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

This was an unannounced inspection carried out on the 31 August, 1 and 7 September 2016.

Caring Hands Domiciliary Services Limited is registered to provide personal care and support to people who live in their own home. At the time of our inspection, there were 110 people using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had safeguarding policies and procedures in place. All staff received safeguarding adult's training to raise awareness of how to recognise signs of potential abuse and poor practice and what actions they would need to take. Staff told us they were confident in their understanding of abuse and how to report any suspected abuse.

The service operated safe recruitment practices to ensure staff were suitable for their role. People's needs were understood and met by the right amount of skilled and experienced staff.

People were protected from the risk of harm. The provider assessed any identified risks to people and put measures in place to minimise them.

People felt that staff treated them with dignity and respect. People and relatives were involved in the development of care plans and were able to express how they
preferred to received care.

Care plans were detailed and informative.

People's specific care needs were met during each planned visit. Staff were supportive in helping people to maintain their independence as far as was practicable.

Staff were well supported by the provider and regularly received supervision, spot checks and annual performance appraisals. The service operated an effective on call system to provide staff with any necessary guidance outside of office hours.

The provider had quality assurance and data management systems in place to ensure quality of service provision.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Recruitment procedures were safe and all staff understood the provider's procedure for reporting any suspected abuse.

There were sufficient staff available to provide all planed care visits.

Risks arising from the provision of care had been assessed and managed.

The provider had systems in place to safely support people with the management of their medicines.

Is the service effective?

Good

The service was effective.

Staff were trained and there were appropriate procedures in place for the induction of new members of staff.

Staff were supported because they received regular supervisions and annual appraisals.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

Is the service caring?

Good

The service was caring

People were treated with dignity and respect.

People received support from consistent staff teams

People's view and opinions were listened to.

Is the service responsive?

Good

The service was responsive.

People were involved in reviewing and agreeing their care. Care plans were person centred and reflected people's individual needs. They were regularly reviewed and updated as people's needs had changed.

People received a service that was flexible, proactive and planned in partnership with them.

The provider had processes in place to receive and handle any complaints or concerns raised and used these to drive improvements.

Is the service well-led?

Good

The service was well led.

People were positive about how the service was led.

Quality assurance systems were appropriate and people's feedback was valued and acted upon.

Staff felt well supported by the provider and knew what their roles and responsibilities were.

Caring Hands Domiciliary Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 31 August, 1 and 7 September 2016. The provider was given short notice because the location provides a domiciliary care service and we needed to ensure someone would be at the office. One inspector carried out the inspection.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications contain information about important events which the provider is required to send to us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We used this information to assist us in planning our inspection.

The inspection was under taken by one inspector.

We reviewed care records for six people using the service, including their care plans, risk assessments and daily care notes. We also looked at other records, including ten staff files, the complaints log, accident and incident reports, training records, quality assurance audits and checked the providers policies and procedures. We either visited or spoke with five people using the service. We spoke with the relatives of two other people. We also spoke with four staff members including the nominated individual. A nominated individual supervises the management of a regulated activity across an organisation and has joint legal responsibility with the registered manager for ensuring compliance with the regulations.

The service had been previously inspected in February 2014 and was meeting the regulations it was

inspected against at the time.

Good

Is the service safe?

Our findings

Everyone we spoke with told us how the staff made them feel safe, for example, one person said, "I feel safe the staff put me at ease and help me, I trust them." Another told us, "The carers I see are trustworthy which I find reassuring and I know I can rely on them." One relative told us. "I feel the care is safe. I would not let Caring Hands provide any care if it wasn't."

People were safeguarded from the risk of abuse. The provider had systems in place to enable the reporting of suspected abuse. The provider understood their roles and responsibilities with regard to safeguarding procedures. Staff had received training in safeguarding adults at risk of abuse and those we spoke with demonstrated that they were confident about how to keep people safe from harm. Staff told us that they would have no hesitation in reporting any concerns they had to the office or if necessary to outside agencies such as local safeguarding team. For example one staff member told us, "If I suspected any form of abuse was going on, or the person told me they felt unsafe or threatened in anyway. I would report to my manager immediately, or the police if I felt it necessary."

The provider followed safe recruitment procedures. Staff files showed, all applicants had completed an application form which required them to provide details of their previous employment history, training and experience. A range of checks had been carried out prior to a job offer, including references and a Disclosure and Barring Service (DBS) check. DBS checks are carried out to see if a person has been placed on a list for people who are barred from working with adults or children or has a criminal record the employer should be aware of. We spoke with staff who confirmed that these checks had been completed before they started work. One member of staff told us, "I could not start until the checks came through."

Risk assessment documentation was included within people's care plans. These assessments had been completed as part of the care planning process and identified risks to both people and staff during care visits. For risks in relation to the environment and provision of care clear guidance was in place on the actions staff must take to protect both themselves and the person they were supporting. Where people had mobility needs, we saw that an additional moving and handling risk assessment had also been completed and the service had taken steps to check that any specialist equipment, such as standing aids were maintained and in safe working order. Assessments were kept under review and updated when required. Staff confirmed they understood the importance of reporting any new risks, when people's needs changed such as a decrease in their mobility or an increase in the number of falls they had.

The provider had taken steps to ensure that information about how to access people's homes was kept secure and only available to those who needed to know. The provider had also liaised with people and their relatives about what they wanted staff to do if they could not gain entry through the usual route. This provided people with the peace of mind that there was a safe contingency plan in place if staff couldn't gain access for any reason.

We reviewed the service's visit schedules and staff availability and found there were sufficient staff deployed to provide all planned care visits. One staff member told us, "I am busy but my work load is achievable and I

am expected to provide a safe level of care and not rush." Staff said that they worked in close geographical areas which reduced the time spent travelling between people. They felt that the time allocated to calls was usually sufficient to undertake the care that they had to provide safely.

The provider had a system in place to safely support people with the management of their medicines. Most people did not require support when taking their medicines. Where people needed to be prompted, their care records contained details of their prescribed medicine and any side effects. There was a system for keeping records up to date with any changes to people's medicines. Staff recorded each time a medicine had been taken by the person within their care file.

Good

Is the service effective?

Our findings

People who used the service and their relatives told us they felt their needs were met by competent staff. One person told us, "The staff are exemplary and very caring." Another said, "The carers are very good, they know how I like to be supported. Nothing is too much trouble." One relative told us, "The staff know about caring for people and are vital to me."

New staff completed a formal induction training. Staff told us, "The induction training is definitely useful." As part of the induction staff completed a number of shadow shifts where they observed experienced members of staff providing care. Staff told us, "Initially you just watch, then a bit more hands on." Once new staff felt sufficiently confident they were then permitted to provide care independently.

Records showed recently recruited staff new to the care sector had completed training in accordance with the requirements of the care certificate. The Care Certificate is nationally recognised training in an identified set of standards of care that staff must receive before they begin working with people unsupervised. Staff confirmed they had regular opportunities for training and development. We saw from certificates in staff files and the training records that staff had completed various training sessions including moving and handling, end of life care, infection control and health and safety. However the training records showed that not all refresher training had been completed by staff within the usual time frame. When we pointed this out to the provider. They took immediate action to review and update their training policy and procedure. Clearly identifying timescales for refresher training on each subject and putting in medicine training for all staff over the next three weeks.

Staff told us "I have had supervision" and records showed staff regularly received supervision and an annual appraisal. Records of these meetings showed they provided an opportunity to discuss both the staff member's individual performance and to identify training and development opportunities. In addition "Spot checks" of staff performance during care visits were regularly completed by the provider. Team meetings were also held regularly. These meetings provided an opportunity for the provider to share information with staff on planned changes within the service and for staff to discuss any concerns they may have.

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.

We found that all staff had received training on the requirements of the Act. Records showed that people had agreed to their support plan by signing a consent to care agreement. Where staff had identified concerns about people's ability to make decisions independently these concerns had been appropriately documented. Staff had worked with health professionals to ensure that decisions were made in the best interests of people who lacked capacity.

People's care plans provided staff with guidance on how to ensure their nutritional needs were met. Where appropriate information about people's food and fluid intake was recorded by staff within the daily care records. People told us staff encouraged them to eat and drink during care visits and one person said, "They always make sure I have drinks available before they go."

Good

Is the service caring?

Our findings

People we spoke with were happy with the care and support they received from the provider, they felt that staff listened to them and acted upon what they said. One person told us, "They are all brilliant, very caring and professional." A relative told us, "The consistency of care is good. The staff have been really kind and respectful."

People told us that staff treated them with dignity, respect and upheld their rights to privacy. One person told us, "The carers always ask me how I am and how they can help. They respect me and listen to me." Daily care records and call monitoring information showed people normally received care from consistent small groups of staff who visited regularly. Staff explained this helped them build up a good working relationship with the person and their relatives. It was clear from conversations we had with staff that they all knew the people using the service well.

People said their care staff respected their decisions and choices during care visits. One person told us, "We work together but they support me to make choices." A relative told us, "Yes they treat [person's name], me and our home with respect." Care plans instructed staff to ask people how they would like specific aspects of the care and support to be provided. One staff member told us, "I really concentrate on being person centred; I always ask people what they want me to do."

Where people declined or refused an aspect of planned care these decisions were respected by staff and appropriately documented in care records. During the next planned visit the declined care was offered again and gentle encouragement provided by staff. If a person repeatedly declined planned care this was reported to the provider. The provider would review the care being refused involving the person, family members, relevant health professionals and commissioners if appropriate to resolve the situation.

Good

Is the service responsive?

Our findings

People told us they were happy with the care that had been provided and were complimentary about the service. One person told us, "I have to only ask, the staff are very flexible if things need to change." Another said, "The carers are never in a hurry and always check if anything has changed before they support me." A relative told us, ""The carers do what has been agreed between us, but if [person's name] is having a bad day they give appropriate support."

People told us their care staff normally arrived on time for care visits. One person told us, "Normally they are on time, traffic can always cause minor delays." Staff told us, "We are allocated travel time." The providers visit schedules and call monitoring information showed that travel time was factored in between all consecutive care visits and that the majority of care visits were provided on time. People told us that if their carer was running late they were contacted by telephone and advised of this. For example one person told us, "It is rare, but if they are running late I always get a call. But it is not usually too long."

People constantly reported that they were not rushed by staff during care visits and call monitoring data showed people routinely received their full planned care visit. One person told us, "They don't rush you and they have time to chat."

Assessments were undertaken to identify people's support needs and the information obtained was used to develop a plan of care that outlined how those needs were to be met. Care records were thorough and provided detailed information to assist staff in delivering person centred and consistent care. People confirmed that copies of their care plan were kept in their own home and that they had been involved in and agreed to these care plans. We looked at the care plans kept in the homes of the people we visited and saw they had an individualised care plan that detailed the support they required and the choices they had made about their care. Each person had a clear support plan and where needed, a plan to reduce any potential risks identified from occurring.

Staff demonstrated they understood the importance of providing flexible support and commented that they adjusted the level of support for people in accordance with how they feeling on the day. For example, for people living with a fluctuating condition, such as dementia we saw that the care plans guided staff to provide support in accordance with what the person was able to do and how they were feeling on the day. This meant that people received support that was responsive to changing needs.

People's care was regularly reviewed. The provider had systems in place to ensure all people's care was reviewed at least every three months. The frequency of reviews was often greater because the service responded to changes in people's circumstances. For example, if a person went into hospital or staff reported a person had become more dependent on care staff, the service conducted an additional review of their care. Where people had other professionals involved in their care, we saw that the reviews were conducted in a multi-disciplinary way with the service seeking the views of others.

The provider had a complaints procedure that was available in the service user's guide in the care files in

people's homes. Any complaints or concerns raised with the provider or through staff had to be logged and records of investigations and correspondence kept and the actions to monitor any changes had been followed up. We looked at the records being kept and no complaints had been received in the last year. But we could see that complaints prior to this had been fully investigated and action taken to prevent a reoccurrence.

The provider told us they had a positive approach to handling concerns and complaints which they viewed as a part of driving improvements. The provider engaged regularly with people who used the service, and their relatives, which had encouraged good relationships and a cycle of on-going feedback. As such, the majority of people told us they had no need to complain.

Good

Is the service well-led?

Our findings

People were positive about the quality of the service they received and felt the service was well run. One person told us, "I am really pleased the staff are wonderful I can't fault the care. If you call the office they just sort out everything out." Another said, "Everything seems well organised and it runs smoothly, no complaints, everyone is approachable."

We saw that the provider supported staff and that they were clear about their roles and responsibilities. One staff member told us "It is a lovely job all the staff are so supportive. I am happy working here." Another said "It is a good company to work for, everything works well and staff at the office are always available for support and guidance." We saw evidence from review meetings and returned questionnaires that people, staff and relatives were involved in how the provider delivered a service to people. Staff told us they had regular team meetings where they were able to raise any issues or concerns with the manager. One staff member told us, "The management team are always willing to help out and are approachable. If I wasn't sure I would just ask." The staff felt supported and valued by the provider. We saw that compliments from people and relatives were fed back to staff to raise their confidence and help them feel valued for the support they provided.

The senior staff undertook 'spot check' observations of staff practice. Staff were observed delivering support to people to see how care was delivered and how people consented to receiving their care. The checks also monitored how staff interacted and spoke to people being cared for and ensured that manual handling guidance was followed. Staff told us the 'spot checks' were unannounced, and they understood the reason for this and felt it was good at helping them develop their skills. The provider also carried out regular courtesy visits/calls to help them monitor the service provision. A person we spoke with told us, "Yes they regularly ask me if I am happy with the care provided."

The provider completed other internal audits as part of their quality assurance process. For example, accidents and incidents, care plans and medication records were audited. Any action needed as a result of these audits was recorded and implemented as a way of continually improving the care people received.