Caring Hands (Domiciliary Care) Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Caring Hands (Domiciliary Care) Ltd It is registered to provide personal care to younger and older people with a physical disability; learning disability or autistic spectrum disorder; dementia; sensory impairment, eating disorder and mental health needs.

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. At the time of the inspection 108 people were receiving personal care.

People's experience of using this service and what we found
Quality assurance systems and processes were not always in effective or in place. Medicines systems and processes required further improvements to ensure people received their medicines as prescribed. The implementation of new systems and processes was planned, this needed to be implemented, embedded in practice and sustained over time.

Some people's care plan reviews were overdue meaning care plans were not always reflective of their current needs. New care plan documentation had been introduced and was being completed for everyone. New care plans we reviewed contained comprehensive information about people's need and risks. We made a recommendation about end of life care plans.

Improvements had been made to the scheduling of people's care calls, this had improved staff timekeeping and consistency. Further improvements were planned to improve people's experience. People told us calls were never missed and that occasionally calls were late but this did not impact them.

Feedback was sought from people, relatives and staff to identify where improvements were needed. Staff felt supported within their roles and felt confident to discuss any concerns they may have with the management team. The service followed government guidance in relation to infection prevention during the COVID-19 pandemic.

People were supported by staff that had been safely recruited, were kind, caring and enjoyed their role. Staff were knowledgeable about people's healthcare needs and took prompt action when they identified people were unwell. Staff knew people's dietary requirements and supported people at mealtimes in line with their care plan.

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.

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 on 06 November 2019 and this is the first inspection.
The last rating for the service under the previous provider was good, published on 22 February 2018.

Why we inspected
This was the services first inspection under the new provider.

Enforcement and Recommendations
We have identified a breach of regulation in relation to governance at this inspection.

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 inspec

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was not 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 responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below	**Requires Improvement**

Caring Hands (Domiciliary Care) Ltd.

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 undertaken by two inspectors and two Expert by Experiences. 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.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave the service 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 15 August and ended on 25 August 2022. We visited the location's office on 15

August 2022.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with nine people who used the service and 11 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, a care co-ordinator and care staff. We also spoke to a social care professional.

We reviewed a range of records. This included 13 people's care records and 14 people's medicines records. We looked at five staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed including, but not limited to compliance records, training information, and policies.

Requires Improvement

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 under this provider. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Learning lessons when things go wrong

- Staff did not always record when they had given people medicines on their electronic Medicine Administration Record (eMAR). For some of these instances other records conflicted the eMAR. For example, several people's daily notes stated medicines had been given where the eMAR recorded they had not. This meant people may not have received their medicines as prescribed.
- Protocols to guide staff how to administer medicines to people 'as required' were not always in place. Where they were, some staff told us they did not always know where to locate these. This was a risk people may not receive their medicines as prescribed and in a timely way.
- The provider lacked robust systems to review incidents. Opportunities to learn from incidents had been missed, as we could not identify how many accidents and incidents had occurred across the service or determine whether themes and trends had been identified and lessons learned from these.
- The registered manager told us during the inspection new and comprehensive audits of medicines and accidents were planned. They told us they were aware of the issues with recording of medicines relating to staff competence using the eMAR system, data access and signal issues and had plans in place to address these.
- Staff had a good knowledge of risks associated with people's medicines. For example, one staff member told us they would not give a person paracetamol if it had been given less than four hours previously. This meant the person was protected from the risk of overdose.
- Staff knew what to do when an accident occurred. One staff member said if a person fell, they would, "Ask them, can you move? call 999, make them comfortable, never lift them. We will fill in a statement, body maps for any bruising, and report to the office."

Staffing and recruitment

- Improvements were needed to the providers application form to include staff's full employment history since leaving school. Recruitment checks had been undertaken to ensure people were protected from being supported by unsuitable staff. This included seeking suitable references and undertaking checks with the disclosure and barring service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Improvements had been implemented to the scheduling of people's call times to improve consistency. These new systems needed to be embedded and sustained in practice. One staff member said, "We have travelling time now. It has made a big difference between calls. The days of rushing are over."
- There were enough staff to meet people's needs. One staff member said, "At the moment we have enough staff."

● People told us calls were never missed and that the frequency of late calls had reduced. One person said. "Staff are sometimes a little late but that's understandable." Another person said, "They never miss a call."

Systems and processes to safeguard people from the risk of abuse

● People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service followed the providers policy to report safeguarding concerns and told us they felt confident action would be taken to safeguard the person. One staff member said, "If I reported something and didn't hear anything, I would ring again. Things have always been dealt with."

● People we spoke with told us they felt safe. One person told us, "In the morning staff give me a shower, they are very careful. I feel very safe." Another person said, "They [staff] watch me so that I don't fall."

● Staff knew how to 'whistle-blow' if they felt they were not being listened to or their concerns acted upon. One staff member said, "I would not hesitate, [people] are paramount." Another said, "I would tell the manager, it would be taken seriously."

Assessing risk, safety monitoring and management

● Risk assessments for specific health needs on new care record documentation were comprehensive. Some risk assessments required further information so staff could identify a deterioration in their condition. These changes were made promptly after the inspection.

● Risk assessments had been completed to ensure staff were aware of environmental and fire risks in people's homes and how to support them safely should a fire occur.

● Staff we spoke with told us they had enough time to read people's risk assessments and care plans and demonstrated a good knowledge of people's individual risks. They told us when people's needs changed, they were promptly alerted by office staff.

● We received positive feedback about staff skills when supporting people with their mobility. One relative said, "They are always very careful manoeuvring [Name] around from the bed to the chair, they know how to do it."

Preventing and controlling infection

● People told us staff wore the correct Personal Protective Equipment (PPE). One person said, "Staff always wear their Covid protection, gloves, apron and mask." Care plans directed staff to the PPE they needed to wear when providing care. Staff told us, and we saw there was adequate stock of PPE.

● Staff knew of the enhanced PPE and infection control requirements should they need to support a person with COVID-19.

● Staff undertook COVID-19 testing in line with government guidance and had received infection control training.

Good

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 of this newly registered service under this provider. 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 undertaken training in areas the provider deemed as mandatory such as moving and handling, safeguarding, the mental capacity act and infection prevention. The registered manager had identified improvements were needed to the training programme and had recently introduced training such as learning disability and autism, and person-centred care. Staff were working towards completing this training.
- People received care from staff that were knowledgeable about their role. One person said, "I feel staff are well trained in what they do. They know just what to do."
- Staff new to a caring role completed the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Some staff supervisions were overdue. However, staff we spoke with felt well supported in their role. Some staff told us they had been provided additional training following an annual appraisal to support them with their development.

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

- People's physical, social and wellbeing needs were assessed before receiving care from the service to ensure the service could meet their needs.

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

- People's care plans reflected their dietary requirements and they were supported to eat and drink enough. Staff had identified one person did not appear to be eating or drinking well between their visits. The service monitored the person's food and fluid intake with the support of their relatives and escalated their concerns to professionals.

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

- Care records evidenced staff worked with other agencies to ensure people's healthcare needs were met. For example, while supporting a person, a staff member had identified signs of an infection, medical advice was sought, and the staff member stayed with the person for over three hours whilst waiting for an ambulance. A relative said, "If any of the staff think there may be a bed sore coming they inform me immediately, I then call [professional] and they arrange for a nurse to come out."
- Staff had a good knowledge of people's care needs. One staff member told us how they supported a person that had diabetes. They were aware of the signs that indicated low blood sugar levels and the action

they needed to take in response. Records showed another staff member had identified a person had a rash that did not disappear when placing a glass over it. They recognised this could be a sign of a serious illness and sought immediate medical advice.
● Staff were informed promptly of any changes in people's needs via the electronic system. A staff member said, "The office ring us about changes, the app updates automatically. It's a pinned system so you can't miss anything, you tick everything off as you go along."

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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.
● People we spoke with told us they were supported to make their own decisions. One person said, "I am involved in making decisions about my care. I make my own choices. I'm not restricted with anything".
● Staff had received training on the mental capacity act and supported people in the least restrictive way. One staff member said, "Everybody has a right to accept or refuse, we can't force somebody, it's abuse."
● People told us they were asked to consent to their care, and this was recorded in their care files. During our inspection the service identified a person no longer had capacity to make decisions about medicines and may need these to be hidden in food. They were in the process of liaising with professionals and completing a best interest decision for this.
● Care records showed where people had appointed a lasting power of attorney (LPA) for health and welfare or finance this was recorded, and copies were obtained. An LPA is a person that acts in the persons best interests when making decisions on their behalf.

Good

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 of this newly registered service under this provider. 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

- People and staff had developed caring relationships together and enjoyed each other's company. A person said, "All the staff are very kind and friendly. I feel very valued, they treat me very well." A relative said, "Staff are very caring. I can't speak highly enough of them." A staff member said, "My motto is to treat people how you would like to be treated yourself. I treat each [person] as if it was my Mum."
- The registered manager had identified staff required training on equality and diversity and had implemented this. At the time of the inspection staff were working towards completing this.
- People's cultural and religious beliefs were reflected in their care plans.

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

- People's views regarding their care were sought and they were empowered to make decisions about their care. One person when asked if staff gave them choice said, "I am involved with all the decisions." A relative said, "Staff are always ready to listen and help."
- People's individual communication needs were reflected in their care plans.
- The service understood when people needed the support of an advocate. This is someone that can help a person speak up to ensure their voice is heard on issues important to them. A relative said, "Staff have mentioned advocacy services to us in the past."

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this. One person said, "Staff cover me over with a towel when giving me a bed bath." A staff member said, "You make sure they have dignity."
- People were supported to be as independent as they could be. One staff member said, "We are not here to take independence away." They went on to tell us how a person had told them they could not wash themselves, but with prompting and encouragement from the care staff they undertook this.
- Staff understood the importance of keeping people's personal information confidential and secure. A staff member told us they ensured they sought people's consent before sharing any information regarding them.

Good

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 of this newly registered service under this provider. This key question has been rated 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

- Some people's care plan reviews were overdue. The provider was in the process of reviewing people's care plans using a new template that was more personalised. However, they were less than half-way through completing this. People's care plans awaiting review were not always reflective of their current needs.
- Recently reviewed care plans included detailed information about people's likes, dislikes, hobbies, interests and people had been involved in these reviews.
- People told us they received consistent support from staff that knew them well. One person said, "They know me well and I know them very well". Another said, "I get regular carers and I have a good relationship with them." Staff told people who would be attending their next call before leaving.
- People and staff enjoyed their time together. One person said, "They are like my friends, we laugh together." A relative said, "We sit and have a cuppa and chat with them [staff]."

End of life care and support

- Care plans did not reflect people's preferences and wishes should they reach the end of their life. However, the service did not provide care to anyone at the end of their life at the time of inspection.

We recommend the provider review their care plans to include people's future wishes regarding end of life care.

- Where people had 'Do not attempt cardiopulmonary resuscitation' (DNACPR), and RESPECT forms providing guidance about care and treatment people wished to have an emergency, these were held in people's care records.

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.

- The registered manager was aware of the accessible information standard. They told us information could be produced in an alternative format if this was required to meet people's individual needs.
- Staff knew how to communicate with people effectively as this was detailed in their care plans.

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

● With people's permission, relatives could access electronic 'care notes.' This meant they could check the care delivered and whether any concerns had been identified.
● Staff knew people's life histories, hobbies and interests and discussed these with people. A person said, "Staff never rush. They are here for hours. We go out together and spend a lot of time together." A relative said, "They interact with [Name] with his hobbies." A staff member said, "Some people only see one person a day, if you still have time left, why not sit and chat and have cup of coffee as they are not going to see anybody else, if more time is needed, we ring the office."

Improving care quality in response to complaints or concerns
● The service had a policy and procedure in place to manage complaints and concerns. There had been one complaint this year. This had been investigated in line with the services complaints policy.
● People told us they knew who to speak to if they had any concerns and were confident these would be addressed. A relative said, "They listen to you and always act upon it."

Requires Improvement

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 of this newly registered service under this provider. 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.

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

- There was a lack of effective quality assurance processes in place to monitor the quality and safety of the service and to address shortfalls identified at the inspection. Whilst the provider had identified some of the concerns found during the inspection, the failure to ensure effective audits were undertaken, restricted the provider's ability to identify risks and shortfalls and may lead to a potential risk to people.
- Accident and incident audits had not been undertaken. This meant we could not identify how many accidents had occurred, and whether organisational learning had been implemented in response to these. Consequently, themes and trends may not be acted upon in a timely way which posed risk to people.
- We reviewed medicines audits and governance processes and found them to not always be effective. This was evidenced by the failure to have an effective audit process in place for electronic Medication Administration Records (eMAR). This meant the registered manager had missed opportunities to identify concerns that may be raised from eMAR charts and to act upon these.
- Audits of care records did not identify where improvements were needed. We found care plans did not always detail peoples current care needs. The provider was in the process of transferring to electronic systems but had failed to take sufficient timely action to ensure care reviews reflected people's needs. This placed people at risk of receiving incorrect care.
- The provider failed to establish systems to monitor care calls, which restricted their ability to identify risks and address shortfalls. This meant there was a risk people may not receive their care as commissioned.

Systems and processes in place to monitor the quality and safety of the service were ineffective. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection, the registered manager and provider were responsive to feedback and told us about the actions they had taken to resolve the issues identified. However, further work was needed to develop and embed systems and processes for quality monitoring.

- Staff were clear about their roles and responsibilities and felt listened to and valued. They spoke positively about the registered manager and the changes that had been implemented this year. One staff member said, "The registered manager was a breath of fresh air coming into us. She has new ideas." Another said, "I have noticed there have been a few changes since the new manager came."

Continuous learning and improving care

● The registered manager was committed to improving the quality and safety of the service. They had learned lessons from a CQC inspection within one of the providers other services and had implemented improvements as a result. These included but were not limited to incorporating travel time into rota's, implementing an electronic medicines administration system, a new care record documentation, new scheduling system and introducing new training courses to enhance staff's skills and abilities. A staff member said, "Things are starting to change for the better."

● Further improvements were planned such as increasing the frequency of staff spot checks, moving all care records to the electronic system, undertaking medicines workshops, and implementing and embedding a new audit programme. The registered manager had a service improvement plan to check their progress.

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

● The registered manager was committed to promoting a positive culture that is person centred. Following a recent review of the services training programme had introduced training on person centred care and a new care plan format that was more personalised.

● People and relatives told us personalised care was provided and they were happy with their care. A person said, "I am very happy with the service. They are always ready to support you in any way." Another person said, "Staff are honest and reliable. They always turn up. The office is very responsive."

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 was aware of, and there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

● We found the registered manager to be open and honest with us during the inspection.

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

● A survey of people's experience of receiving care had been undertaken in March 2022. 30 people had responded. People's experience of receiving care was overall positive. People said they were satisfied with their care, felt safe and were treated with dignity by professional staff that carried out tasks to their satisfaction.

● Staff meetings took place. One staff member said, "There have been one or two this year." Minutes from the last meeting showed topics such as training, the electronic system, confidentiality, and care standards were discussed.

Working in partnership with others

● The service worked well in partnership with health and social care organisations, which helped people using the service to improve their wellbeing

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 Systems and processes in place to monitor the quality and safety of the service were either absent or ineffective. This placed people at risk of harm.