

Caring Hands Leicester Limited

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Inspection report

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Date of inspection visit:
08 June 2023

Date of publication:
18 July 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Caring Hands Leicester Ltd is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, 60 people were using the service. 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.

Timely calls were not always in place to provide people with the personal care they needed.

Safe recruitment practices were not fully in place to ensure only suitable staff worked at the service.

People and their relatives were not always satisfied with the management of the agency. They said they always received a polite and reassuring response to their queries, but this was not always backed by effective action being taken. Effective quality assurance systems were not always in place to ensure people were provided with a quality service.

Details of how to reduce risks to people's safety were included in people's care plans. Care plans reflected people's individual needs. Enough staff were employed to meet people's needs. People and relatives said safe care was provided, with people protected against abuse, neglect and discrimination.

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 and their relatives were very satisfied with the personal care that staff provided. They said they were treated with respect and dignity and staff had a caring and friendly approach to them. They said they had very good relationships with staff. Staff respected people's privacy and encouraged them to maintain their independence and do as much for themselves as they wanted to.

People and relatives were aware of how to approach the registered manager to raise concerns or complaints. The registered manager understood their responsibilities and worked in an open and transparent way.

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

Why we inspected

The inspection was prompted in part due to concerns received about the safety of people's care in relation to moving and handling practice. A decision was made for us to inspect and examine those risks. We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led sections of this full report.

The overall rating for the service has remained requires improvement based on the findings of this inspection.

Rating at last inspection

This is the third inspection for the service. The last inspection was in February 2019 when the service was rated requires improvement.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Caring Hands Leicester Ltd

Detailed findings

Background to this 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 2008.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 1 days' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. We also gave time for the registered manager to send us inspection information, so we did not have to spend an extended amount of time in the office of the service.

Inspection activity started on 8 June 2023 and ended 9 June 2023. We visited the office location on 8 June 2023.

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority.

During the inspection we spoke with 2 people who used the service about their experience of the care provided and 9 relatives. We spoke with 3 care staff, the registered manager, the compliance manager and the operations manager. We reviewed a range of records. This included 4 care records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

We continued to seek clarification from the registered manager to validate evidence found, which was sent to us.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Sufficient staffing was always in place according to people and relatives. Whilst there were no missed calls reported, 4 relatives told us a number of calls had been untimely as they had been early or late for up to an hour, which we observed on peoples' records. One relative said this had caused an issue for their family member who needed regular call times to eat. This issue was followed up by the registered manager.
- Records showed evidence of good character and criminal records checks had been completed for staff before they began working at the service. However, for 1 staff member out of the 3 records reviewed a reference from a previous health and social care employer was not in place. The registered manager followed up this issue. These checks help prevent unsuitable staff from working with people who use the service.
- Assessments and support plans identified the number of staff required to delivery care safely.
- Recruitment systems protected people from receiving personal care from unsuitable staff members.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risk of abuse.
- People told us they felt very safe with staff from the service. One person said, "Staff know what they are doing and always keep me safe."
- Staff members demonstrated they understood how to safeguard people. They were confident the management would take action if they had any concerns about people's safety.
- The registered manager was aware of how to report any safeguarding concerns to the local authority safeguarding team.

Assessing risk, safety monitoring and management

- People were protected from risks to their health.
- Risk assessments were individualised and person centred. They covered the potential risks for people and for risks identified in people's homes.
- This helped to ensure that any risks to people's personal care and environment were identified and prevented.

Using medicines safely

- Medicine was safely administered to people.
- People and relatives confirmed that there had been no problems when staff supplied medicines.

- A medicine audit system was in place to check that medicine had been administered properly. Staff were trained to administer medicines.

Preventing and controlling infection

- People were protected from infections.
- People and relatives told us staff had always worn personal protective equipment (PPE) during the COVID-19 pandemic.
- Staff members described relevant infection control measures that were in place to protect people.
- Staff had received training in infection control, including COVID-19. Staff members told us there was always enough PPE available to ensure people were protected from infection.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of accidents or incidents.
- There was evidence of lessons learnt in ensuring moving and handling practice was always safely provided to people.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- Peoples' needs were assessed before personal care was provided.
- Details of people's assessments were in place. This information helped to ensure staff were sufficiently trained staff to provide the care and support needed.
- People and relatives said there had been no problems in the care provided by staff. They were satisfied care plans included all necessary information to provide effective care.

Staff support: induction, training, skills and experience

- Staff had received training and support appropriate to their role. Records showed staff had received induction training.
- People and relatives said staff were aware of what care was needed and provided them with the care they needed.
- The registered manager planned to extend the training to include more specific health conditions tailored to people's needs such as for stroke and Parkinson's disease.
- Staff had been trained in important areas such as infection control, medication and health and safety. Staff members told us this training made them feel confident to meet people's needs.

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

- People needing assistance with food had a relevant care plan in place to meet this need. A care plan we inspected detailed that staff should offer a person a healthy diet but, if the person did not want this, this was their choice.
- People and relatives said staff always asked if people wanted a drink. This helped to protect from potential dehydration.

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

- People's health needs were considered and reviewed in partnership with other agencies. Systems to refer people were in place and care plans evidenced involvement from other health care professionals such as GPs and nurses.
- Staff were aware of what to do should someone need medical assistance. A relative said a staff member had recommended that they obtain medical help as their family member had not been well.
- People's assessments and care plans covered their health care needs.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- Mental capacity assessments had been completed. People were able to decide their day-to-day choices.
- Staff members understood the principles of the MCA and supported people to make choices.
- People and relatives confirmed staff always asked for consent before providing care.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained 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 well treated and supported.
- People and relatives said staff were very friendly and caring. A person said, "Staff are fantastic. Always caring and friendly."
- Staff members had a good knowledge of the people being supported. They were positive about providing quality care to meet people's needs. People said staff respected the way they wanted to live their lives.
- The registered manager and staff members fully understood the need to respect people and their diversity. This information was contained in peoples' care plans.

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

- People were supported to be involved in making decisions about their care.
- People and relatives told us that they were involved in their care reviews care and in surveys so they could express their views of the care provided.
- Staff members were aware of how people liked to receive their care. For example, people were supplied with choices of what clothes they wanted to wear and how they wanted their drinks to be made.

Respecting and promoting people's privacy, dignity and independence

- People were respected and their privacy, dignity and independence was encouraged. Staff members said they always encouraged people to be independent and would only provide support when needed.
- People and relatives said staff promoted privacy and dignity when providing care. Staff members gave good examples of how they would do this such as closing curtains and doors and covering people when providing personal care.
- People and relatives said staff respected people's independence and did not take over and do things that people could do for themselves.
- Staff members were aware of keeping information safe and confidential. This was supported by the provider's policy on confidentiality which stressed the importance of doing this. This was also emphasised by management at a recent staff meeting.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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's care was personalised. They had choice and control over the way their care was provided.
- Care plans detailed some of people's personal history such as family but did not always include important information such as past employment and hobbies. The registered manager took action to ensure plans included more personalised information. This will help staff understand people's preferences and needs at an early stage.
- Relatives all said that their family members enjoyed the company of staff as staff were always friendly, treated them as individuals and lifted people's moods.

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.

- The registered manager had put systems in place to provide information when needed by supplying accessible information by large print, audio and pictures.
- There was evidence in people's care plans reflecting people's communication needs.
- The registered manager was aware of the need to respect people's preferred communication styles.

Improving care quality in response to complaints or concerns

- Complaints had been investigated fully. Lessons had been learnt from issues raised.
- A complaints policy and procedure was in place so complaints were recorded and investigated.

End of life care and support

- At the time of the inspection, end of life care was not delivered by the agency.
- The registered manager was aware of the need to respect people's end-of-life preferences to include respecting people's religious and cultural wishes. The registered manager said that this information would include preferences such as which visitors they wanted to see, temperature of bedroom and whether they wanted music playing.
- People and relatives said any relevant information would be supplied when they were ready to do so.

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. At this inspection we have rated this key question requires improvement.

The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent.

Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People were not fully protected by robust quality assurance and governance systems.
- The provider had not fully put systems in place to make the improvement needed. Audits were completed by the management team. However, these did not always act on issues identified or did not identify issues of concern to people and relatives. For example, for untimely call times, as stated by relatives and observed in records, were not identified through the provider's quality assurance systems.
- Quality assurance tools had not identified where the provider had failed to ensure all staff had appropriate references in place.
- Where concerns were identified in staff spot check records, these were not followed up to ensure improvements were made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider engaged with people and relatives.
- There were records showing engagement with people using the service or relatives. For example, when carrying out spot checks on staff and supplying surveys to people and relatives.
- The culture of the service valued people's individuality.
- One relative told us, "Staff are very person centred. They are interested in my family member and help me as well."

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 understood their responsibilities under 'duty of candour' to be open and honest when things went wrong, for example, notifying relatives if their family member had an accident or became unwell.
- There had been an incident which had met the duty of candour threshold. An apology had been made and the relative informed what action had been taken.
- Staff knew how to raise concerns and told us they would report to relevant agencies if they felt their concerns were not acted on.

Working in partnership with others

- People's records evidenced contact with health and social care professionals. For example, referral to occupational therapists to obtain relevant equipment to meet peoples' needs.
- The registered manager told us they were part of a registered managers network group to share good practice.