

Safehands Recruitment Ltd

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Inspection report

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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

About the service

Safehands Recruitment LTD is a Domiciliary Care Agency (DCA) providing personal care to adults and children. They provide a service to people with a learning disability, autism, physical disability and mental health needs. The service provides support to people in their own homes. At the time of our inspection 2 people were using the service.

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

Right Support

People's care outcomes, goals and life aspirations had been fully recorded by the registered manager so that staff could promote them. 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.

People's physical and emotional needs had been comprehensively assessed. Staff had access to individual risk assessments which guided them on how to reduce risks to people, whilst promoting their independence. People who may experience behaviours of distress were supported with clear plans that recognised the triggers and signs of emotional distress, and how they would like to be supported.

Detailed care records were kept for people and other care agencies to refer to, this ensured that care staff were up to date on people's care needs. People were supported with the safe administration of their medicines.

Right Care

People were provided with person centred care by a staff team who knew their needs well. This means that care was tailored to their individual needs and was personalised. Staff spoke positively about their caring role and were passionate about providing good quality care. The service was led by a registered manager who valued people as individuals and sought to get the right staff in place to meet people's needs.

People were provided with dignified care which respected their privacy and promoted their independence. When people's care needs changed, this was pre-empted by staff and their care was adjusted to meet these needs. People were protected from the spread of infection.

Care plans were made with people, their relatives, and professionals to ensure that staff fully understood people's care needs. People's communication needs had been assessed, this supported staff in interactions with people whilst providing care and support.

Right Culture

People were empowered to live a life of their choice by the staff supporting them. People were supported by a service which valued and promoted people's individuality, independence and human rights. Policies and care planning supported this culture.

The management team adopted an open learning culture where good practice was celebrated, and lessons were learned. Staff felt supported in their caring roles and adopted the caring values of the organisation. There was an open and honest culture between people, relatives, staff and leaders where they all felt confident to raise concerns and complaints.

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

Rating at last inspection

This service was registered with us on 16 December 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our comprehensive inspection, by selecting the 'all reports' link for Safehands Recruitment LTD on our 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?

Good ●

The service was safe. Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective. Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring. Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive. Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led. Details are in our well-led findings below.

Safehands Recruitment Ltd

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency (DCA). It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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

Inspection activity started on 9 March 2023 and ended on 15 March 2023. We visited the location's office on 14 March 2023.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in

the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to 7 staff members including the registered manager, recruitment manager, managing director, 3 complex support workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke to 2 relatives to gather their feedback on people's care.

We reviewed a range of care records and risk assessments. We looked at 3 staff files in relation to staff recruitment. We reviewed a variety of records relating to the management of the service, staff development and the provider's policies and procedures.

We sought feedback from professionals and other agencies that work with the service.

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 of 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

- Systems were in place to protect people from abuse or the risk of harm. At the time of inspection there had been no safeguarding concerns in relation to people. Staff had received safeguarding training and told us about the steps they would take to keep people safe.
- Relatives told us that that people were kept safe and they felt confident to report any worries of abuse to the registered manager. The registered manager was confident in reporting safeguarding concerns and their role within this. The service has a designated safeguarding lead to support staff.
- Staff had access to a whistle blowing procedure if they had concerns about poor practice. Staff were provided with whistleblowing and contact information when they started their roles.

Assessing risk, safety monitoring and management

- People had up to date and detailed risk assessments to inform staff on how to support them safely. Risk assessments had been completed with people and their relatives so that risks could be a minimised in line with the person's wishes.
- Staff knew people well and understood their risks. Staff told us about people's health associated risks and how they support people to minimise these risks. For example, staff told us how they safely support people with eating or drinking where there was a risk of choking.
- People's health associated risks were reviewed with people, relatives and professionals supporting people. Risk assessments were relevant to people and would be updated when their needs and risks changed.

Staffing and recruitment

- Staff were recruited safely to the service. Relevant background checks, interviews and competency questions were completed on staff prior to them working with people. This information supported safer recruitment decisions and ensured that potential staff held caring values in line with the organisation.
- Relatives told us that people were supported by a permanent staff team that knew people and their needs well. Relatives were positive about the professionalism of staff and how they were respectful of people's homes.
- People were provided with the same staff who covered annual leave or sickness. Staff completed shadow shifts prior to becoming part of the person's care team, this allowed them to get to know people in the event they needed to cover care calls.

Using medicines safely

- Peoples medicines were administered safely by staff. Staff knew people's medicine needs well and they

were discussed regularly with people. Relatives told us that people received their medicines when they needed them and how they would like them to be administered.

- People were supported in the administration of their medicines and were guided by personal medicine management plans. Staff had access to a clear medicines administration policy and received training and competency-based assessments to support them in safe administration.
- Prior to our inspection, the provider had identified a need for an in-house medicine assessor to support the ongoing management of safe medicines. Training had been scheduled so that staff could be supported further in competency-based assessment by the registered manager. This role would also further support the quality monitoring of people's administration records.

Preventing and controlling infection

- Staff were safely supporting people to minimise the spread of infection. Staff had received training on how to reduce the spread of infection and were provided with personal protective equipment (PPE) to help keep people safe. Staff told us about how they wear PPE and dispose of it safely.
- The provider had a clear infection prevention control (IPC) policy to guide staff and minimise the spread of infection. The registered manager completed spot checks of staff to ensure that they were using good IPC practices and wearing PPE.
- Relatives of people told us that staff wore PPE and adopted good IPC practices when supporting people.

Learning lessons when things go wrong

- There were systems in place to report, review and learn from accidents, incidents and near misses. At the time of the inspection there had been no accidents and incidents, however the staff told us the steps they would take to ensure people were safe and reporting issues. The registered manager told us about their process for reviewing incidents so that lessons could be learned.
- The management team adopted a culture of learning and openness within the service. The registered manager told us that learning was an ongoing process and shared how the service had adapted and changed as it has slowly grown over the past 12 months.
- The registered manager shared any learning with staff through emails and conversations to ensure staff were aware of opportunities or changes in practice.

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

- People's needs were fully assessed before they started receiving personal care from the service. Pre-assessments were completed with people, their relatives and appropriate professionals. The registered manager wanted to ensure that they were the right service and could effectively meet people's needs.
- Care plans and risk assessments guided staff on how to manage the risks to people whilst promoting their independence. Care plans guided staff around people's individual care choices, communication needs, life history and how to support people safely around any risks. Care plans highlighted people's outcomes and goals from the care and support they were receiving.

Staff support: induction, training, skills and experience

- Staff were safely inducted into the service. Staff received a comprehensive induction which included training, shadow shifts and competency-based assessments. Staff were positive about the training and support they received as a new employee.
- Staff were supported in their caring roles by consistent management. Staff told us they had the daily support of the registered manager over the telephone. At the time of inspection, supervisions and team meetings had not yet taken place as staff were new to their roles, however systems were in place to review staff development and performance.

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

- Where required people were supported to eat and drink in an inclusive way. This means that people were offered choice of what they wanted to eat and drink and when. Staff worked in collaboration with people to support meal planning and preparation.
- People were encouraged to have as much independence as safely possible. Staff knew people's eating and drinking needs well and spoke about creating positive dining experiences for people who needed support. One staff member told us: "[staff members] take time, don't rush [person when eating]."
- Staff worked closely with people and their relatives to ensure that people had a balanced diet and enough fluids. Staff clearly documented the food and fluid provided and consumed by people, so that relatives and other agencies were aware.

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

- Staff worked in collaboration with health and social care professionals to support people to receive care that met their current needs. For example, staff provided daily physiotherapy exercises to people who had a physiotherapy plan.

- The registered manager reviewed people's care plan and health needs in collaboration with other professionals involved in people's lives. This included, health and social care workers, to ensure that people's current health and care needs were understood.
- Relatives of people were viewed as an integral part of people's care and their support network. Staff and the management team worked closely with relatives to ensure people received effective care that met their needs.
- People were supported by staff to access their local community to promote their wellbeing and live healthier lives. Staff supported people in attending appointments or groups in the community which supported people's physical and mental health.

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 MCA 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

- People were supported to make choices and decisions about their care. We judged through conversations with staff and people, that the service had a good understanding of how to gain people's consent and that this was happening prior to offering care or support.
- Where people had capacity, they had signed an agreement and consented to receive care and support.
- Where people were unable to consent to their care, the registered manager had involved relatives and professionals to support the least restrictive solutions.

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 were provided with kind and compassionate care by staff. Relatives told us that staff were considerate, caring and gentle when providing care to people. One relative told us; "[Staff] are really, really great!"
- People were supported by staff who were passionate about delivering good quality care. Staff were overwhelmingly positive about their caring roles when supporting people. The registered manager told us that one of the key values of the service is caring which means; "making sure that people get the care that they deserve" and "it is about quality not quantity."
- People's equality, diversity and inclusion needs were known by the service to ensure that people received the right care. For example, the service asked people about their religious beliefs, sexuality and culture to better understand the person.

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

- People and their relatives were involved in the decision making around people's care. Relatives told us staff listen to people and had a good relationship with people. Staff involve people and their relatives in developing people's care. A relative told us: "[relative is] completely involved in everything."
- Staff offered maximum choice to people in the day-to-day decisions in their lives. This means, people were in control of what they wanted to do and how they wanted to do it, with support. A staff member told us that person centred care means; "knowing the things [people] like to watch, listen to and go to. So I know what [people] like and dislike. Make sure it is centred around that one person.""

Respecting and promoting people's privacy, dignity and independence

- People were provided with dignified and respectful care from staff. Staff told us about the steps they took to ensure people's privacy is respected, especially when others live in the same home. A staff member told us; "[Staff] always making sure doors are shut and windows shut, for dignity". Relatives also told us that staff provided dignified and respectful care to people.
- People were asked their consent before personal care was provided by staff. Staff told us they always ask consent and informed people of what they are going to do before they do it. This meant that people were aware of what personal care they were going to be provided.

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

- The service was responsive to the changing needs of people. People were supported when their needs changed, and changes were often pre-empted by staff and the registered manager. For example, the service offered additional support to a person following an operation to support their independence and recovery.
- Staff personalised the planning of people's care to ensure that they had choice and control. For example, staff supported people with activity planning and pre-empted possible disruptions caused by bad weather. This meant that people were not impacted by the uncertainty of events outside of their control and it provided them with assurance. A relative told us; "[staff member] is very conscientious...[staff member] is very interested and wanted to get it right, and do it the best for [person]". A staff member told us; "[staff member feels that] looking after [people], means things are personalised around that one [person]."
- People were offered maximum choice and were fully involved in the forming of their care support team. The registered manager provided people and their relatives with staff portfolios so that they could decide who was the right staff member to support them prior to their care beginning. People had been offered choice in the gender of the staff supporting them and had been introduced to them before they provided personal care. A relative told us; "[relative] can tell [staff] looked into [person] before they come, they know [person] very well."
- Professionals were positive about the responsive nature of the service. Professional feedback highlighted the service fully considered the needs of people to ensure that they can provide them with the right support. A professional told us; "[service] only accept referrals once they have satisfied themselves, the workers, and families, that they fully understand the needs of each [person] and have the skills, expertise, and experience within their staff team to meet these needs safely and can be delivered in good time."

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

- Staff were viewed as a positive presence in people's family environments. Relatives told us that staff were an integral part of their family life and that they knew their other children and adults in the family well. One relative told us; "[staff] are great with [relatives] other kids too!"
- People were supported to maintain and build relationships by staff in their wider community. Staff supported people in accessing their wider community to combat social isolation whilst promoting their independence. A staff member told us: "[person] gets to choose where [person] goes, every day we're going somewhere new."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the

Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider sought to understand people's communication needs and recorded how to support people within their care plans. Other methods of communication were also used by the service to support accessible information. For example, the pre-assessment form had diagrams representing each section of care needs.
- Staff had clear guidance on how to support people when they were experiencing behaviours of distress. This means that staff had clear instructions on how to communicate with people who may be in distress and what helps to support and comfort them.

Improving care quality in response to complaints or concerns

- There were systems in place to respond to complaints or concerns. At the time of inspection, the service had not received any complaints or concerns from people, relatives or staff. Relatives were very positive about the service people were receiving and felt confident to call the registered manager if they were concerned.

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

- The registered manager and nominated individual adopted an open learning culture to promote good quality person centred care for people. The management team spoke passionately about being keen to learn and grow their business slowly so that they could provide the best service to people. The registered manager told us; "[service] is not a company that is going to put bums on seats, I want [staff] who are passionate about what they do and have correct standards to deliver care."
- Staff shared the managers value's to ensure that they achieved good outcomes for people. Staff felt supported by an open culture and spoke passionately about the shared goal of quality care.
- Staff felt supported in their caring roles and found the registered manager to be open and approachable. Staff comments included; "If I have any concerns, I can always get in touch with [the registered manager] and she will do her best to look into it" and "I have never had a problem, but when I need to speak to [management] then they message me back in minutes!"
- Relatives and people found the service to be open and inclusive of them. Relatives felt able to speak to the registered manager about positives and changes needed around people's care. Relative told us; "[the registered manager] is very approachable" and "[the service makes] you feel you can't be helped enough."

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

- The registered manager and management team understood their responsibilities in relation to duty of candour. The management team spoke about being open and honest when in the event things go wrong.
- The registered manager understood their duty to make statutory notification to the CQC. At the time of inspection, the service had not had any incidents, however the registered manager understood their role in reporting any significant incidents to the CQC.

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

- There was a clear management structure in place which was understood by staff, people and their relatives. The registered manager oversaw the running of the service and was supported by the management team. Staff and relatives told us that the service was well run.
- There were effective systems in place to oversee the quality of the service. The management team monitored the quality of care and record keeping through their audit and checking systems. Spot checks were also completed of staff providing care and to ensure staff were wearing PPE correctly.

- Positive feedback and any areas of learning were shared with staff to help them learn and grow in their work. The registered manager celebrated the success of staff and awarded the staff member of the month. Performance was also monitored so that staff could understand what they were doing well and identify if any additional support was needed.
- The service had a business continuity plan and on call system to detail how the service should be run safely in the event of exceptional circumstances, such as extreme weather or staff shortages. This meant staff had a plan to follow to ensure people received the care they needed and risks were managed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager sought the views of staff, people and relatives via surveys. The registered manager took on board feedback to make changes to the service. For example, relatives requested to know further in advance what staff were covering shifts, therefore relatives are now provided with the rotas in advance.
- The management team conducted telephone calls and home visits to people and their relatives to gain their feedback. This ensured that people and relative's views were sought about people's care and ensured it continued to meet their needs.
- The registered manager was engaging in additional professional development activities to support their learning and role. The registered manager spoke positively about ongoing professional development and learning which could be shared among staff and across the organisation.

Working in partnership with others

- The service worked in partnership with other agencies and professionals in adults and children's social care. The registered manager and staff worked in collaboration with other professionals to fully support people's needs. Professionals were positive about their working relationship with the service and felt that this supported people. Professionals working with the service told us; "[Service] have made positive and meaningful differences to the lives of the [people] referred to them."