.

The service was led by a registered manager who had vision and values that were shared by staff, for the development of the service.

There was an open and positive culture at the service.

Systems were in place to ensure people and staff were supported by the management.

Quality control systems were in place to ensure care was delivered to a good standard and areas for development and improvement were identified.

Good ●

UR Hands Care

Detailed findings

Background to this inspection

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

This inspection took place on 14 and 16 June 2017, and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure staff would be available for us to talk to, and that records would be accessible.

The inspection was undertaken by one inspector.

Before the inspection, we checked the information we held about the service and the provider and saw that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service. We also contacted the local authority that commissions the service to obtain their views about the provision of care to people.

We spoke with one person who used the service and two relatives and also reviewed written comments from further people. We spoke with the registered manager and three members of care staff.

We looked at two people's care records to see if they were reflective of their current needs. We reviewed three staff recruitment files and staff training records. We also looked at further records relating to the management of the service, including quality audits, in order to ensure that robust quality monitoring systems were in place.

Is the service safe?

Our findings

People told us they felt safe when they received care from the service and felt that staff protected them from harm or abuse. One person said, "I have no worries about my safety at all." A relative told us, "I do feel safe with them there." People told us that staff members ensured their safety at all times.

Staff had a good understanding of the signs of abuse, and how to report it. One staff member told us, "I would always report it to the manager." Another staff member said, "We have the training so we know what to look for." The registered manager told us they had a good working relationship with the local authority and would not hesitate to discuss any areas of concern that they had about someone's safety. Staff attended regular training on protecting people from abuse. Records confirmed that the registered manager was aware of the requirement to notify the Care Quality Commission (CQC) about incidents as required.

Staff reported any accidents or incidents to the registered manager, should these occur because they wanted people to remain as safe as they could be. Records confirmed that accident or incidents were fully investigated and appropriate action taken as a result.

People had risk assessments in place that covered potential risk factors. They considered that the way in which staff supported them enabled them to take controlled risks, for example, by empowering them to have maximum independence. Staff considered that risk assessments were valuable tools in supporting people, especially when used in conjunction with care plans. Examples of risk assessments included mobility and nutrition. Risk assessments detailed the risks present, and the method of support the staff should take to maximise people's independence whilst remaining safe. All the risk assessments we viewed had been monitored and updated to reflect any changes necessary.

There was enough staff to provide appropriate care and support for people. The people we spoke with told us that they had consistent members of staff to provide their support; they arrived on time, and supported them for the amount of time that they were allotted. Staff told us that because they were a small service, there was enough staff to cover the shifts needed. One staff member said, "Our shifts work out well; they are flexible and we know who we are seeing and when. It works well." Staffing schedules gave each staff member set times for visits and travel time in between calls. We found that there were sufficient numbers of staff available to keep the current group of people who used the service safe.

People were protected because there were effective recruitment procedures in place. Records were well organised and new staff had completed application forms, which included a full employment history. One staff member told us, "They checked my references and made sure other checks were done before I started." We saw interview questions and answers and evidence of Disclosure and Barring Service (DBS) checks, proof of identification and two references. There was an effective recruitment and selection process in place which ensured staff were checked before they began working with people who used the service.

At the present moment, staff did not administer medication to people as part of an assessed package of care. However we found that there were systems in place to ensure this was managed safely, should the

need arise. We saw template Medication Administration Records (MAR) that showed the type, route and dosage of medication and found that this was associated to a medicines policy which was accessible to staff.

Is the service effective?

Our findings

Staff had the knowledge and skills to support people appropriately. People told us that staff were well trained and knew how to meet their needs. One person said, "They know what they are doing so they must be trained ok." People were confident that the training and guidance staff received enabled them to work in the right way to meet people's needs.

Induction training was provided to all staff members when they started employment with the service and was based upon the competencies within the Care Certificate. The registered manager told us that the staff took part in core training and that this was then followed by shadowing other more experienced staff until they were confident. One staff member said, "The induction was good. I read policies and care plans, got to know the expectations of the role and did all mandatory training." Staff explained that the process was beneficial in giving them experience of the work they had been employed to do. Competency was assessed through a series of observations, in areas such as moving and handling people, during spot checks in people's homes.

Staff received regular training to maintain their skills and keep their knowledge current and up-to-date. They said that the training they received was good and helped them to develop new skills and provide appropriate care for people based upon their needs. One staff member said, "The training is good and covers everything we need." The registered manager told us, and records confirmed that staff had been supported to undertake additional vocational training. Records showed that staff had attended training which included safeguarding, food hygiene and manual handling which was appropriate for their role.

Staff received supervision on a regular basis. One staff member said, "We have two monthly supervisions." Those that had worked at the service for more than a year said they had an annual review of their work performance, during which their training needs were identified. If they had any problems or questions between supervisions, they could go to the registered manager, who they said was very supportive and always accessible to them. Staff were also subject to unannounced checks carried out by the registered manager. This meant that their working practices were evaluated and they received feedback on the findings so that any improvements could be made.

Staff gained consent from people before carrying out any care tasks. One relative told us, "They always check before they do things." We saw that people had various consent forms within their files which they or a family member had signed. All the people we spoke with were happy that their decisions had been respected.

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.

The registered manager and staff told us they had received training on the requirements of the MCA and advised that they would always liaise with the local authority if they had any concerns about a person's fluctuating capacity. Records confirmed that staff understood people's rights to make decisions about their own care and support.

People were supported to maintain a healthy and balanced diet. They told us that staff members helped them with meals and drinks as and when required. The staff we spoke with told us that most people receive family support for meals, but they did help some of the people they visited. We saw that people had documentation on dietary and fluid needs within their files where necessary, and that staff had recorded any support with food and drinks within daily notes.

People had support to access healthcare services. All of the people we spoke with told us that family members usually supported them to health appointments, but the staff could help them if they needed and let them know. Staff told us if they had any concerns about people's health that would assess the situation and either contact the GP or ambulance service, or contact the office for further advice. We saw that people had information within their files that detailed their medical needs and the support that they had been given.

Is the service caring?

Our findings

People were happy with the care they received and told us that staff supported them in a warm, friendly and caring manner. One person said, "They are a lovely group of people." A relative told us, "They are all very nice, very polite."

The written comments that we reviewed also confirmed that people were very satisfied with the quality of care they received from the service. One read, "We can't thank you enough for the first class service." Another stated, "Your kindness, patience and compassion have helped us without doubt. We can't thank you enough and don't know how we would have managed without your care." People felt confident that staff valued and cared for them as people.

People told us that they were treated with kindness and compassion by staff that had their best interests at heart. One person said, "They are friendly, they know what I like and what I don't." A relative commented, "They are good at communicating with [Name of Person]. They really talk and listen to him, speak calmly." The staff we spoke with all felt that as they were able to regularly support the same people, they were able to get to know them and develop caring relationships. One staff member said, "We have regular people so we get to know them and they get to know us." All the people we spoke with confirmed that they had regular staff members support them, and that they always got a phone call should anything need to change.

Staff were motivated and enthusiastic when talking to us about the care they provided people with. They wanted to provide good care for people and to ensure they felt valued, empowered and cared for. As part of this process, staff knew the preferences of the people they were supporting. They were able to explain how people liked to be supported and what their personal histories were. We saw that the service valued and promoted positive and caring relationships between staff and people.

People said they were enabled to make decisions about the support they wanted from the staff and felt that care plans enabled staff to provide the care that they wanted. Records showed that people had been asked about their language preference and any equality and diversity issues which might impact upon their care, including cultural considerations. Where specific requests had been made the registered manager told us, and records confirmed, that appropriate staff would be provided. As a result of this process people felt involved and included in the service.

Care plans were updated regularly and relatives were provided with information on a regular basis, whenever things changed. We looked at people's care plans and saw that they had been individualised to meet people's specific needs. There was evidence of people's involvement in their care plans to state they agreed with the content of them.

People's privacy and dignity was respected by staff. One relative said, "They are so respectful to [Name of Person]. They always tell him what they are doing first and show respect." All the people we spoke with said that they were happy with the way the staff treated them and that their privacy was always respected. Staff worked hard to promote people's independence, privacy and dignity whilst providing care and to protect

people's confidentiality.

Is the service responsive?

Our findings

People received personalised care because of their involvement within their care planning before the service commenced. They were asked for their views about how they wanted their support to be provided, for example, about their preferences for their daily routine or whether they required support with meal preparation. One person said, "They asked me lots of questions before they started any care." Records confirmed this to be the case and the process ensured they could meet people's needs appropriately in a person centred manner.

People and relatives told us they had been visited prior to the package of care being commenced. One relative told us, "They were very thorough in what they asked us." Staff and the registered manager told us that pre-admission assessments of people's needs were carried out prior to a package of care being commenced. The registered manager told us that people and their relatives were given appropriate information and the opportunity to see if the service was right for them before support was commenced. People's likes, dislikes and preferences for how care was to be carried out were all assessed at the time of admission and reviewed on a regular basis. Records confirmed that pre-admission assessments were completed for people prior to a package being agreed.

Assessments that had been undertaken detailed peoples' past medical histories, their likes and dislikes, preferred routines and any care needs that they required support with. People were consulted and were able to tell the service what their needs were and how they wanted them to be met, including what time of the day they required their support. One person told us, "I see them write in the notes; they make sure things are done as I want them to be." We found that information was obtained about people's allergies and that their level of independence was assessed, so that suitable care could be delivered. Care was person-centred to ensure it was representative of people's choices and decisions.

Staff were knowledgeable about the people they supported and were aware of their preferences and interests, as well as their health and support needs. They understood the support each person required to meet their assessed needs, even when they were visiting people they did not see on a regular basis because of the regular updates they received from senior staff. One staff member said, "The care plans are good, they tell us lots of things." Any changes in people's needs were passed on to staff through phone calls, handovers and supervisions. This enabled them to provide an individual service that was reflective of people's current needs.

People's care and support plans, as well as reviews of care, were agreed by the person or their representative. People confirmed that they had been involved in these reviews and told us that staff were flexible and gave them an opportunity to give feedback. They also said they were also supported to make any suggestions they may have regarding the care and support provided.

People and their relatives were aware of the formal complaints procedure and knew how to make a complaint, if they needed to. One person said, "I have no complaints at all." People told us that they would tell a member of staff if they had anything to complain about and were confident the service would listen to

them if they had to make a formal complaint. There was an effective complaints system in place that enabled improvements to be made. We looked at the complaints file and saw that the registered manager had dealt with complaints in a timely manner and in line with the provider policy. A system was in place to analyse the complaints, so the provider could learn lessons and act to prevent similar complaints from occurring in the future.

Is the service well-led?

Our findings

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff told us that the registered manager offered support and advice and was accessible to both staff and people receiving care from the service. We were told that they were based in the office and we observed that the registered manager was flexible in their approach, willing to provide people with care and support staff at any time. Staff said that management within the service promoted a positive ethos as they gave on-going advice and support and ensured that staff knew what was expected of them.

The service had a positive and open culture. People told us they were treated as individuals and that staff were committed to their role. One person said, "I know I only have to ring if I need anything." They explained that they felt valued by the service. Staff told us that there was positive leadership in place. This encouraged a transparent culture for staff to work in and meant that staff were fully aware of their roles and responsibilities. One staff member said, "We have a good team, its small but we do what we need to."

All of the staff we spoke with understood their aims and objectives and how to work to achieve these. None of them had any issues or concerns about how the service was being run and were positive about working for the provider. One staff member told us, "I have no concerns about how things are run, the manager is approachable."

Staff told us that they had the opportunity to discuss people's care and share information with their colleagues. This was undertaken formally, in staff meetings, and informally, through discussions by phone or face-to-face. We saw records to show that staff meetings took place and that staff had the opportunity to discuss any areas of concern or give feedback about people's care.

The registered manager told us that they wanted to provide good quality care and it was evident they were continually working to improve the service provided. They told us, "I want us to improve and grow but not too fast as I want to make sure we do the best we can." In order to ensure that this took place, we saw that they worked closely with staff, working in cooperation to achieve good quality care.

We saw that a variety of audits were carried out on areas which included staff performance and care plans. We found that when required, there were actions plans in place to address any areas for improvement. This showed that the service undertook regular reviews of its performance so that continued efforts could be made to drive future improvement.