

Kind Hands Caring Services Limited

# Kind Hands Caring Services Ltd

## 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

Kind Hands Caring Services provides personal care and support to people living in their own homes. Personal care can be provided for people living with dementia, mental health needs, older people, younger adults and people with a physical disability or sensory impairment. At the time of the inspection 60 people received assistance with personal care.

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 positive about the support provided by Kind Hands Caring Services and relatives said the care staff offered the care their family members needed. Staff knew people very well and treated them with kindness and respect. They demonstrated a good understanding of people's individual needs and assisted them to access healthcare services when needed.

Staff understood risks associated with the people they supported and risk assessments in the support plans provided additional information and guidance for staff to reduce risk as much as possible. People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns.

People were supported to receive their medicines when they needed them. There were enough staff working to provide the support people needed, at times of their choice. Recruitment procedures ensured only suitable staff worked at the service.

There were enough staff working for the service and ongoing training and supervision meant they were aware of their roles and responsibility; which ensured they had the skills to provide good quality care for people. For example, staff had completed medicine training, their competency had been assessed and people were assisted with their medicines when they needed them

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.

The management were well thought of and supportive to people and staff. The registered manager had a good overview of the service. There were systems in place to assess and monitor the service to identify if improvements were needed and action was taken to address these.

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

Rating at last inspection - The last rating for this service was Good (published 16 November 2016).

Why we inspected - This was a planned inspection based on the previous rating.

Follow up: We will review the service in line with our methodology for 'Good' services.

## 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** ●

# Kind Hands Caring Services 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 Care Act 2014.

#### Inspection team

The inspection was carried out 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 houses and flats.

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

#### Notice of inspection

We gave the service 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.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with 10 people who used the service and 10 relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, care manager and care workers. We reviewed a range of records. This included four people's care records and their medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We requested additional information, this was sent promptly and included duty rotas, staff training and minutes of meetings.

# Is the service safe?

## Our findings

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

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

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People and relatives were of the same opinion that Kind Hands Caring Services provided safe and secure care for themselves or family members.
- One person said, "I am safe because we have a porter at reception and I let them in with my buzzer at night. We are well protected and have no worries about security." A relative told us their family members was, "In safe hands with the carers, two come to hoist him and they are very careful because he leans to one side. They are very professional but also kind and considerate."
- Staff completed training and were observed in practice by the care manager to ensure they used aids and equipment to assist people safely and correctly. Such as hoists when transferring people from bed to armchair.
- Risk had been assessed for each person and reviewed regularly and records showed the assessments reflected people's individual needs. There was clear guidance for staff to follow and people were involved in decisions about how to reduce risk to themselves.

### Systems and processes to safeguard people from the risk of abuse

- When asked if they felt safe one person said, "Yes, and because of them I don't feel isolated." A relative told us, "I feel safe because I know I can rely on them to come when they say they will and I can leave him in their safe hands. I can get on with things I need to do."
- There were clear safeguarding procedures for staff to follow if they had any concerns about people's safety or wellbeing. The registered manager and care manager knew who to contact if they needed to make a referral.
- Staff had received training in safeguarding people and knew what action they should take if they thought a person was at risk of harm, abuse or discrimination. One member of staff told us, "If I had any concerns I would call the office first, there is always someone on call, but I haven't had to do this."

### Using medicines safely

- People's support needs with prescribed medicines varied and risk assessments had been completed to provide the most appropriate assistance. People self-medicated, were given their medicines by family members or were helped to assess and open packaging by staff. Relatives told us, "I get blister packs from the pharmacy, but carers record everything" and "The carer changes my mother's pain patch every 3 days."
- Staff had completed medicine training; their competency was checked by the care manager to ensure they understood their responsibilities and they were also observed assisting people with medicines in their home.

- One member of staff told us, "We have to complete all the training and the manager checks that we are doing it safely when they come out to see the clients." Another member of staff said, "Yes we do the training and they come out and check to make sure we are doing it properly."
- Medicine administration records (MAR) were returned to the office monthly and were checked to ensure staff had recorded that medicines had been taken.
- The management were keen to learn from incidents and make changes to reduce them. They found that there were errors, that is gaps, on some of the MAR for topical creams. They had spoken to people and staff about this and were told that the creams had been applied.
- To reduce the errors the registered manager and registered provider had researched systems to see if there was an alternative way to record medicines. They had found a system that uses mobile phones for staff to record they have given or applied a medicine, which would also be linked to the office to flag up any gaps at the time, so staff can be reminded. The registered manager said they would be introducing this as soon as possible.

#### Staffing and recruitment

- People's comments included, "They arrive on time", "Ring if delayed" and "They stay their full time and always ask if they can do anything else." Relatives were equally positive and said, "Kind Hands is marvellous, I get a rota each week and notified of any changes. They are so reliable" and "They wear badges and uniform and we rarely see any unfamiliar places."
- Robust recruitment processes ensured staff were suitable to work in the care environment and people were protected.
- There were enough staff working for the service to support people and provide assistance when needed. Staff said apart from the traffic and road works which may delay them there were enough staff to support people with personal care. One member of staff told us, "There are no problems with staffing, if one of us is off work or unable to get to someone another of us will step in. It works really well I think."

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff said they were given gloves and aprons, personal protective equipment (PPE) and they were easily accessible from the office when needed.
- Staff said they had completed infection control training and talked about how they used PPE to protect the people they supported and themselves.
- One member of staff said they had to do the training when they first started working for Kind Hands Caring Services and there were regular updates. They told us, "I did infection control and food hygiene soon after I started, otherwise I wouldn't have been able to give personal care or help people with their meals."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same 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 physical, mental and social care needs had been assessed before the service started. The registered manager and staff said this was to ensure that they had enough staff with the right skills and knowledge to provide the support and care people needed.
- Support plans were written based on the discussions the management had with people and/or their relatives during the assessments. Records showed they were specific to each person's needs and had been updated if their needs changed and may require additional support.
- Staff knew people very well and talked about how they provided the support people needed whilst encouraging them to do independent and make choices.

Staff support: induction, training, skills and experience

- People and relatives all said staff were very competent. One person told us, "I would say have regular ones 85% of the time and if they send someone knew they attach them to a mature carer for experience." A relative told us, "The mature regular staff cannot be faulted, and the younger ones are eager to learn."
- All new staff completed induction, which included moving and handling, first aid, safeguarding and health and safety training.
- New staff said they worked with more experienced staff for at least three shifts on a supernumerary basis. One member of staff told us, "I worked with other staff, observing and learning before I assisted a client on my own and then it was while other staff were with me for guidance and to make sure I was doing it properly. It was very good."
- Records showed that there was an ongoing training plan so that staff were up to date with current practice. Staff said they had to do the training and were reminded when an update was due.
- A supervision plan showed that regular supervision was provided to support staff with their professional development. Staff said there were regular 'spot checks'. Where management visited people in their home to talk to them about the support they received and observe staff. One member of staff told us, "We don't know when they are going to arrive, I think it is very good that they watch what we do in people's homes and ask how they feel about the support too."

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 whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff said people they supported were not deprived or restricted and if they had concerns about a person's well-being they would talk to the relatives, representative or GP.
- Support plans were developed with people and/or relatives and there was evidence in the records that they had been signed to agree to the support and staff asked for their consent when they visited them.
- Staff were very clear that they asked for people's consent from when they first arrived at a person's home and asked for permission to enter. One member of staff said, "It is their home, and we can only go in if they agree."
- People said staff asked for their consent before they provided support. One person told us, "They shower me if I wish and wash me otherwise." Another person said, "The Carers will do anything to help once they have completed their routine tasks, they post my letters and pick up items from the shop that have been forgotten in the 'online shop'."

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

- Staff assisted people with their meals and drinks if appropriate and there was clear guidance in the support plans to show how much help people needed.
- Staff prepared one person's breakfast of choices and assistance, while their lunch and evening meal was provided by another service. Other people were prompted or reminded to eat and drink and if necessary staff heated meals for them. One relative said, "The carer microwaves meals, which I buy on-line, for her main meal and makes sandwiches for the evening."
- Staff said they promoted people's independence as much as possible and offered to help only when necessary. One member of staff told us, "A number of clients are quite able to make meals for themselves, although we offer to make them a drink while we are there or get their meals ready if we need to. Depends on each client's needs really and how they are on the day."

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

- People told us staff assisted them to attend appointments if required. One person said, "A carer took me to the dentist." Another person told us, "They watch I don't get pressure sores, they cream and massage my legs and send for the district nurse if necessary."
- People were encouraged to maintain their health and well-being and accessed a range of services to assist them to do this. Relatives or representatives arranged visits from or appointments with health and social care professionals. Where people may not have relatives, staff contacted their GP to inform them of any changes in healthcare needs or if they had any concerns.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same 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; equality and diversity; supporting people to express their views and be involved in making decisions about their care

- People and relatives expressed their satisfaction with the support they received and were very positive with the personal care provided by Kind Hands Caring Services.
- People had regular staff, of the person's choice. This helped them develop good relationships with staff who they trusted and who understood their needs. One person said, "My Carers help me with my mobility, I trust them with anything." A relative told us, "She has a lovely relationship with her regular carers, they have become friends, she looks forward to their visits."
- Staff knew people well, they understood their needs, likes and preferences and what was important to each person. They demonstrated a caring attitude as they discussed how they provided support.
- Staff had a good understanding of dignity, equality and diversity. They were aware of the importance of treating people equally and talked about each person's preferences. One member of staff told us, "They are all individuals and like different things even if they have the same needs, it is up to them and we respect that"
- People were supported to express their views and choices. They and/or their relatives if appropriate were involved in developing and reviewing their support plan. One relative told us, "I discussed the care plan with the manager and we review it every six months." Another relative told us staff contacted them by phone and email and said, "I have peace of mind as a result."

Respecting and promoting people's privacy, dignity and independence

- People said staff provided the support they needed and wanted. One person told us, "They are very respectful and discreet" and "They wash my back then go and put the kettle on for tea. While they are away I wash other parts, then they dress me, and I have breakfast."
- Relatives were equally positive, and one said their family member had been, "Helped to retain his independence, he shaves himself and washes his own face. They make sure it is a dignified event by covering him with a towel appropriately."
- Staff said the support they provided was based on each person's specific needs, which had been discussed and agreed with them and/or their relatives. One member of staff said, "We understand that clients would be completely independent if they could be and would not need our help, we respect that and make sure we treat them with dignity and don't take away any independence."

## Is the service responsive?

### Our findings

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

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

- People received personalised support specific to their needs and choices. People and relatives said the office staff and care staff worked together as a great team. A relative told us, "I don't think you could improve on what we have."
- The person-centred approach was embedded into the culture of the service. Staff valued people and knew their daily routines, likes and dislikes.
- People received support from a regular team of staff and staff understood that some flexibility was needed to fit in with people's lifestyles. For example, if a person had an appointment and needed an earlier call this would be arranged with staff so that there would be no delay in attending.
- Support plans were reviewed and updated on a regular basis and when people's needs changed. Management visited people at home to discuss their needs, how best they could be met and any changes were recorded in their support plan. This provided feedback about the service offered and any suggestions for positive changes were acted upon.
- We looked at several of the 'spot check' records and found them to be consistently positive about the support provided and the staff.

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.

- Staff had attended training in AIS and records showed that people's different communication needs were recorded, and staff had a good understanding of these. For example, staff were aware if people needed to use glasses or hearing aids and this information was in the support plans for staff to refer to if needed.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was included in the information given to people and/or relatives when the service started.
- The registered manager said there had been no complaints since the last inspection and if possible, any issues were addressed as soon as they were known. For example, one relative said the team reacted quickly when an issue had arisen. There had been a 'clash of personality' with one member of staff and this had been dealt with immediately by allocating different staff.

## End of life care and support

- Kind Hands Caring Services did not provide end of life care. However, support plans demonstrated people were given the opportunity to discuss end of life wishes if they chose to. One record showed that the person chose to remain at home if their health needs changed. This information could be used to develop future care and support for people when required.

## 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. 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.

Continuous learning and improving care; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had reviewed the quality assurance system and had introduced several ways to monitor the service and provide high quality care for people.
- A range of audits had identified areas where improvements were needed, and action was taken to address them. For example, where gaps were found in the MAR.
- Regular 'spot checks' audited the support plans and staff said they were also reviewed if they felt that a person's needs had changed. One member of staff said, "We talk to the client about what support they need; because we know them very well we would know if they were not right. We would talk to the managers and they or we would talk to their family or the GP."
- One person said, "The managers have visited me on two occasions to check on things, they are very hands on."
- There was a management structure, which gave clear lines of responsibility and authority for decision making. The registered manager was responsible for the day to day running of the service; the care manager ensured that staff completed relevant training and assessed staff competence and co-ordinators allocated work to staff.
- There was clearly some flexibility in staff roles and they worked as a team assisting each other so that people's support needs were not affected. For example, one person had a fall at home before staff arrived. They called the paramedic and to ensure other people's support was not delayed office staff stayed with the person until the paramedic arrived.
- Staff had clearly defined roles and were aware of the importance of their role within the team. Experienced care staff supported new staff with their induction. New staff said this worked really well, they were able to ask questions and learn, while they observed how to provide the care people wanted.

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 registered manager understood their responsibilities under duty of candour and said the service was based on being open and honest with people. This was to ensure so that they and/or their relatives knew exactly when staff would arrive and if there had been any changes. Staff said they let people know if there were any delays, "So that they don't worry" and "We are quite honest with clients, if there are any problems we let them know straight away so that they aren't unnecessarily stressed or worried. I think it works really

well and I haven't had any complaints."

- People and relatives said the staff contacted them if there were any changes and they felt involved in planning the support they received. People said staff, "They can be relied on to carry things through" and "Ring if delayed." Relatives told us, "Trouble with traffic delays and finding parking-holiday traffic and road closures" and "They are usually very punctual."

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

- People and relatives said staff provided the support they needed and were very positive about all aspects of the service from Kind Hands Caring Services.
- Staff said feedback was consistently sought to make sure they met people's needs. Care staff said, "We ask clients every time we visit if everything is ok and if we can do anything else for them." Management sought opinions through 'spot checks' and regular phone calls and satisfaction questionnaires were sent to people and relatives yearly.
- The questionnaires were complimentary about the staff and the service. People's comments included, 'You couldn't have given me two nicer carers'. 'Score of 20 out of 20'. 'I am more than happy with excellent care and understanding' and 'A wonderful service'. Relatives wrote, 'No problems, very nice staff' and 'Always happy to see the Kind Hands team'.
- The feedback from staff questionnaires was also very positive and reflected the conversations we had with staff. Their responses included, 'Feel valued and treated fairly'. 'All good'. 'Very happy with my job' and 'Enjoy working as a team member working with carers and office staff.'

Working in partnership with others

- The registered manager had developed links with the local community and worked in partnership with health and social care professionals. This included GPs and social services, who were contacted if there were any concerns about a person's health and well-being. For example, the registered manager had contacted a GP about a person's medicines and a review had been arranged to ensure they had the medicines they needed.
- The provider had joined an online service, Homecare.co.uk. This offered people and relatives an independent opportunity to review the services provided by Kind Hands Caring Services and was accessible to anyone who may be looking for care at home. The registered manager said, "This is an additional way of giving people information about our agency and means we are open to negative as well as positive comments, which we can learn from and make sure we provide the quality care clients want."