

The Upper Hand Care Limited

The Upper Hand Care Limited

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service: The Upper Hand Care Limited 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 younger and older people with a physical disability. At the time of this inspection, the service was providing personal care to two people.

People's experience of using this service:

- There were systematic failings in the oversight and management of the service. During the inspection we identified records were not easily accessible nor completed in line with good practice.
- People's medicines were not audited in a timely manner, meaning issues identified were not always acted on swiftly to minimise the impact on people.
- There was minimal evidence that staff had undergone a comprehensive induction process to familiarise themselves with people, the service and their roles and responsibilities. Staff members competencies were not regularly reviewed nor supervisions provided.
- Staff did not receive in-depth training to enhance their skills and knowledge. Records confirmed staff received 12 training topics over one day.
- People received support from sufficient numbers of staff to keep them safe. Records confirmed pre-employment checks were carried out to ensure only suitable staff were employed.
- People were protected against the risk of abuse as staff members could identify, respond to and escalate suspected abuse. Staff received safeguarding training.
- Risk management plans in place gave staff clear guidance on how to mitigate identified risks.
- People were protected against the risk of cross contamination as the provider had robust infection control measures in place.
- Staff were knowledgeable about and adhered to the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People's consent to care and treatment was sought and respected.
- People were supported to access sufficient amounts of food and drink that met their dietary needs and preferences.
- People received care and support from staff that were kind, caring and compassionate. People's privacy was respected and their equality and diversity embraced.
- People's dependency levels were monitored and staff were aware of the importance of supporting people to remain as independent as possible, where safe to do so.
- People's care plans were person-centred and tailored to their individual needs and requirements. Where possible, people and their relatives were encouraged to develop their care plans.
- People were aware of how to raise concerns and complaints and were confident these would be managed in line with the provider's complaints policy.
- People's views were sought through regular telephone monitoring. At the time of the inspection no issues had been identified that required any action.
- Relative's and staff described the registered manager as approachable, supportive and professional.

- The registered manager stated she was keen to work in partnership with other healthcare professionals to drive improvements.

Rating at last inspection: The service was registered on 23 April 2018 and has therefore not previously been inspected.

Why we inspected: This was a planned inspection in line with our inspection programme.

Enforcement: At this inspection we identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 around governance. Details of action we have asked the provider to take can be found at the end of this report.

Follow up: We rated this service requires improvement, we will therefore re visit the service within the next 12 months in line with our re-inspection programme. If any concerning information is received we may inspect the service sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

The Upper Hand Care Limited

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This comprehensive inspection was carried out by one inspector.

Service and service type: The Upper Hand Care Limited 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 people with a physical disability.

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 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 activity started on 21 March 2019 and ended on 27 March 2019. We visited the office location on 21 March 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

Prior to the inspection we reviewed information we held about the service, for example, notifications we

received from the service and information shared with us from members of the public. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with one staff member and the registered manager. We reviewed two care plans, one medicines administration record, two staff files and other records related to the management of the service.

After the inspection we contacted one healthcare professional and two relatives to gather their views of the service. We did not receive a response from the healthcare professional.

Is the service safe?

Our findings

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

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

Using medicines safely

- During the inspection we found that medicine administration records (MAR) were not kept on file in the central office. The registered manager confirmed all MAR were kept in people's homes.
- A relative told us, "They [staff members] give [my relative] her medicines. There are no problems with medicines." A second relative said, "The staff do the medicines, they are okay. They give [my relative] medicines in the morning and in the evening. There have been no issues with [staff members] forgetting and I've not had any problems. They will notify me in advance if the medicines are running out. I'm very pleased with them."
- A staff member said, "We follow the instructions on what medicines to give. I record what medicines I have given. If I noticed an error, I would speak with the relative and let the [registered] manager know. I've had medicines training."
- We reviewed one MAR audit, which was not dated and incomplete. We raised our concerns with the registered manager who told us she would send us the completed audits and MAR.
- After the inspection the registered manager sent us copies of completed MARs, which identified there were no gaps or omissions and MAR were completed accurately.

Systems and processes to safeguard people from the risk of abuse

- One relative told us, "Yes, [my relative] is definitely safe."
- People were protected against the risk of abuse, as staff received on-going training in safeguarding and could identify, respond to and escalate suspected abuse, if required.
- A staff member told us, "I would report it to the [registered] manager. If it's urgent I would call the police but would let the [registered] manager know. I would whistle blow if the [registered] manager didn't do anything about it."
- At the time of the inspection there were no open safeguarding, however, the registered manager was aware of the correct procedure in raising a safeguarding alert should the need arise.

Assessing risk, safety monitoring and management

- At the time of the inspection the registered manager confirmed that no risk assessments were kept on file in the central office. After the inspection the registered manager sent us completed risk management plans.
- A relative told us, "[The registered manager] went through them [the risk assessments] with me, and talked about the hazards, she was very thorough and I know she checks up on them."
- Staff were aware of people's risk management plans. One staff member told us, "They [risk management plans] are to keep the client and ourselves [staff members] safe. They cover hazards, environment and medicines, chemicals... They covered risk assessments as part of our training."
- Risk management plans highlighted the hazard, any contributing factors, potential injury, the likelihood of

injury and control measures in place to minimise the risk of avoidable harm. The control measures in place gave staff clear guidance on how to mitigate the identified risks.

- The risk management plans we saw were detailed and covered, for example, choking, medicines management, diabetes and falls. Risk management plans in place were reviewed regularly to reflect people's changing needs.

Staffing and recruitment

- People were supported by sufficient numbers of staff to keep them safe.
- People and their relatives told us, there were adequate staff to keep people safe. For example, one relative told us, "I'd like the staff to stay longer, but they do stay the full time they are meant to be here." A second relative said, "I think the [registered] manager is really trying to timetable the staff well. The calls are always covered. The staff turn up on time and complete all the tasks they have to do."
- A staff member told us, "At the moment there are enough staff, as we only have two clients. We can always cover staff sickness or holidays."
- During the inspection we requested to see the staff rotas. The registered manager told us she did not produce rotas, however, sent text messages to staff members informing them of their visit times. We saw the text messages and found that all visits were covered.
- Staff told us and records confirmed, they underwent a pre-employment check, prior to starting work at the service.
- Staff files contained, a completed application form, employment history, photographic identification and a Disclosure and Barring Services check (DBS). A DBS is a criminal records check providers undertake to make safer recruitment decisions.

Preventing and controlling infection

- Staff were aware of the importance of minimising the risk of cross contamination. One staff member told us, "They [the service] provide us with gloves, aprons, shoe covers and long arm gloves. We get them from the [registered] manager, before we run out we let the [registered] manager know and she will give us some more."
- Records confirmed staff received training in infection control and the provider's policy had clear guidance on hand washing techniques to follow.

Learning lessons when things go wrong

- At the time of the inspection there had been no incidents or accidents. However, the registered manager was aware of the importance of monitoring any incidents to minimise the risk of repeat incidents.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

Ensuring consent to care and treatment in line with law and guidance

- Staff had an adequate understanding of their responsibilities in line with the MCA legislation.
- A relative said, "They [staff members] ask what it is [relative] wants." A second relative said, "Relative doesn't always understand, but they [staff members] will talk to her and let her know what it is they are doing and I consider that to be respectful. If relative doesn't want to eat, they will encourage but won't force her."
- Consent to care and treatment was documented clearly in people's care plans and where consent could not be obtained, a best interest decision had been made in line with legislation.

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

- People's needs were clearly documented in their care plans. Assessments carried out by the Local authority and the provider were kept in people's care plans.
- A relative said, "The [registered] manager came to the house with the care coordinator, also brought the staff who were going to work with my [relative]. She inspires so much more confidence in me, than any other agency has done. I thought she was really professional."
- People's dependency levels were documented, detailing the specific level of support required to keep people safe whilst maintaining their independence, where possible and safe to do so.

Staff support: induction, training, skills and experience

- We reviewed the training certificates for staff and found these covered, for example, moving and handling, safeguarding, MCA and DoLS, health and safety, infection control and medicines management.
- Although staff found the training they received beneficial, we identified the service carried out a one-day training session that covered 12 topic areas. This meant that staff did not receive in-depth training to enhance their skills and knowledge to carry out their roles effectively.
- A relative said, "They [staff members] are good at what they do." A second relative said, "Yes, I do think the staff are knowledgeable."
- Upon successful employment, staff told us they received a comprehensive induction programme to familiarise themselves with people, the service and their roles and responsibilities.

- One staff member told us, "I did shadowing and we covered how we needed to support the person and how to write the logs. It [the induction] covered a lot. My induction lasted for one week, but I have had previous experience in care."
- We requested to see the completed induction paperwork during the inspection, however the registered manager told us, "I have gone through the form, but haven't completed it [for any staff members]." This meant the registered manager had not reviewed staff members competency levels, or identified specific areas of support required, in line with good practice. After the inspection the registered manager submitted completed induction records.
- A staff member told us, "I have had them [supervisions], we talk about the work load, things that have happened, any concerns and training I may need. We have supervisions frequently, but I can ask for one sooner if I need one." However, when we requested to see the supervision records, we identified that none had been completed. We raised our concerns with the registered manager, who told us, "They [staff members] have just started, so I haven't done any yet." This was in direct contrast to what the staff member had told us. This meant that staff did not reflect on their working practices and have their skills and knowledge reviewed to drive improvements.
- After the inspection, the registered manager sent us completed supervision records. These detailed that discussions covered, for example, time keeping, relationships, training needs and goals to work towards in the next six weeks.

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

- Where agreed in people's care packages, people were supported to access food and drink that met their dietary needs and preferences.
- One relative told us, "They [staff members] give [my relative] food." A staff member said, "I warm the food up that the relative has made but if they want something else I'll make it for them."
- Care plans detailed the level of support people required with meal preparation and eating. For example, one care plan stated the person required support with eating due to a risk of choking. This then fed into the risk management plan on how staff should safely support the person during meal times.

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

- Although people did not attend healthcare professional services with the support of staff, staff were aware of the importance of maintaining people's health and wellbeing.
- A relative told us, "The staff will tell me if they feel my relative is unwell. That's not to say they won't [call health services] for another client but I do that for my relative." A staff member told us, "We don't tend to take [people] or make appointments for them as their family members do this. If I noticed that someone appeared unwell, I would call the G.P and let their family members know."
- Care plans clearly detailed people's health needs and gave staff clear guidance on how to meet their health and medical needs.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated equally and had their diversity respected.
- A relative said, "[Staff members] are doing the job absolutely fine, proactively and doing their job well. They show a level of care for my [relative], that the previous agency didn't. I would say they are compassionate, the one that's here all the time she has a real sense of compassion."
- Staff were aware of the importance of meeting people's cultural and faith needs. One staff member told us, "There is one person I support that we greet [in a specific manner] which is in custom to their faith. The person doesn't eat pork, so we make sure she doesn't have it."
- People's cultural needs were clearly documented in their care plans and where possible, the registered manager ensured people were supported by staff members that reflected their culture and faith.

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

- People were encouraged to make decisions about the care and support they received and had their decisions respected. Relatives confirmed people were supported to make decisions and had these respected.
- Care plans detailed how people communicated, which gave staff guidance on how to engage and interact with people, to gather their views and consent to care and treatment.
- Call and quality monitoring visits carried out by the registered manager sought people's views, any concerns raised and detailed any actions that should be taken to address people's concerns.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and promoted.
- Staff were aware of the importance of ensuring people's privacy was respected, for example, one staff member told us, "We don't open the curtains when giving personal care. We make sure exposed areas of the body are covered."
- People's dependency levels were recorded in their care plans and care provided reflected people's needs.
- At the time of the inspection there had not been a review of people's dependency levels, however this was scheduled to take place shortly, to ensure people's needs were being met effectively. Staff confirmed they would share any concerns regarding people's dependency levels with the registered manager.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support from staff that had access to care plans that were personalised and detailed the care and support people required in line with their needs and wishes.
- Relative's told us they were involved in the development of the care plan and the process was thorough.
- A staff member said, "The care plan tells us what support [the person] needs and how to do it. I would speak to the [registered] manager if there was something incorrect in the care plan or if the persons' needs change. We have very close communication with the [registered] manager and she would let us know of any changes."
- Care plans were primarily based on the local authority service needs assessments. The registered manager then carried out their own needs assessment, detailing what level of support people required. Once determined the service could meet the person's needs, a care package was offered.
- The care plan detailed people's medical, health, social and emotional needs. Care plans clearly detailed the levels of support required, when support should be given, and as to whether this was in line with the person's wishes.
- At the time of the inspection no changes had been made to the care plans as people had only been at the service for a short period of time. We will review this at our next inspection.

Improving care quality in response to complaints or concerns

- Staff were familiar with the provider's complaints policy and confirmed they would document any complaints and raise them with the registered manager immediately.
- A relative said, "I think I have seen the complaints procedure. I would be confident in making a complaint and that it would be acted on. I have no problem in calling [the registered manager] if I have a concern. People were given a service user guide upon receiving the service, which detailed the complaints procedure, what to expect and who to contact if dissatisfied with the outcome.
- At the time of the inspection, the service had not received any formal complaints. The registered manager told us, "I would investigate [the complaint] and if it needs to be referred to the local authority I would do that. I would acknowledge with the client that we are investigating and what we've done."

End of life care and support

- At the time of the inspection the service was not delivering palliative care. The provider was aware of the need to document people's end of life wishes. We will review this at our next inspection.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- A relative said, "Sometimes she [the registered manager] calls in [to the person's home], to see how things are going. She is approachable."
- Staff spoke positively about the registered manager, stating that she was approachable, available and supportive. Throughout the inspection, we observed staff contacting the registered manager for guidance and support, which was readily available.
- Despite the support people and staff members received from the registered manager, there was a significant lack of management oversight and widespread failings in the records management at The Upper Hand Limited, in order to monitor the service provision. For example, medicines audits were missing or incomplete, this meant that potential issues would not be identified swiftly and action taken to minimise the impact on people in a timely manner. Supervisions had not been carried out or recorded, which meant that there was a reduced opportunity for staff and the manager to discuss training needs. Although inductions were carried out, induction records were not completed. This meant that staff member's competencies were not assessed to ensure they had the skills to work without direct support. Training was provided, but incorporated 12 topics in one day, this meant that training was not thorough; risk management plans were not readily available for management to review and staff members rotas were not documented.
- We shared our concerns with the registered manager, who told us they had recently employed a deputy manager who would support in the overall management of the service.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People received personalised care that met their needs.
- The registered manager was aware of their responsibilities under the regulatory requirements with respect to submitting notifications to the CQC.
- The registered manager had an adequate understanding of the duty of candour and their responsibility to be open and transparent.
- Staff were aware of the registered manager's visions and values of the service. One staff member told us, "The values [are simply] to provide good care." Although we identified issues with the overall management of the service, the registered manager ensured us she was keen to develop a service that was inclusive,

transparent and placed the service users at the centre of the care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives confirmed they were involved in sharing their views and developing the service. Statements from relatives included that the registered manager was a visible presence within the service and continually called to ascertain if the care provided met their relative's needs and wishes.
- People were encouraged to share their views in a way that they understood and felt comfortable. The registered manager had sought translator services for one person whose first language was not English.
- The registered manager confirmed they would be sending out a questionnaire to further gather people's views and experiences of the service, in due course. We will review this out our next inspection.

Continuous learning and improving care

- The registered manager was keen to improve the service. At the time of the inspection there was insufficient evidence that continuous learning was taking place. We will review this at our next inspection.

Working in partnership with others

- The registered manager confirmed they encouraged partnership working to improve the service delivery. The registered manager told us, "We work with other agencies, share information and learn from each other. [We work with] other care agencies, colleges and training providers." Records confirmed what the registered manager told us.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were systematic and widespread failings in the oversight and management of the service. The registered person had failed to maintain effective oversight of the service and ensure they maintained accurate and complete records.</p> <p>Regulation 17 (1) (2) (a)(b)(c)</p>