

Care at Hand Limited

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Inspection report

6 Harris House
Cawley Hatch
Harlow
Essex
CM19 5AN

Tel: 01279626200

Website: www.careathand.co.uk

Date of inspection visit:

25 September 2023

28 September 2023

29 September 2023

Date of publication:

27 February 2024

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?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

About the service

Care at Hand Limited is a domiciliary care service providing the regulated activity of personal care to people in their own homes. At the time of our inspection there were 21 people 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 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. Staff communicated with people in ways that met their needs. Staff supported people with their medicines.

Right Care:

Concerns raised implied there may not always be enough staff to support people to stay safe. We have made a recommendation about staffing. People received kind and compassionate care. Staff treated people with dignity and respect and understood and responded to their individual needs. Staff had training on how to recognise and report abuse. People's support plans reflected their needs and the risks posed.

Right Culture:

Where concerns and complaints were raised, these were not responded to in a timely manner. We have made a recommendation about complaints management. People received good quality care and support. Staff knew and understood people well and were responsive to their care and support needs.

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 in July 2023, and this is the first inspection.

The last rating for the service under the previous provider was Required Improvement, published in June 2021.

Why we inspected

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

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified a breach in relation to the provider's quality assurance and governance arrangements. We have made recommendations about staffing and complaints management.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always 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 ●

Care at Hand 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. 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 completed by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats, and specialist housing.

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 25 September 2023 and ended on 29 September 2023. We visited the location's office on 25 September 2023.

What we did before the inspection

We reviewed information we had received about the service since the service was newly registered. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who use the service and 4 relatives about their experience of the domiciliary care

service. We spoke with the nominated individual, who is also the registered provider and the manager who was in day-to-day charge of the service. The nominated individual is responsible for supervising the management of the service. We reviewed 4 people's care records and 5 staff recruitment records, including evidence of training, supervision and 'spot visits.' We reviewed 3 people's medicine records. We also looked at the service's quality assurance arrangements and staff duty rosters.

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.

Staffing and recruitment; Learning lessons when things go wrong

- Recruitment practices were not as robust as they should be, and improvements were required. The provider could not demonstrate all records relating to staff's employment had been sought in line with regulation. However, following the inspection the manager provided a spreadsheet to us and this suggested all records as required had now been sought.
- Concerns were raised with us by 1 person to imply there may not always be enough staff to support their family member to stay safe. No further concerns were raised by people using the service or those acting on their behalf.
- People were principally supported by the same staff to ensure continuity of care, and to enable a culture of trust and rapport to be established. However, there were times when, temporary agency staff were used to fill gaps, resulting in care which could be rushed and staff not always knowing the needs of the people they were supporting. A relative told us, "[Family member's] care needs are met, the problem is with agency staff as they are late, rush the care and then leave quickly. This can make [family member] anxious." A person who used the service told us agency staff were "okay" but as they did not know them well, the person had to guide them about how they wished their care and support to be provided.
- People and relatives spoken with told us there had been no missed or late calls by permanent staff and they stayed for the allocated time as detailed within their support plan.

We recommend the provider refer to current guidance to ensure there are sufficiently skilled staff to support people to stay safe.

Systems and processes to safeguard people from the risk of abuse

- The provider's arrangements safeguarded people from abuse. No safeguarding concerns were or had been raised with the Local Authority or Care Quality Commission relating to the safety of people using the service.
- People told us they felt safe. A person told us, "I do feel safe and well cared for. I know the staff and they look after me." Relatives also considered their family member was safe. Comments included, "[Family member] is absolutely safe as houses and I have no concerns at all" and, "[Family member] is safe at all times. My sibling and I regularly do a 'pop in' to make sure all is okay."
- Staff spoken with understood what to do to make sure people were protected from harm or abuse and had completed appropriate safeguarding training.

Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded, and managed to enable people to live in their own homes safely. These primarily related to people's manual handling needs, environmental risks to ensure people's and staff's safety and medication.

- All staff spoken with were aware of people's individual risks and how to help keep them safe whilst reducing any restrictions on people's freedom.

Using medicines safely

- Medicine Administration Records [MAR] and daily care records demonstrated people using the service received their medicines as they should.
- Staff had received appropriate medication training and had their competency assessed to ensure they were capable to undertake this task safely.

Preventing and controlling infection

- No concerns were raised with us relating to staff not wearing appropriate Personal Protective Equipment [PPE] when they visited a person's home.
- Staff had received infection, prevention, and control training.
- Staff had access to Personal Protective Equipment [PPE, including face masks, aprons, gloves, and hand sanitiser, and confirmed adequate supplies were routinely available.

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.

Staff support: induction, training, skills and experience

- Staff had attained mandatory and specialist training to enable them to carry out their roles and responsibilities. However, where training gaps were identified, the manager confirmed action was being taken to address this.
- Although at the time of our inspection the service was not caring or supporting anyone with a learning disability or an autistic person, they were registered with the service user band of learning disability and autism. The manager was advised staff should attain this training in the eventuality they wished to provide a care package for this service user group.
- Newly employed staff received an induction and were given the opportunity to shadow a more experienced member of staff depending on their level of experience, competence and professional qualifications already attained.
- There was no evidence to demonstrate the previous provider had completed formal supervisions and 'spot visits' for staff. The latter enables the provider's representative to observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations. The manager told us following our inspection they had been unable to find any records relating to the above for existing staff. Further to our inspection the manager confirmed all staff were now booked to receive formal supervision, 'spot visits' and an annual appraisal of their overall performance. A spreadsheet forwarded to us recorded 4 staff had now received supervision. Most staff spoken with told us they felt supported.

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

- An assessment of people's care needs was undertaken, and care packages planned with people's and relative's full involvement to ensure their needs could be met by the service.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.

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

- People and relatives told us staff supported them and their family as needed with the provision of meals, snacks, and drinks throughout the day to ensure their nutritional and hydration needs were met. A relative told us their family member was able to choose their own meals and to tell staff of their personal preferences.
- Care plans included people's likes and dislikes in relation to food and drink and detailed the support required by staff.
- Staff had received training in the safe handling of food.

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

- People had access to health professionals as required. If staff were concerned about a person's health and wellbeing, they would relay these concerns to the manager and the person's relative for escalation and action. A relative told us, "I get called if there is a problem, so we are kept up to date."
- Care plans detailed people's health support needs, including support provided from family members.

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.

- Staff had received Mental Capacity Act 2005 (MCA) training and were able to demonstrate a basic understanding of the requirements of the Mental Capacity Act 2005 and what this meant for people using the service.
- Staff knew how to support people to make choices and people told us staff always sought their consent prior to providing support. For example, staff confirmed people were offered choices relating to food, drink, and clothing.

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

- Relationships between people using the service and staff were mostly positive and this was reflected in their feedback. People received support from permanent staff that ensured they were treated with care and kindness; and their care was person-centred. A person using the service told us, "My carers are 100% brilliant. They look after me, stay, chat, and even do a little pottering around the house. I feel very lucky." Another person told us, "I need personal care because of my age, and getting slow and stiff, but the rest of me is just fine." A relative told us, "The carers that visit [family member] are really sociable and make them happy as well as caring. [Family member] looks forward to staffs' visits."
- Where comments were not favourable, these related to the use of agency staff. People using the service and relatives suggested agency staff were not always able to build a good rapport with them or their family member as the care and support provided could be rushed.

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

- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf through the completion of telephone interviews in September 2023. Comments were primarily positive and included, "Yes, very happy with the all the carers", "The carers are all lovely" and, "The carers plait my hair when it is washed." The manager told us they envisioned sending satisfaction surveys to people and those acting on their behalf by the end of October 2023.
- No concerns were raised with us about communication. People told us they rarely contacted the domiciliary care office as any issues were resolved directly with staff.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence. Discussions with staff and information from people's daily care notes, demonstrated people were supported to complete their own personal care tasks where appropriate and to maintain their independence with eating and drinking.
- People using the service and their relatives stated they and their family member were always treated with respect and dignity. People were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth. Staff demonstrated an understanding of how to provide care and support to people in a dignified and respectful manner. For example, by providing discreet personal care to ensure a person's modesty was maintained.

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.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place for people and or those acting on their behalf to use if they had a concern or were not happy with the service. However, people told us where they had raised a concern with the manager, their concern had not been responded to and they were still awaiting a response.

We recommend the provider refer to current guidance to ensure concerns and complaints are responded to in a timely manner.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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; End of life care and support

- People received personalised care met their needs.
- Care plans covered all aspects of a person's individual circumstances and needs. This included the level of support required, the number of staff required to provide support each visit, the length of time for each visit, call time preferences and additional duties and tasks to be undertaken, such as housekeeping or shopping.
- Staff employed at the service were familiar with the care needs of the people they supported. Staff confirmed they had sight of a person's support plan prior to providing care and support.
- The manager confirmed no one using the service was assessed as being at the end of their life. The manager told us, where people required end of life care and support, they would work with healthcare professionals, including palliative care specialists and others, to provide a dignified and pain-free death that was as comfortable as possible.

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.

- Care plans had communication records in place to guide staff on how best to communicate with the people they supported.
- The provider and manager told us every effort would and could be made to ensure information was supplied to people in a format they could understand if required. Currently, no one using the service had

specific communication requirements.

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 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; 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

- Robust governance arrangements were not in place, and we found these needed to be improved to ensure all issues identified as part of this inspection were acted upon and addressed. Specifically, this related to ensuring there were enough staff to support people to stay safe and meet their needs, that the care and support by agency staff was monitored more closely and concerns and complaints responded to in a timely way. Additionally, action was required to ensure staff received appropriate training relating to people with a learning disability and autistic people.
- People and relatives were positive about the care and support provided, however, there were variable comments about the management of the service. Most people told us they would recommend the service. Comments were variable and included, "I would whole heartedly recommend this service, they are blinding", "Yes, I would recommend this service, there are others far worse" and, "I probably would not recommend the service." The latter was because a relative had contacted the office requesting a temporary change to their family member's visiting time. The relative told us they received no initial reply to their request and then it was too late, and the request no longer required.
- There were few quality assurance and governance arrangements in place, such as audits, to monitor the service. Audits are used to help the provider to drive improvement, including the monitoring of potential trends and lessons learned.

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

- Although telephone reviews had taken place with people using the service and those acting on their behalf, satisfaction surveys were to be introduced by the end of October 2023. The views of staff employed at the service had not been considered.
- Staff meetings were not held to give the provider, manager and staff the opportunity to express their views and opinions on the day-to-day running of the service.

We found no evidence people had been harmed. However, the provider's quality assurance and governance arrangements were not robust and required improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Staff understood their role and responsibilities. They were aware of the procedures and policies they needed to follow and what information they needed to share with the service to ensure people's safety and wellbeing.
- The provider understood their regulatory responsibility to submit appropriate notifications to the Care Quality Commission as required.
- Staff were positive about working at the service and promoting good outcomes for people. Staff told us the team worked well and were supportive of one another.

Working in partnership with others

- Information demonstrated the service worked closely with others, for example, the Local Authority, healthcare professionals and services to support care provision.

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	Regulation 17 HSCA RA Regulations 2014 Good governance We found no evidence people had been harmed. However, the provider's quality assurance and governance arrangements were not robust and required improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014