

Hand 2 Hold Limited

Hand 2 Hold

Inspection report

Room 14 Southlands Business Centre
Ormesby Road
Middlesbrough
Cleveland
TS3 0HG

Tel: 01642501495

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01 May 2018

02 May 2018

04 May 2018

15 May 2018

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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

This inspection took place on 1, 2, 4 and 15 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. This was the first inspection since the service was registered at this location in March 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of our inspection 24 people were using the service, 11 of whom received personal care.

Not everyone using Hand 2 Hold 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 take into account any wider social care provided.

There was a registered manager in place. 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 2008 and associated Regulations about how the service is run.

People and their relatives told us staff at the service helped them to stay safe. Risks to people were assessed and plans put in place to reduce them. The provider had plans in place to support people in emergency situations that disrupted the service. Policies and procedures were in place to ensure good standards of infection control. People's medicines were managed safely. Policies and procedures were in place to safeguard people from abuse. The provider and registered manager monitored staffing levels to ensure enough staff were employed to keep people safe. The provider's recruitment policies minimised the risk of unsuitable staff being employed.

Staff received a range of mandatory training to help them provide effective support and received regular supervisions and appraisals. 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. Some people using the service received support with food and nutrition. Where this was the case people's dietary needs and preferences were supported. People were supported to access external professionals to monitor and promote their health.

People and their relatives spoke very positively about the support they received from the service. All of the relatives we spoke with said the health and wellbeing of people had improved as a result of the kind and dedicated support staff offered. People and their relatives said staff treated people with respect and helped them to maintain their dignity and independence. People were supported to access advocacy services.

People and their relatives said people received personalised care based on their support needs and

preferences. Personalised care planning and delivery was evident. People and their relatives said communication with the service was good. Policies and procedures were in place to investigate and respond to complaints. The provider had policies in place to support people with end of life care if needed.

Staff spoke very positively about the culture, values and leadership of the service. The provider and registered manager carried out a number of quality assurance checks to monitor and improve standards at the service. Plans and procedures were in place to obtain feedback on the service from people, relatives and staff. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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.

Risks to people were assessed and action taken to reduce them.

Policies and procedures were in place to safeguard people from abuse.

People's medicines were managed safely.

Effective infection control policies and practice were in place.

Recruitment procedures were in place to reduce the risk of unsuitable staff being employed.

Is the service effective?

Good ●

The service was effective.

Staff were supported through regular training, supervisions and appraisals.

People were supported to have maximum choice and control of their lives.

People were supported to maintain a healthy diet and to access external professionals to maintain and promote their health.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke very positively about the care and support they received.

Staff treated people with dignity and respect and promoted their independence.

People were supported to access advocacy services.

Is the service responsive?

Good ●

The service was responsive.

Care planning and delivery was personalised and regularly reviewed.

The service had a complaints policy and people and their relatives said they would use it.

Policies were in place to provide end of life care where needed.

Is the service well-led?

The service was well-led.

Staff spoke very positively about the culture and values of the service.

The registered manager and provider carried out a range of quality assurance checks to monitor and improve standards at the service.

Feedback was sought from people using the service and their relatives and was acted on.

Good ●

Hand 2 Hold

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 was planned to check 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 1, 2, 4 and 15 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 1 May 2018 and ended on 15 May 2018. It included telephone calls to people and their relatives. We visited the office location on 2 May 2018 to see the registered manager and office staff, and to review care records and policies and procedures. The inspection team consisted of one adult social care inspector.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Hand 2 Hold.

We spoke with four people who used the service and five relatives of people using the service. We looked at three care plans, three medicine administration records (MARs) and handover sheets. We spoke with seven members of staff, including the registered manager, the provider, the administrator and three care staff. We looked at two staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

Is the service safe?

Our findings

People and their relatives told us staff at the service helped them to stay safe. One person we spoke with said, "I feel safe with them. I haven't had a fall since they started. They support me." Another person told us, "I feel safe with them." A relative we spoke with said, "We feel safe with them."

People's support needs were assessed before they started using the service. If a risk was identified plans were put in place to reduce the chances of it occurring. For example, one person was identified as being at risk of choking and their nutrition care plan contained guidance to staff on how to support them safely with meals. Though the provider was not responsible for people's accommodation staff also carried out visual checks of people's home environment to see if recommendations could be made to help keep them safe, for example in removing trip hazards. One member of staff we spoke with said, "When I go in I always check the key safe to make sure the property has been left secure. I then check that the person is safe and comfortable." Assessments were regularly reviewed to ensure they reflected people's current level of risk.

Accidents and incidents were monitored to see if improvements in practice could be made to improve people's safety. The service had not had any recorded accidents or incidents since it was registered, but the registered manager explained how they reviewed this on a monthly basis. Staff we spoke with all said they knew how to report accidents and incidents and were confident these would be reviewed to see if any lessons could be learned.

The provider had plans in place to support people in emergency situations that disrupted the service, including extreme weather and loss of computer access. This meant procedures were in place to keep people safe and provide a continuity of care.

Policies and procedures were in place to ensure good standards of infection control. The provider had an infection control policy that contained guidance to staff on subjects such as effective hand washing, and all staff had received infection control training. We saw stocks of personal protective equipment (PPE) such as gloves and aprons in the provider's office and staff said they could collect what they needed whenever they visited the office.

People's medicines were managed safely. The support people wanted and needed was recorded on their care plans, including up-to-date lists of the medicines they used. Any specific administration instructions from external professionals such as GPs and speech and language therapists (SALT) were also recorded and records showed that these were followed. Staff had access to the provider's medication policy, which contained guidance on safe storage, recording and disposal of medicines. We reviewed three people's medicine administration records (MARs). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. These had been correctly completed with no unexplained gaps.

People and their relatives said staff made sure people received their medicines when needed. One relative told us, "They support with medicines and [named person] absolutely gets them when he needs them. I

don't need to worry anymore. They're able to meet all the changes to medicines." Another relative we spoke with said, "They give her her medicines. She always gets them on time."

Policies and procedures were in place to safeguard people from abuse. The provider's safeguarding policy contained guidance to staff on the types of abuse that can occur in care services and the actions staff should take to report any concerns they had. The service had not had any safeguarding incidents since it was registered but staff said they would not hesitate to raise any issues of concern. One member of staff we spoke with said, "If I saw something I'd record it, keep it confidential and report it."

The provider and registered manager monitored staffing levels to ensure enough staff were employed to keep people safe. The provider said they had set a limit on how large they wanted the service to grow so, "we can focus on quality." They said they would not accept new support packages unless they were confident they had the staff employed to meet people's needs. The provider said they wanted people to be supported by the same staffing teams and much as possible, and people, relatives and staff confirmed this was the case. Travel time was built into staff rotas to reduce the risk of delayed or missed calls.

People and their relatives confirmed that staff arrived on time and that they were supported by a consistent staffing team. One person we spoke with said, "They're always on time." Another person told us, "I get the same carers coming in, people I know." A relative told us, "It's the same group of carers that come in so she's built up a real rapport with them. I think that's so important." Another relative said, "They tend to try and get the same faces going in." Staff also spoke positively about staffing levels at the service. One member of staff said, "Oh we have enough staff. There are plenty of us." Another member of staff said, "The rotas are great. We get travel time between calls, including extra on a morning when they know the kids are going into school so traffic will be busy. There are enough staff and they are careful in taking on packages."

The provider's recruitment policies minimised the risk of unsuitable staff being employed. Applicants were required to complete an application form setting out their employment history, complete a literacy and numeracy test, provide written references and undertake a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults.

Is the service effective?

Our findings

People and their relatives said they thought staff had the skills and knowledge needed to provide effective support. One person we spoke with said, "They all know what they're doing." Another person told us, "I think they know what they're doing." A relative we spoke with said, "I have no doubt they know what they are doing. They're very knowledgeable."

Staff received a range of mandatory training to help them provide effective support. Mandatory training is the training and updates the provider deems necessary to support people safely. This included training in health and safety, food hygiene, first aid, moving and handling and administration of medicines. The provider and registered manager regularly reviewed the training to ensure staff had the knowledge and skills needed to provide effective support, and whether any additional training was needed to meet people's needs. Training was regularly refreshed to ensure it reflected the latest knowledge and best practice. The service had a training room, containing guidance documents and equipment that could be used to carry out practical demonstrations of care practice.

Newly recruited staff were required to complete the provider's induction programme before they could support people. This included completing all mandatory training, a minimum of 16 hours shadowing of experienced staff and having their competence and skills reviewed. One member of staff we spoke with said, "The induction I had was brilliant. I had all of the training I needed, and was shadowing."

Staff spoke positively about the training they received. One member of staff told us, "We're always training on something. It's very useful." Another member of staff said, "They're always supportive with training. There are annual refreshers. They always ask about it at supervisions."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of meetings showed they were used to discuss the provider's policies and procedures, the welfare and any support needs of staff and also any career aspirations the provider could support staff with. Staff spoke positively about these meetings. One member of staff told us, "We can talk with them about anything." Another member of staff said, "They always want to know if we want to go further in our career."

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. We checked whether the service was working within the principles of the MCA.

At the time of our inspection everyone who received personal care from the service was able to consent to this. People's consent was clearly recorded in their care plans. Policies and procedures were in place to review whether people were supported by relatives or agencies with Powers of Attorney, Deputies or other people appointed to help make decisions on their behalf. None were at the time of our inspection, and this

was recorded in people's care records.

People confirmed that they were given choices over the support they received and asked for their consent before staff assisted. One person we spoke with said, "They ask permission all of the time." A relative we spoke with told us, "They're good at asking him for permission and getting consent. They always ask what he wants to do."

Some people using the service received support with food and nutrition. Where this was the case people's dietary needs and preferences were recorded in their care plan, along with any specialist diets or recommendations from dieticians or speech and language therapists (SALT). Where people received this support they told us they were free to choose what they wanted to eat and when.

People were supported to access external professionals to monitor and promote their health. People's care records contained evidence of working with GPs, district nurses and physiotherapists. One person we spoke with said, "They (staff) got in touch with the doctors as I couldn't manage it myself." Relatives told us that where staff had supported people to access healthcare services they were always notified with the permission of the person involved. One relative we spoke with said, "They gave me a long report of what happened."

Is the service caring?

Our findings

People spoke very positively about the support they received from the service. One person we spoke with said, "They're absolutely fantastic, I can't praise them enough. They're brilliant." Another person told us, "The carers are kind and polite. I am happy with them." A third person we spoke with said, "They're kind and nice."

Relatives also spoke very positively about staff at the service, describing them as very kind and caring. Relatives said staff went beyond what people and their families expected of them to ensure people received high quality support. One relative told us, "The carers go out of their way. [Person] is happy and safe with them. She is so content." Another relative said, "They're a caring bunch. They're down to earth and do a good job. Because their approach is like that people feel comfortable with them." A third relative we spoke with told us, "The staff they have are very good and are so caring."

Everyone we spoke with had used other care services in the past. Without exception they said Hand 2 Hold was the best service they had ever used. One person told us, "They're brilliant. Changing to them was the best thing I ever did" and "They are a really good company. I've fallen on my feet with them." Another person said, "They are a brilliant company to be in. One of the best."

A relative we spoke with said, "I'm so relieved we found them. They're marvellous and go out of their way. [Person] has struck up a real bond." Another relative told us, "I think they're doing a grand job. The previous company wasn't doing the job. We were fortuitous to find these" and, "I think they are a shining example of how care companies should be operated."

All of the relatives we spoke with said the health and wellbeing of people had improved as a result of the kind and dedicated support staff offered. One relative we spoke with said, "There has been a definite improvement in [person]." Another relative said, "They're brilliant, a great company. They're personable and hands on. There's good communication with them and [person's] quality of life has definitely improved."

People and their relatives said staff treated people with respect and helped them to maintain their dignity and independence. One person told us, "They take their time with me and wait until I am ready." Another person said, "They always ask what I want to do and can do. I know they'd do what I wanted them to."

A relative we spoke with told us, "They prompt [person] to do things for themselves and keep their independence." Another relative said, "Our main aim is to help [person] maintain their independence and Hand 2 Hold are working really hard on that." Another relative told us how staff had encouraged a person to maintain their interest in a hobby and said the person was enjoying doing more of this now.

The service had received a number of written compliments, which were stored and shared with staff when they visited the office. One relative had thanked staff for working hard to attend calls during recent extreme weather that had disrupted travel. Another relative had written to describe how happy and content one person was and about the positive bond they had with staff.

At the time of our inspection one person was using an advocate. Advocates help to ensure that people's views and preferences are heard. Details of the person's advocate and their involvement were recorded in the person's care records. The provider had an advocacy policy containing guidance to staff on how people could be supported to access advocacy services, and details of these services were made available to people and their relatives.

Is the service responsive?

Our findings

People and their relatives said people received personalised care based on their support needs and preferences. They also said they were involved in planning the support people received. One person told us, "I was involved in putting the care plan together." Another person said, "They asked me what I wanted and they put it in my book (care plan)." A third person we spoke with told us, "We could change anything if we wanted to." A relative we spoke with told us, "We were involved in doing the care plan."

Before people started using the service a detailed assessment of their support needs and preferences was carried out. Where a support need was identified a care plan was drawn up based on the help they needed and how they wanted this to be provided. For example, one person had an 'eating and drinking' plan in place with detailed guidance to staff on the type of support they needed and how their specialist diet could be provided. Another person had a plan in place setting out the support they wanted with personal care as well as the things they would like to do for themselves.

Details of people's life history, family, hobbies and interests were also recorded in their care plans. This meant staff were able to gain a detailed picture of the person as a whole before they met them. One member of staff we spoke with said, "Care plans are very in-depth, including details of people's lives and how they want to be helped. A worry sometimes is when you go in for the first time, what will you talk about? We only need to look at the care plan and there's always a conversation starter in there."

Care plans were regularly reviewed to ensure they reflected people's current support needs and preferences. People and their relatives confirmed they were closely involved in these reviews. Staff we spoke with said care plans contained all of the information they needed to provide effective support. One member of staff told us, "Care plans are brilliant. Set out really well and always have the information we need." Another member of staff said, "The care plans are quite full. You can find anything in there."

People and their relatives said communication with the service was good, and that staff responded quickly to any changes people wanted in their support. One relative we spoke with said, "I just need to send them a message and they get back to me." Another relative told us, "I have good communication with [the provider]."

Policies and procedures were in place to investigate and respond to complaints. The provider's complaints policy was sent to people and their relatives when they started using the service, and described how issues could be raised and how they would be dealt with. The service had not received any complaints since it was registered but the provider and registered manager were able to describe how they would be responded to.

People and their relatives told us they knew how to raise issues and said they had nothing to complain about. One person told us, "I'd know who to speak to to complain." Another person we spoke with said, "I'd know who to go to if I wanted to complain." A relative told us, "I'd be happy to raise any concerns. Nothing is a problem for them." Another relative said, "We'd know who to speak to about any issues."

At the time of our inspection nobody at the service was receiving end of life care. Policies and procedures were in place to arrange this should it be needed.

Is the service well-led?

Our findings

Staff spoke very positively about the culture, values and leadership of the service. One member of staff said, "It's absolutely brilliant. [The provider] and [registered manager] are always there to help. If I need them they're only a phone call away" and "It's such a friendly, supportive company. It's like a family. We get lots of support. It's just a really, really lovely place to work." Another member of staff told us, "This is a really good, well-led company. All of the staff get on. There is nothing bad about it and I am very happy." A third member of staff said, "I love this company. It's the best I've ever worked for. They give you leeway to develop in your role. We're given opportunities."

People and their relatives also spoke positively about the leadership provided by the provider and registered manager. One person told us, "I know who the registered manager is. She's great." A relative we spoke with said, "I've had dealings with the manager. She's excellent."

The provider and registered manager carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. This included regular checks of care plans, daily notes and medicine records. Records confirmed that where audits identified issues action was quickly taken to address them. For example, a medicine record audit identified that changes had been made to one person's medicines that needed to be updated in their care plan. This had been done shortly after.

The provider had set a limit on how large they wanted the service to grow which meant they and the registered manager currently carried out all quality assurance audits. However, the provider said these would be delegated to other members of staff as the service expanded.

Plans and procedures were in place to obtain feedback on the service from people, relatives and staff. For the first month of people using the service the provider carried out weekly 'telephone checks' to review how things were going and whether they wanted to make any changes. Detailed reviews were then carried out every three months to see if people and their relatives wished to raise any issues. The provider and registered manager were planning a feedback survey and said they had waited until the service had operated for over 12 months before doing this as they wanted to carry such surveys out annually.

Feedback was sought from staff at regular staff meetings. Minutes of these meetings showed that staff were encouraged to raise any support needs they had.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.