

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Hand in Hands

172 Mendip Way, Stevenage, SG1 6GY

Tel: 08452758000

Date of Inspection: 05 September 2013

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September 2013

We inspected the following standards as part of a routine inspection. This is what we found:

| | |
|--|---------------------|
| Consent to care and treatment | ✓ Met this standard |
| Care and welfare of people who use services | ✓ Met this standard |
| Staffing | ✓ Met this standard |
| Supporting workers | ✓ Met this standard |
| Assessing and monitoring the quality of service provision | ✓ Met this standard |

Details about this location

| | |
|-------------------------|---|
| Registered Provider | Hand In Hands Limited |
| Registered Manager | Mrs. Michelle Dudderidge |
| Overview of the service | Hand in Hands is registered with the Care Quality Commission to provide personal care and support to people in their own homes. This includes people who have a learning disability and autism spectrum disorder. |
| Type of service | Domiciliary care service |
| Regulated activity | Personal care |

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 September 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

During our inspection of the service on 5 September 2013, we saw evidence that staff had made every effort to identify and act on the wishes of people who used the service. One person told us, "I decide what I want to do."

We looked at records which showed that people's care and support needs had been assessed, documented and reviewed. They were personalised and gave staff detailed guidance on how to meet people's individual needs and requirements. A healthcare professional told us, "The levels of care are good."

The provider had taken appropriate steps to ensure there were sufficient numbers of suitable staff to meet people's needs. A relative of a person who used the service told us, "Staff give [family member] 'one to one' care most of the time. They are wonderful and we couldn't ask for better."

Records showed that suitable arrangements had been put in place to ensure staff were appropriately supported to perform their roles. One member of staff told us, "I am very well supported by the manager. They have helped me develop and learn new skills."

The provider had put systems in place to regularly assess and monitor the quality of services provided at the home.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received care or support every effort was made to obtain their consent and act in accordance with their wishes.

Reasons for our judgement

Some of the people who used the service were unable to communicate with us verbally so we observed care being provided, checked records and spoke with people's relatives. During our inspection we saw that staff made considerable efforts to obtain people's views and consent about different aspects of their care and support.

For example, we saw that staff used a wide range of both verbal and non-verbal communication methods to explain what was happening and ascertain people's individual preferences and choices.

We looked at care records which showed that people were treated as individuals and encouraged to take part in decisions about their lives and daily routines. An entry in one record we saw stated, '[Name] communicates verbally and can express [themselves] clearly, making needs and wishes known.' Another entry noted, '[Name] can make decisions about food and drink, however [they] need support to understand the importance of a healthy balanced diet.'

One person we spoke with told us, "I decide what I want to do." Another said, "They [staff] help us do things we want and [to] live happily." A healthcare professional with recent experience of the service commented, "They [staff] work hard to get to know people and involve them in what goes on wherever possible."

Suitable arrangements were in place for obtaining, and acting in accordance with, the consent of people who used the service and, where necessary, their family and relevant health and social care professionals.

However, the provider may find it useful to note that records we saw showed that suitable arrangements were not in place to assess, document and review people's ability to make decisions where appropriate. This meant that published guidance relating to the Mental Capacity Act (MCA) 2005 may not have been followed where necessary.

Staff we spoke with during our inspection understood how consent about the care and support provided to people who used the service should be obtained and documented. One member of staff said, "We help people make choices and decisions. We have got to know them very well but never make assumptions about what they need or want to do."

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care and support that met their needs and protected their rights.

Reasons for our judgement

During our inspection we observed that staff treated people with respect and kindness while delivering appropriate levels of care and support. We also saw that care was delivered in a way that met people's individual needs and welfare requirements. One person told us, "[I am] very happy here. They [staff] look after me well." Another said, "[I] really like it [the service] and the staff. [There's] nothing I don't like."

We looked at care records which showed that people's needs and preferences had been assessed, documented and reviewed. They were personalised and gave staff good guidance about the care and support people needed. This included detail about people's likes, dislikes and preferences about issues such as food, activities and personal routines.

An entry in one care record we looked at stated, '[Name] enjoys cereal or toast with marmite for breakfast. [They] should be asked what they would like for breakfast each morning and then [be] supported to prepare it.' Another entry noted, '[Name] will require support to make appointments for a haircut or with a doctor or dentist.'

A healthcare professional told us, "The service is generally very good with a refreshing approach to providing genuine personalised support. The levels of care are good and the person I see there has done extremely well and improved in many areas. They [staff] meet people's needs."

We saw evidence that staff had helped and supported people who used the service to get involved in a wide range of activities. These included birthday parties, sharing household chores, regular visits to local day centres and trips to the seaside. This meant that the planning and delivery of care and support had taken account of people's individual needs and requirements.

A relative of a person who used the service told us, "[My relative] has made so much progress there and is much more sociable with a busy activities schedule. [They are] definitely well looked after...we are extremely happy with the levels of care." Another said, "They [staff] are excellent. Nothing is ever too much trouble. They help [name] become more confident and lead an independent life wherever possible."

We saw evidence that the provider had put effective policies and procedures in place to

deal with emergencies and therefore, reduce the levels of risk posed to people who used the home.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified staff, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The provider had taken appropriate steps to ensure there were sufficient numbers of suitable staff available at all times. The manager told us that staffing levels had been calculated on the basis of people's needs.

We looked at staff rotas which had been colour coded and clearly showed that staff had been allocated duties based on the individual care needs and support requirements of people who used the service. For example, during our inspection we saw that one person was supported by two members of staff at all times because of their complex needs and challenging behaviour.

One person who used the service told us, "The staff are very good, all of them." Another said, "Staff are great." A person's relative commented, "Staff give [name] 'one to one' care most of the time. They are wonderful and we couldn't ask for better." Another told us, "The staff are excellent. I am delighted with the service they provide."

During our inspection we saw that the provider had put arrangements in place to manage unexpected circumstances such as staff sickness and other unforeseen absences. The service operated an 'on-call' system to ensure that senior members of staff were always available to make alternative staffing arrangements or personally cover any shortages.

A member of staff told us, "Staffing levels are just right here. Some people here have 'one to one' [support] at all times. I have never known us go below minimum staffing levels." Another said, "We always have enough staff. I have never known us not have enough. In fact, we always have additional support from apprentices and the 'on-call' system."

This meant that people who used the service had care and support needs met by sufficient numbers of appropriate staff at all times.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for and supported by suitably qualified, skilled and experienced staff.

Reasons for our judgement

The provider had put suitable arrangements in place to ensure that staff were appropriately trained and supported to perform their roles. For example, we saw that an induction programme, based on nationally recognised standards, had been put in place to help train and develop new staff.

Records we looked at showed that all staff had been set goals and targets ['appraisals']. Their individual performance was reviewed and assessed during regular 'one to one' sessions ['supervisions'] with their supervisors. We saw that all staff had received training relevant to their roles in areas such as basic food safety and hygiene, medications and managing challenging behaviour.

Staff told us they had been given opportunities for additional professional development appropriate to their work. For example, some had been encouraged and supported to gain nationally recognised vocational qualifications in health and social care.

One member of staff told us, "I am very well supported by the manager. They have helped me develop and learn new skills. When training needs are identified it [training] is provided very quickly." Another said, "We have team meetings every month. I have a voice here and can raise issues and get listened to. I am extremely pleased with the support and my personal development; it's the best I have come across so far."

We looked at records which showed that regular staff meetings had been held to discuss the services provided, care practices and staff matters. We saw evidence that staff had been encouraged to contribute to the agenda and raise issues they felt were important for discussion during the meetings.

This meant that staff had been properly supported to provide appropriate levels of care to people who used the service.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

During our inspection we saw evidence that a comprehensive system for monitoring and assessing the quality of service provided had been put in place.

We looked at records which showed that regular audits had been carried out by both the provider and the management team. The audits measured performance and the quality of services provided in a wide range of areas. These included the management of medicines, staff training and development and the planning and delivery of care to people who used the service.

We saw that the manager had also recently introduced a system for auditing the compliance of services provided against the same essential standards of quality and safety inspected by the Commission. This meant that people who used the service were protected from the risks associated with inappropriate care and support.

The provider had an effective complaints, comments and compliments system in place. Although no complaints had been received, people we spoke with during our inspection told us that they were aware of the process and knew how to make a complaint if the need arose. Guidance about the procedure had been produced in an 'easy read' format to help people who used the service understand how to raise concerns and the methods used to resolve them.

Records showed that regular meetings had been held with people who used the service and members of staff to obtain their views, comments and suggestions about the levels of care provided and how the service had been run.

This meant that people who used the service and others had been encouraged to provide their views, comments and opinions about all aspects of the service provided. This significantly reduced the risks associated with inappropriate or unsafe care.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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