

Caring Hands Limited

# Caring Hands Limited

## 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 Limited is registered to provide personal care to people within their own homes. On the day of the inspection 112 people were being supported.

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

People were supported safely and care staff were trained to do so. Care staff were recruited appropriately and were trained to administer medicines as they were prescribed. There were sufficient care staff to support people and risks to people were being identified and reviewed. People were supported in line with infection control procedures and where incidents or accidents happened trends were monitored.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Care staff were being supported and went through an induction process, so they could support people how they wanted.

People received support that was caring, kind and delivered in a professional manner. People decided when and what they had to eat and people's privacy, dignity and independence was promoted.

The support people received was responsive to their needs. People were communicated with in a way they would understand. Assessments and support plans were used to ensure people's support was personalised. Reviews took place regularly so where people's support needs changed care staff would be aware. The provider had a complaints process.

People received support that was well led and managed appropriately. The registered manager ensured the quality of the service was maintained by carrying out spot checks and audits. People shared their views by way of completing questionnaires.

### Rating at last inspection

The last rating for this service was Good (Report published 03/02/2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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 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

This 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 home. 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

This inspection was announced. 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 and we could speak with people. Inspection activity started on 6 September 2019 and ended on 9 September 2019. We visited the office location on 6 September 2019.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. Prior to the inspection we reviewed information we held about the service since the last inspection. This included information about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used all this information to plan our inspection.

#### During the inspection

During the inspection we spoke with three people, two relatives, five care staff, the assessment and human resources manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records, this included the records for three people being supported and records relating to the management of the service.

# 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 remained the same 'Good'. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to keep people safe. A person said, "I definitely feel safe when I am supported by staff". The registered manager could explain how people were kept safe and the action they would take where people were at risk of harm.
- Care staff told us they had received safeguarding training and could explain what they would do where people were harmed. A care staff member said, "I would report any abuse to the manager". We confirmed the training care staff received.

Assessing risk, safety monitoring and management

- Risks to people were assessed and care staff we spoke with confirmed this.
- Risk assessments were reviewed to ensure where people were at risk these would be monitored as people's support needs changed.
- Where equipment was needed to reduce risks to people records and people confirmed equipment were being used and care staff knew how to use them. For example, we found stand aids were used where people had difficulty standing and were at risk of falling.

Staffing and recruitment

- There were sufficient numbers of care staff to meet people's needs. Care staff confirmed the provider had recruitment systems in place and they were required to complete a Disclosure and Barring Service (DBS) check and references. A DBS check was carried out to ensure the provider had employed suitable care staff to support people.

Using medicines safely

- We found people who needed support with their medicines were supported as they were prescribed. A relative said, "I have observed them [care staff] doing medicines and its done as it should be".
- Care staff told us they were unable to administer medicines until they had been trained, which we confirmed. Medicines Administration Records were used and monitored to ensure care staff gave people their medicines as it was prescribed.
- Where people received PRN medicines 'as and when required', we saw that this was only administered where it was prescribed. However, we found that the provider did not use the appropriate PRN guidance to ensure care staff would administer these medicines consistently.

Preventing and controlling infection

- Care staff told us they had access to appropriate personal protective equipment and we confirmed they received training in infection control. A person said, "Staff do wear gloves and an apron when they wash

me".

Learning lessons when things go wrong

- Care staff confirmed accidents and incidents were recorded. We found the registered manager continued to monitor for trends as they did at the last inspection.

# 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 remained the same 'Good'. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's support needs were assessed before the service started so the provider could ensure they could support people how they wanted. People's preferences were identified within the assessment process. A relative said, "We were involved in the assessment".
- Care staff told us a copy of the assessment were in people's homes for them to access where needed. People we spoke with confirmed this.

Staff support: induction, training, skills and experience

- Care staff told us they were supported and supervision and appraisals took place. The registered manager told us care staff were sent a monthly employee newsletter. This was used to update their knowledge and other important information. We confirmed this with care staff.
- We found that care staff received training in a range of mandatory courses along with training to ensure they had the skills and knowledge to meet people's specific support needs. For example, diabetes, understanding Parkinson's and stoma awareness. Care staff we spoke with confirmed this.
- Care staff told us they were required to attend an induction process which included them shadowing more experienced care staff. The care certificate was used as part of the induction process. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.

Supporting people to eat and drink enough to maintain a balanced diet and Supporting people to live healthier lives, access healthcare services and support

- A person said, "Staff do support me to prepare meals I want to eat". We found that care staff received training in food nutrition and hygiene, so they had the skills and knowledge to support people with their meals. Care staff we spoke with confirmed this.
- We found most people received support from their relatives to access healthcare when needed. However, care staff would and did support people as and when required or in an emergency to access a paramedic, doctor or a nurse.

Staff working with other agencies to provide consistent, effective, timely care

- Care staff worked closely with other agencies to ensure people received a consistent and seamless service. For example, where people needed insulin or needed support from a nurse to manage a pressure sore. We found care staff worked closely and effectively.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- We checked to see the provider was working within the principles of the MCA and we found people did not lack capacity in line with the MCA or were being restricted unlawfully. Care staff received the appropriate training and the registered manager and care staff had sufficient knowledge to ensure where people lacked capacity they would be able to support them.
- People told us their consent was sought. A relative said, "Staff always ask before they supported them [person receiving the service]".

# 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 remained the same '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

- A person said, "Staff are kind and caring. I don't know what I would do without them [care staff]. A relative said, "I hope I live as long as my relative and I get carers like these. They are top notch".
- We found the support people received took account of their equality. The Equality Act 2010 was taken into consideration during the assessment process and the information incorporated into the support plan. The registered manager and all the staff we spoke with understood the importance of the act and the impact on how people were supported. We found equality and diversity training was made available to all staff.

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

- A person said, "I don't have any concerns, the staff listen to what I want and they know me. They have been coming to me for years, they are brilliant".
- People decided how they were supported and relatives told us, care staff supported people to make decisions.

Respecting and promoting people's privacy, dignity and independence

- A person said, "My privacy and dignity is respected by staff. They always cover me over when they wash me".
- We found that people's privacy, dignity and independence was promoted by care staff. Care staff told us people were encouraged to be independent and to do as much as they could to live independently. Relatives confirmed this as people's support needs were being reduced as they became more independent and could manage more aspects of their daily living tasks.

# 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 remained the same '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

- We found support plans were used to show how people would be supported. People told us they were involved in preparing these plans and both these and assessment records they had copies of. A relative said, "We have had to put the service under great strain at times due to changing demands on the support we need for our relative and each and every time the service responds how we want".
- Care staff told us they could access these records when needed.
- We found reviews took place so as people's needs changed records could be updated. A relative said, "Support plans are in place and I have attended reviews regularly".

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 showed an understanding of this legislation and gave us an example of how the legislation was being implemented. We found other examples within the service where the provider ensured they communicated with people in a way they would understand. For example, the use of braille.

Improving care quality in response to complaints or concerns

- A person said, "I have never had to complain". We found the provider had a complaints procedure in place and people were made aware of the process.
- We found while the provider had not had any complaints they had a system in place to monitor trends as a way of ensuring the quality of the service was maintained.

End of life care and support

- The provider ensured care staff were trained in how people should be supported at the end of their life. The registered manager told us where people were supported at the end of their life this was done working in partnership with nurses and or other care professionals, so the support was appropriately coordinated.
- Care staff we spoke with confirmed they had received this training and could explain how they supported people at this sensitive time within their life. For example, a small team of the same care staff would support people to ensure consistency of care.

# 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 'Requires Improvement'. We found there was not a registered manager in post at the time of the inspection. However, at this inspection there was a registered manager in post. At this inspection this key question has now improved to 'Good'. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A person said, "The staff support me how I want. They know me very well". We found the support people received to be personalised and people told us the service was well led.
- Care staff told us the provider was well led as they worked within an environment that was inclusive, open and supported them.

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 provider understood their responsibility and people and their relatives told us communication was excellent as they were regularly kept informed. Where concerns were raised the provider acted promptly to resolve them openly and honestly.

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

- We found the registered manager had a clear management structure in place to support care staff and communicate with people at a level they could understand.
- We found checks were taking place within the service to ensure the quality of the service. These checks included spot checks, telephone calls and quality audits. People and care staff, we spoke with confirmed this.
- We saw that spot checks on how medicines were administered was carried out. However, while medicines 'as and when required' were only administered by way of a prescription there were no appropriate guidance for care staff to ensure this was done consistently. The registered manager had put this in place before the end of the inspection.
- Care staff told us there was a whistle blowing policy and could explain its purpose. A whistle blowing policy is intended to encourage staff to raise concerns where people are put at risk of harm.
- It is a legal requirement the overall rating from our last inspection is displayed within the service and on the provider's website. We found while the provider did not have a website their rating was displayed in the office.
- The registered manager understood the legal requirements within the law to notify us of all incidents of concern, such as deaths, serious incidents and safeguarding alerts.

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

- We found people's views were gathered on the service by way of them completing questionnaires. The provider also engaged with people by sending out a newsletter to keep people updated on upcoming events and important information about the business. For example, the registered manager told us they were arranging the world's biggest coffee morning to raise money for Macmillan Cancer Support and this was in their recent newsletter for September 2019.

Continuous learning and improving care

- The provider had systems in place to ensure care staff and other office staff continued to develop their skills and learning so people received the best quality support. We saw that the registered manager monitored this closely and ensured staff leave was managed closely so training could be delivered.

Working in partnership with others

- The provider worked closely with other professional to ensure the support people received was what they wanted and care staff had the right skills and knowledge. For example, we saw that the provider worked closely with nursing colleagues, other social care professionals and a local college.