

Caring Hands (Care Services) 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

Caring Hands (Care Services) Ltd is a domiciliary care provider based in Tibshelf. They provide personal care to people living in their own homes in the surrounding villages, so they can live as independently as possible. At the time of our inspection 33 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

There were enough staff to effectively meet the current packages of care for people's needs. People were supported by staff who had the knowledge and skills to ensure they were safe from harm. Risk assessments had been completed, to assess and reduce any risks associated with the required support. Staff were recruited in line with best practice. The provider had reflected on any incidents and lessons had been learned.

People were supported by a regular team of care staff, people said they usually received their calls on time. Where people received assistance to take medicines, records were kept so this was done safely. When people required assistance to eat or drink, the provider ensured this was planned to meet their preferences and their current assessed need. People had support when required, to liaise with healthcare professionals to ensure they remained well.

People had developed caring relationships with staff, and people told us they treated them with respect. People were appreciative and spoke fondly of staff who provided their care. The provider had developed good working relationships with other health and social care professionals to support the needs of people using the service.

There were systems in place to further monitor and drive improvement through auditing. People were involved in their care and were asked for feedback. This helped to support the development of the service. There was a complaints procedure and any received were investigated and responded to.

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 his practice.

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

Rating at last inspection

The last rating for this service was Good (published 25 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Caring Hands (Care Services) 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service three working days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 16th December 2019 and ended on 17th December 2019. We visited the office location on 16th December.

What we did before the inspection

We reviewed information we held about the service since the last inspection. This included statutory notifications that had been submitted. Statutory notifications include information about important events

which the provider is required to send us. We sought feedback from the local authority and professionals who work with the service.

On this occasion we had not asked the provider to complete a provider information return (PIR). A PIR is information we require providers to send us, to give key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the registered manager the opportunity to share information they felt was relevant. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people and two relatives on the telephone and visited one person who had agreed for us to visit them in their own home. At the registered office we spoke with the registered manager, three office staff and five care staff. We received feedback from three health and social care professionals.

We reviewed a range of records which included five people's care records, along with a variety of medicine records and daily log sheets. We also reviewed information which detailed when people had their support visits, quality monitoring, and records in relation to the management of the service including policies and procedures. We looked at three staff files in relation to recruitment, training and supervision.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt safe using the service. One person told us, "I feel safe when they come they know exactly what to do and they make sure everywhere is locked up when they leave."
- Staff knew people well and understood the actions needed to protect people. Staff received training in how to raise concerns and told us they felt confident to do so.

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed and recorded. Assessments included detailed information on actions to take during care provision to minimise any risk for people or their staff. For example, risk assessments in relation to moving and handling included specific guidance. One person told us, "They explain what they're doing all the time – I don't like using this equipment, but they reassure me."
- Environmental risk assessments were carried out to identify any potential hazards which may have posed a risk, this included external approaches such as poor street lighting, as well as the task to be completed.
- A call monitoring system had recently been introduced which monitored call times and length. This meant people could be updated if there were any delays expected with their calls.

Staffing and recruitment

- People felt their staff were punctual and stayed their allotted time. Some people told us there had been occasions when a call had been delayed, but they were usually informed if this was going to happen by the office.
- The registered provider had a process for ensuring that staff were recruited safely. Records showed that pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. Staff we spoke with confirmed this approach had been taken as part of their recruitment process.
- Out of hours arrangements were in place should staff need additional support. Staff told us they could contact on call at any time for advice and they appreciated this.

Using medicines safely

- People received safe support with their medicine when this was included as part of their planned care. We saw risk assessments in place to support this practice, as well as where people were being supported to do this more independently.
- Staff had received medicines training and completed assessments for competency in administration, these were spot checked, and discussions were completed in supervisions to ensure staff fully understood

their responsibilities.

- Medicine records were completed by staff for each administration, these were audited by the registered manager. Appropriate actions were taken by the provider in case of any medication error.

Preventing and controlling infection

- People were protected from the risk of infections. Staff described and understood infection control procedures, by using personal protective equipment, such as aprons and gloves when delivering personal care. We saw they had access to a plentiful supply of equipment for use and were issued with a company uniform.
- Care plans indicated if any specific hygiene, or infection control measures needed to be in place.

Learning lessons when things go wrong

- The provider took appropriate actions following any incidents, investigated and shared the outcomes with staff. We saw risk assessments had been updated and changes made to care plans if required.
- Contingency plans were in place to ensure that the service continued to run in adverse weather conditions, or during any staff shortages. There was a system in place which identified people whose care needs were time critical, this ensured calls to them were prioritised.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 confirmed their needs were assessed prior to their services beginning. Some people had been directly involved in their care planning, other people advised their relatives had been involved to help give individual preferences when developing their support plan. One relative said, "We're highly satisfied, it's usually the same faces so they know exactly how [name] wanted things to be done, but even if it is someone who doesn't come often, it's all written down for them."

Staff support: induction, training, skills and experience

- New staff completed an induction period including completing the care certificate at the start of their employment. This is an agreed set of standards that define the knowledge, skills and behaviours expected of care staff. New staff also shadowed experienced staff until they felt confident to lone work.
- Staff received in house face to face training, as well as accessing external resources if required, for more specialist courses. Staff spoke positively of the training and support they received, "It's a good mix of online and face to face training which covers the needs of all the people we support." Several staff told us they also had opportunities for access to additional training if required.

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

- People were supported to eat and drink or prepare meals if this was part of their agreed care. Care plans were clear about people's preferences and any dietary requirements.
- Staff had the skills and training to support people with specific nutritional needs and with their shopping if this were part of the overall care package. Staff were aware of the importance of keeping healthy and maintaining a balanced diet. Some people required detailed records to be kept, to ensure the team could monitor and report back to health professionals if there were concerns in this area.

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

- People were supported to manage their own health care needs when they could. Feedback from one professional confirmed, "The links between care staff and office staff appear very good as they provide continuity, so that any health issues and problems are resolved in a timely manner. I find the agency have good communication links with myself and other professionals involved in her care and consistently make me aware of any issues."
- Care plans reflected people's health care needs and any specific guidance was documented and shared with staff. For example, where people had equipment to support their needs, staff had received the necessary training for that person to give safe support. Another person had complex medical needs for

which staff had specific training to be able to deliver support in this area.

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 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. We checked whether the service was working within the principles of the MCA.

- People's consent for their care was sought and recorded in their care plan. People gave us examples of how they were given choices before delivery of their support, such as checking whether they wanted a shower that day, and how staff were always very willing to support with tasks.
- Where concerns were raised, the registered manager knew further assessments were needed to establish the persons level of capacity and understanding, and to decide whether a best interest decision was required. We saw appropriate referrals had been made and there was information for independent advocates available.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 had regular staff which helped them develop supportive and meaningful relationships.
- People and their relatives spoke positively about the kind and caring nature of the staff team. Comments included, "They are brilliant, honestly, they are all really nice." And, "They are very helpful, going above and beyond and always ask if there is anything else they can do before they leave."
- Staff told us the importance of treating people with dignity and respect was always included in training and how they could put into practice different ways to promote choice, independence and control, where possible.
- Records seen included information about people's preferences, including their preferred name and any important details. We saw policies in place promoting equality and diversity throughout the service.

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

- People were fully involved in making decisions about their care whenever possible. People said they were encouraged to discuss their care provision and any changes they felt may be required.
- Staff were motivated and keen to support people to the best of their ability, treating them with dignity and respect. One healthcare professional who had knowledge of the service told us, "The staff are always offering choice and establishing personal preferences in all matters."
- Records demonstrated regular reviews were held. We could see this had involved contributions from people, and those who were important to them, as well as seeking further input from other professionals if required.
- The registered manager told us they would signpost people to other organisations who could provide advocates if needed, to help support in making decisions. An advocate is someone who can support to help express people's views and wishes.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives were very complimentary about the staff and told us they felt their privacy and dignity was always respected. One person told us, "Staff always knock, ring the door bell and call out to say they are here."
- People and relatives appreciated the staff who helped them to remain independent and valued the relationship they had formed with staff. One person told us, "I have had them for years, I have every confidence in them and they always have time for a bit of banter with me." A relative said, "I would recommend them, nothing is too much trouble and they do encourage [name] to do more when she can, which is good."

- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). This is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely maintaining the confidentiality of the information recorded.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 were often able to have their call at a time of their choosing, staff normally stayed the full allocated time for the calls and several had people said the staff often went above and beyond, by staying over time and asking if there is anything else to be done.
- We saw care plans were sufficiently detailed, giving members of staff relevant up to date information for the people that used the service. People told us their information was reviewed and updated as their needs changed, and the staff checked that care was being given the way they wanted it to be.

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.

- Care plans included information about people's specific communication requirements.
- Information was available if required in a range of formats and methods to support people with their understanding. This enabled people to be informed and involved in their care, ensuring there was no discrimination due to any disability or sensory impairment.

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

- When included as part of their overall care package, people were supported to access community and social activities with the support of staff. Where possible, staff could support people to arrange to attend events, to maintain levels of independence and involvement in the community.
- The registered manager informed us they had a newsletter which is sent out to people detailing current events and information. They also told us of multiple events over the year which included charity coffee morning/ cake sales and an afternoon tea box delivery which have been supported by many people who used the service.

Improving care quality in response to complaints or concerns

- All the people we spoke to were aware of the complaints procedure and how to make a complaint if required. Some people told us they would have no hesitation in raising a complaint if they needed to – but had no concerns to report currently.
- We saw a copy of the complaint's procedure in place and this information was included in the starter booklet for all new services. We saw when a complaint had been received, it had been fully considered and

responded to in line with their policy and procedures.

End of life care and support

- Some people had received end of life care in their own homes, however at the time of the inspection no one was receiving this level of support. We saw how the staff supported people, by documenting their expressed wishes for the future. Where people had made decisions this had been recorded and staff provided with guidance.
- Staff received end of life training and told us they felt supported by the management. The registered manager had completed counselling training and was supportive to staff and people as required. Several staff told us how supportive the whole management team were, in relation to bereavement.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People and staff told us they would and did, recommend the service to others needing care.
- Staff felt that there was a positive culture in the service. One staff member said, "It is a smaller company with a real family feel, and the management is really positive, overall a good company to work for." They told us they were informed of organisational information through regular updates and were kept fully informed and appreciated the 'open door policy'.
- The registered manager took a very 'hands on' approach, had clear presence and led by example. Both they, and all the staff we spoke with, demonstrated a commitment to providing people they cared for with high-quality, person centred care.
- The registered manager spoke about their priorities of retaining a committed, stable team. They told us they had systems in place to monitor staff performance, through supervision, appraisals and spot checks and offered incentives, rewards and recognition of staffs work.

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

- There was a clear structure in place for staff to escalate concerns, an on-call provision made sure there was always support available out of office hours. Staff told us the management team were always very approachable.
- The registered manager was aware of the responsibility of reporting significant events to us, of raising concerns with other outside agencies as required, as well as being clear on their Duty of Candour in improving the sharing of information.
- There were clear policies and procedures in place to promote best practice. There were a range of audits to reflect on the quality of care. Any incidents were audited and analysed to establish any trends or themes.

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

- Questionnaires had been completed from people using the service, these were audited, and any feedback used to help drive improvement.
- Staff felt valued and their opinions mattered. They told us they felt comfortable raising any issue of concerns and knew who to go to for support and advice. One staff told us, "Support is there 100% it doesn't matter if I am unsure of anything, I know I can always ring the office and get an answer."

Continuous learning and improving care; Working in partnership with others

- There were systems in place to monitor and assess the quality of the service provided. Daily discussions were held within the office to discuss any issues and what was happening across the service. The importance of sharing information was demonstrated by the good continuity of service for people, as well as staff, despite some office staff working part time.
- We spoke with professionals in the commissioning service who had knowledge of the provider to confirm good relationships had been developed. One professional told us, "The staff take the initiative in contacting us and are very proactive." Another said, "The staff work well as part of a multi-agency team and are forthcoming with information and support ideas when we have worked alongside one another."