

Caring Hands Domiciliary Services Limited

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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 Domiciliary Services Limited is a domiciliary care provider. At the time of this inspection 94 people received personal care support from the service. The service supported older people, some of who were living with dementia and people with physical disabilities, within their own homes.

Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

People's experience of using this service:

People using the service told us they felt safe. Staff contacted healthcare professionals when they had concerns about people's health and wellbeing.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills.

There were sufficient numbers of staff to maintain the schedule of care visits to meet people's needs. People we spoke with felt staff had the skills and qualities to deliver effective care.

There were systems in place to monitor the quality and safety of the service provided. There was a system in place to allow people to express any concerns or complaints they may have.

People were treated with kindness and compassion. Staff were able to identify and discuss the importance of maintaining people's respect and privacy at all times.

Medication administration records (MAR) confirmed people had received their medicines as prescribed. There were plans in place for foreseeable emergencies.

Staff had an understanding of the Mental Capacity Act (MCA) and understood that people had the right to make their own choices.

Staff felt supported by the provider and registered manager and could visit the office to discuss any concerns.

The service developed and promoted community involvement within the service.

Rating at last inspection: At the last inspection in September 2016 the service was rated Good. At this inspection the service remained good.

Why we inspected: We inspected the service as part of our inspection schedule methodology for 'Good' rated services.

Follow up: We did not identify any concerns at this inspection. We will therefore re-inspect this service within our published timeframe for services rated good. We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC 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?

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 Domiciliary 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Our inspection was completed by one 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 homes. Not everyone using Caring Hands Domiciliary Services Limited receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager who was 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 24 hours' notice of the inspection visit because we needed to be sure that the manager would be available to facilitate the inspection.

The Inspection site visit activity started on 02 April 2019. We visited the office location on 02 and 05 April 2019 to see the registered manager and office staff, and to review care records and policies and procedures.

What we did:

Before the inspection, we reviewed information we had received about the service including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We considered information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with eight people who use the service and three relatives by telephone. We spoke with the registered manager, the director, one field care supervisor and four care staff. We looked at care records for six people, medicines records and recruitment records for four care staff. We looked at other records in relation to the management of the service, such as health and safety, minutes of staff meetings and quality assurance records.

Following the inspection, we also received feedback from two healthcare professionals.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- All the people and their relatives we spoke with told us they felt safe when they were supported by staff. One person told us, "Because they come in with a nice smile and are confident in every way". Another person said, "Most definitely I feel safe with the carers". A relative told us, "Yes because my mother has dementia they have developed a good relationship". Another relative said, "The carer knows what my wife's limitations are and she is very trustworthy".
- Staff knew how to recognise abuse and protect people from the risk of abuse and had received training to keep people safe from harm.
- Staff we spoke with told us if they had any concerns they would report them to their manager, and if no action was taken would take it higher up.
- A safeguarding and whistleblowing policy were in place to support staff.

Staffing and recruitment

- People and their relatives we spoke with all felt that there were enough staff to keep people safe.
- Most people and their relatives we spoke with told us staff were on time and if they were running late, they would call to let them know. One person told us, "My carer always arrives on time". Another person said, "It varies due to the nature of their jobs". A relative told us, "If the carer is ever late, I get a phone call from the office within 15 minutes of them being late".
- There were sufficient numbers of care staff deployed to meet people's needs. Staffing levels were determined by the number of people receiving care and support and their needs.
- People and their relatives told us they had regular care staff and staff stayed the required time. One person told us, "She [staff members name] does and sometimes stays longer than the hour". Another person said, "They [staff] do and some maybe four or five minutes longer". A relative told us, "We never feel that the carer is rushed to leave".
- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Assessing risk, safety monitoring and management

- Assessments were undertaken to assess any risks to people and to the care staff who supported them.
- Areas covered by these assessments included risks associated with the environment, personal care,

communication, medicines, nutrition, health conditions and moving and handling.

- Most risk assessments set out how risks were minimised or prevented. However, for one person living with diabetes, more information was required to support staff to understand the risks involved and what signs to monitor in case the person required an emergency response.
- We spoke with the registered manager who updated the risk assessments at the time of our inspection to ensure staff had appropriate guidance to keep the person safe.
- A business continuity plan was in place and described how people would continue to receive a service despite events such as bad weather.

Using medicines safely

- People were happy with the support they received with their medicines and told us their independence was respected and they managed their own medicines where possible. One person told us, "The carers administer my medicines, as I am partially sighted, and at the correct times".
- Staff had received training for the safe handling of medicines. Records showed that staff had received an assessment of their competency to administer medicines in line with best practice guidance.
- There were appropriate arrangements in place for the recording and administering of prescribed medicines and medicine administration records (MARs) confirmed people had received their medicines as prescribed.
- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.
- There were effective arrangements and checks in place for the management of topical creams.

Preventing and controlling infection

- Staff demonstrated a good understanding of infection control procedures
- Staff had ready access to personal protective equipment (PPE), such as disposable gloves and aprons.
- People and their relatives told us staff always used PPE when carrying out personal care.

Learning lessons when things go wrong

- Records were maintained of accidents and incidents which occurred. There was evidence that the registered manager reviewed these to ensure that appropriate action had been taken to reduce any on-going risk and to debrief the staff involved.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and their relatives we spoke with felt staff were well trained. One person told us, "I am sure the carers are well trained to do the job". Another person said, "I have every confidence in the carers skills".
- People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs.
- Staff highly praised the training and that it helped them in their role. Training included moving and handling, safeguarding, health and safety, medication administration and first aid. This ensured that staff were competent and had the skills and knowledge to safely deliver care.
- Records showed staff had completed additional specific training to ensure they had the skills necessary to meet people's needs. One staff member told us, "I'm doing my NVQ 2 at the moment and functional skills as well. Training is good I can do extra courses. I've done dementia care and I have gained further qualifications. They [provider] are always giving options to do extra courses like catheter care for example".
- New staff completed a comprehensive induction programme before working on their own. Arrangements were in place for staff who were new to care to complete The Care Certificate. This certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people.
- The service had introduced staff to act as mentors to new staff. They were assigned a new member of staff to take out on shadowing visits, to make sure they were comfortable. Mentors kept in regular contact with new staff members for thirteen weeks. The idea is that staff can feel more comfortable speaking to a mentor than office staff and know who to contact for advice and support throughout their induction. One staff member told us, "[Staff members name] is my mentor she's amazing. If I ever need her for small things she's always there at the end of a call".
- People were cared for by staff who were well-motivated and told us they felt valued and supported appropriately in their role.
- Staff were provided with supervisions (one to one meetings) and annual appraisals with their line manager. These provided an opportunity for the service to provide staff with feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Staff informed us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had.

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

- People told us they were happy with the care provided.
- People received care and support which met their needs. When people moved to the service, they and

their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.

- Care plans provided information about how people wished to receive care and support. The care plans seen were detailed and provided carers with the person's life history and their desired outcomes from the care and support. The care plans described people's needs in a range of areas including personal care, daily living activities, and meal preparation.

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 and their relatives told us staff asked for consent before providing care. One person told us staff asked for consent, "Each time I have any personal care tasks". A relative said, "They always do ask mum and record all that they do".
- Staff showed an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People told us they had been involved in discussions about their care planning.

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

- People were supported at mealtimes to access food and drink of their choice. People who required support with their meals were happy with the support provided.
- The support people received varied depending on their individual circumstances. Some people lived with family members who prepared meals. In other cases, staff members reheated meals and ensured they were accessible to people.
- Care plans contained information about specific food preferences and were suitably detailed about the support people needed with their nutritional needs.

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

- People were happy with staff and told us they supported them to access healthcare services. One relative told us, "I do believe our carer is very capable. She spotted that my husband had a urine infection and contacted the GP for us".

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

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

- All the people and their relatives we spoke with told us staff were caring. One person said, "I think my carer is so kind and caring. All of the time". Another person said, "All my carers are kind and caring". Other comments included, "Absolutely kind and caring" and "The carers are so nice and considerate". A relative told us, "I do believe she is". Another relative said, "Most definitely".
- Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly.
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes. One person told us, "[Staff] know I like sugar in my coffee and none in my tea".

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

- People said care staff consulted them about their care and how it was provided. One person told us, "I had a review of my care plan a few weeks ago". Another person said they had a review, "Recently and there were no changes". A relative told us, "We had a review of the care plan at the beginning of the year".
- Care plans reminded care staff to offer people choices such as in respect of clothing, meals and drinks. Staff respected people's rights to refuse care. They told us that if a person did not want care they would encourage but then record that care had not been provided and why.

Respecting and promoting people's privacy, dignity and independence

- All the people we spoke with told us staff treated them with respect and dignity. One person told us, "They cover me with a towel when I have a wash". Another person said, "Whenever I have a bed bath they cover me up for privacy and dignity". A relative told us, "No question about it, they do". Another relative said, "Yes most certainly they do".
- Staff we spoke with explained how they respected people's privacy and dignity, particularly when supporting them with personal care by, for example, ensuring doors were closed and people were covered up.
- People were encouraged to be as independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support

- People received individualised care which met their needs. A relative told us, "We feel confident with the excellent care".
- All the people we spoke with told us they were involved in their care plan and given choice and listened to.
- Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as, personal care, daily living activities, personal hygiene, meal preparation, health issues, shopping and dressing. Care plans reflected people's individual needs and were not task focussed.
- Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were.
- The care plans were updated regularly to ensure a true reflection of the person's current needs. The provider regularly reviewed people's care to ensure that their care plans met their needs. Reviews were a mixture of telephone reviews and home visits carried out by senior staff. Records seen showed positive responses about the care provided.
- The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We spoke to the manager about how they ensured information was accessible for all people using the service. They told us, for one person they used a picture chart and staff will ensure people have got batteries in their hearing aids for example.
- When we visited the service, nobody was receiving end of life care. The registered manager told us that they provided staff with training on end of life care, including some staff recently attending training on end of life care at the local hospice.

Improving care quality in response to complaints or concerns

- People we spoke with told us they knew how to make a complaint. A relative told us, "Everything seems to run smoothly. I have no complaints". The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. This was included in information provided to people when they started to receive a service.

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

The service was consistently well managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives we spoke with told us they were happy with the service and the care provided. One person told us, "This company is excellent". Another person said, "I am quite satisfied". A relative told us, "We are both very happy there is nothing that could be improved". Another relative said, "I am quite happy with Caring Hands".
- Health professionals we spoke with also felt the service was well led. One health professional told us, "I would always find Caring hands well organised, open and good to collaborate with".
- The provider and their team had recently been short listed for three categories in the Hampshire Care Association awards including home care provider of the year and had reached the finals. The registered manager told us they were proud as they were only a small company and were pleased with a quote from one person using the service which stated, 'big enough to run a business but small enough to care'.
- There was an open and transparent culture in the service. The previous inspection report and rating was displayed prominently in the reception area.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.

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

- Staff were positive about the support they received from the registered manager and management within the service. They told us this helped them to perform their role effectively. One staff member told us, "I feel I am working for a really nice company that are there to support you. I have a happy work family balance and good to see a company that takes on care packages when it is safe to do so. For me, a good move to come to this company".

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

- The registered manager held regular meetings with the staff to discuss any concerns. These informed staff of any updates on people's health and training opportunities. Records of meeting minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed

up quickly.

- The provider and registered manager were keen to integrate with the local community. They attended a local Carer Hub in the community. We spoke with a health professional involved in the Carer Hub. They told us, "[Registered managers name] attended our events regularly, provided information about Caring Hands and interacted with the carer's in a very polite and calming manner. She was informative about Caring Hands Services and what else was available in the community".

Continuous learning and improving care

- There were a number of systems and processes in place for monitoring the quality of care. These included: direct observations, medicines observations, and staff supervisions and appraisals. People's views and comments were collated, considered and used to develop the service.

Working in partnership with others

- The service worked in partnership with the local authority and local district nursing team. All the health professionals were very positive about the service provided and the staff.
- The provider is part of the Hampshire Domiciliary Care Providers board and told us how they are passionate about good care for Hampshire and work in partnership with other providers and health professionals to promote good care. For example, they are an active lead in Hampshire's Social Care Workforce System Board, exploring training and workforce support that is offered across the Hampshire area to the care sector, identifying priorities and areas of collaboration. One of the early outcomes from this work is the pilot leadership academy programme, which the registered manager is attending.