

Golden Hand Support Ltd

# Home Care Preferred

## Inspection report

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Date of inspection visit:

04 July 2019

05 July 2019

Date of publication:

22 July 2019

## 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

Home Care Preferred is a domiciliary care agency. It provides personal care services to adults who live in their own home. At the time of the inspection 12 people were receiving support with personal care from the agency.

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 told us they felt safe. People were protected from the risk of harm including potential abuse. Staff were knowledgeable about potential risks to people and were able to tell us how these could be minimised.

People were supported by sufficient numbers of staff who had been recruited safely. Staff had effective training and the provider ensured the staff team had the skills required to support people effectively.

People's needs and preferences were assessed before they received support from the service and these were reviewed regularly. Care plans gave guidance to staff about what people could do for themselves and how best to provide support.

People and relatives were supported to express their views and preferences and were treated with dignity and respect. People knew how to raise a complaint.

People were supported to eat and drink enough to meet their individual needs and preferences. Staff worked with other health care providers to ensure people's health needs were met.

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.

Quality monitoring systems were in place, and the provider completed various audits to assist them in monitoring and helping them to identify how to improve people's experiences.

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

This service was registered with us on 3 August 2018 and this was their first inspection.

### Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme.

## 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 ●

# Home Care Preferred

## 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

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides live-in support and personal care to people living in their own houses and flats. The service can provide support to people with dementia, mental health problems, physical disabilities and sensory impairment.

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 registered manager would be in the office to support the inspection.

Inspection activity started on 4 July 2019 and ended on 5 July 2019. We visited the office location and spoke with staff on 4 July 2019. We spoke with people and relatives on 5 July 2019.

#### What we did before inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with 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 three people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, care manager, franchise manager and two care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. We also reviewed records relating to the management of the service, including quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies and procedures.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff supporting them. One person said, "I feel safe with the staff." Relatives also told us they felt their loved ones were supported safely. Comments included, "We both feel safe in their company", "I feel reassured with them around" and "(Person) is safe with them."
- People were protected from potential abuse and avoidable harm. Systems and policies were in place and staff had received safeguarding training to ensure they knew how to keep people safe from abuse or harm.
- Staff were aware of when and how to report concerns and were confident these would be dealt with.
- Where concerns about people had been identified these had been reported appropriately. This enabled investigations to be completed and plans put in place to protect people from further harm.

Assessing risk, safety monitoring and management

- Risks to people were identified and staff were aware of these risks and how people should be supported to reduce any avoidable harm.
- Environmental risk assessments of people's homes were in place. These included checks of security, hygiene and moving and handling arrangements.

Staffing and recruitment

- People told us there were sufficient numbers of staff in place to ensure their care visits were completed consistently and at appropriate times. One person told us, "They are always on time and never missed a call. They are flexible."
- The provider had systems in place to plan for people's care visits to ensure their care was provided at the times they required.
- The provider completed a range of pre-employment checks before staff started to work. These included identity, reference and criminal record checks.

Using medicines safely

- Risk assessments relating to medicines were carried out where people needed support from care staff.
- People's independence to manage their own medicines was maintained if safe to do so. Any changes to this was done with people's consent.
- People told us they were happy with the support they received to take their medicines. One person said, "Staff support me with my medicines, they give it to me on time. They have not missed any so far."
- Staff had received training in the management of medicines and their competency was checked.
- Medicines audits were carried out regularly to ensure people received their medicines as prescribed.

### Preventing and controlling infection

- Staff we spoke with understood the importance of wearing Personal Protective Equipment (PPE), such as gloves and aprons. They were able to describe how they protected people from the risk of the spread of infections.
- Staff had completed infection control training.
- Spot check visits were completed by the management team to ensure care staff followed infection control procedures and used PPE appropriately.

### Learning lessons when things go wrong

- Accidents and incidents were recorded appropriately and recorded. The provider used this as a learning opportunity to further improve the safety of the service.
- Audits were in place to check for trends or patterns and to mitigate further risks.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Assessments were completed before people started receiving support to ensure their needs could be met. This included considering any risks and assessing for any specific equipment that people may require. One person said, "I had a very thorough assessment before the care package started."
- People's care needs were assessed, planned for and delivered holistically. This included their physical, mental and social needs.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessments. People's diverse needs were detailed in their care plans which included their preferences in relation to culture, religion and gender preferences for staff support.
- People, relatives and staff told us that there was continuity of care. People had visits from regular care staff. The registered manager and care manager called people regularly to check they were satisfied with the care provided.
- Staff confirmed they received information about people new to the service and were always introduced to the person before they went to provide care.

Staff support: induction, training, skills and experience

- Staff told us they received all the training they required to undertake their role and records we checked confirmed this. A staff member we spoke with told us, "I had an induction when I started, completed mandatory trainings and also the Care Certificate. I had an opportunity to shadow other staff before working on my own."
- People's relatives had confidence in staff abilities and spoke positively about the standard of care their family members received. One relative said, "They are experienced and well-trained."
- Staff had regular supervision and staff told us they felt well supported. One staff member told us, "Managers are open, supportive and there is an open-door policy."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's records identified if people needed any support with nutrition and hydration and this was provided in accordance with people's wishes.
- People and their relatives told us staff proactively supported them to live as healthy a life as possible. They told us staff supported them in monitoring their health needs and involved healthcare professionals promptly when this was needed.
- We saw staff worked closely with a range of healthcare professionals to ensure people received the

support they needed to live healthier lives.

- People's records included information about treatment received from health professionals and any recommendations made to improve their health were incorporated into care plans.
- There were systems in place to support people in transition to other care services. This included information that was in place in people's records which could be provided to other services, for example if a person was admitted to hospital.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw that care records contained details about people's capacity to make decisions.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Staff had been trained in the MCA and demonstrated they understood this and how it applied to the people they supported.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 spoke highly of the caring nature of the staff team and the support they received. They told us that staff treated them with kindness and respect. One person said, "Staff are kind and caring. We often sit down and have a chat."
- Relatives were also very complimentary of the staff team. Comments included, "We adore them, they are absolutely brilliant. They are genuine carers" and "Carers are all kind and thoughtful. They are good at everything."
- Staff knew people well, including their likes and dislikes, preferred routines and activities. A relative told us, "They understand that each individual is different. They are providing (person) with a bespoke personalised service. We couldn't ask for more."
- Care records included information about people's interests, hobbies and past employment.
- People's needs under the Equalities Act 2010 were respected. For example, assessments and care plans included information about people's cultural, dietary and gender needs.
- Staff had received training in equality and diversity.

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

- People were encouraged to make decisions about their day to day care and routines. Staff respected people's choices. A relative told us, "They follow instructions and do as requested."
- One person told us, "They have contacted me to find out how I am getting on with the carer."
- People were encouraged to have support from appropriate representatives where they may need additional support to make decisions about their care.
- The registered manager regularly met with people to gather their views about their care. A relative told us, "They always ask for feedback."

Respecting and promoting people's privacy, dignity and independence

- People said they were treated by staff with respect whilst promoting their dignity, privacy and independence. One person said, "They let me do what I can, they don't try and take over, which is good."
- Staff members we spoke with told us they encouraged people to do as much for themselves as they were able and comfortable in doing. One staff member said, "When I support people I encourage them to do what they can by themselves, for example one gentleman likes to help but cannot do a lot due to his hands shaking a lot. When doing his bed, I give him his pillowcase to do, which he can manage and this makes him happy."
- Care records included information to guide staff on how to promote people's independence. For example,

in one care plan it was recorded 'Team members to let (person) to do his shave as much as he can, promoting his independence and only step in when he gets tired and that is normally towards the end.'

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People received personalised support which met their needs and preferences.
- Care records demonstrated that people received care and support which was designed to their needs and preferences.
- Care plans contained person-centred information and identified what was important to individuals.
- Care plans were regularly reviewed and updated. One staff member told us, "I am informed when there are changes in the client's needs or when care plans have changed."
- Daily notes recorded what people had chosen to do each day including their choices and preferences, as well as information about their physical health and general wellbeing.

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.

- People's information and communication needs were identified as part of their initial assessments. These were recorded in care plans as necessary.
- Staff we spoke with were aware of and knew how to support people with their communication needs.
- The registered manager was aware they were required to make information available in alternative formats if required by people in order to aid communication and understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Most people using the service were supported to follow their interests and take part in social activities by their relatives.
- Staff told us and people confirmed that staff had time to sit and chat with them. One staff member said, "I have time to chat with people which is important."
- Information on local organisations and events were shared with people with the aim to reduce social isolation.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and each person was provided a copy with their care plan documents.

- People and their relatives told us they knew how to make a complaint and that they had not had a need to raise one. Comments from people and relatives included, "I do not have any complaints. They are very good", "I have contact details for the office and know who I can speak with if I have a concern or complaint" and "I don't have any complaints, but I know who I can speak with."
- Records confirmed there were no complaints received since the service started operating.
- The registered manager recorded compliments received and shared these with the staff team.

#### End of life care and support

- At the time of this inspection the service was not supporting people with end of life care.
- People's preferences and choices in relation to end of life care was discussed as part of their overall assessment.
- Care plans contained information about people's wishes where people wished to share this information.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 commented about how they felt the service was well led. People told us, "The managers are very good at their job, they respond quickly", "I would recommend them as a good agency" and "We are very happy and content with the service."
- Staff we spoke with felt the culture within the service was open and positive. One staff said, "I get good support from the managers."
- People and relatives told us that systems of communication were good. One person said, "If I call and they miss my call, they are so quick to call back."

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

- The provider and registered manager understood their legal duties in relation to the duty of candour and were open and honest with people if something went wrong.
- The registered manager submitted notifications to CQC as required.
- The service was well organised, and staff we spoke with were clear about what was expected of them.
- The provider and registered manager were committed to driving improvements in the service in order to ensure they were providing the highest possible quality of service to the people they were supporting.
- There were quality assurance and governance systems in place. These included audits on medicines management, health and safety and the care provided to people. The audits and checks supported the registered manager in identifying shortfalls and where required action was taken to address them.
- Staff were observed in their usual work practice during 'spot checks'. These were to check that staff were working to the required standards.

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

- People told us they were able to talk to the registered manager and other senior staff whenever they needed to and said they were all approachable.
- People had regular reviews of their care in which they were fully involved.
- People completed satisfaction questionnaires to express their views of the service. In addition, as part of the registered manager's audits and spot checks, people and relatives were spoken with about their

experiences.

- Staff told us there were regular meetings and they could openly discuss any issues and make suggestions.
- The registered manager worked in partnership with local organisations and businesses to raise awareness on dementia.
- They also organised and participated in workshops, which aimed at promoting healthy living, reduce social isolation and provide people with information about organisations that could help.
- The registered manager was working towards developing positive working relationships with a range of professionals which would enhance the quality of care people received. This included both health and social care professionals.

Continuous learning and improving care

- The registered manager told us they planned to use feedback from people, relatives and staff to assist with continuous learning and improving the care they provided.
- The registered manager and management team present were all positive about the inspection and welcomed the opportunity to receive feedback.