

Care Hand Service Ltd

Care Hand Service Ltd

Inspection report

37 Woodlands
Harrow
Middlesex
HA2 6EJ

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12 June 2018

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

We undertook an announced inspection of Care Hand Service Ltd on 12 June 2018.

Care Hand Service Ltd is a small domiciliary care agency registered to provide personal care to people in their own homes. The service focuses on providing care to people who are registered deaf, those with multi-sensory needs and other disabilities. At the time of the inspection, the service provided personal care to three people. CQC only inspect the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

During our previous inspection in June 2017, we noted that there was no registered manager in post. The service had taken action in respect of this and this inspection in June 2018 found that there was 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 previous inspection on 12 June 2017 found three breaches of regulation and made one recommendation. We rated the service as "requires improvement". During this inspection on 12 June 2018, we found that the service had made improvements in respect of care documentation, risk assessments, staff training, supervision, quality checks and audits. We also noted that the service had made some improvements in respect of their medicines management. However, there were still areas within the medicines management that required improvement. We also observed that the service had introduced various checks and audits. However, we noted that medicines audits were not effective.

People who used the service were registered deaf and therefore were unable to verbally communicate with us. We therefore spoke with their representatives. They informed us that overall, they were satisfied with the care and services provided. They said that people were treated with respect and people were safe when cared for by care workers.

Our previous inspection found a breach of regulation in respect of risk assessments. We found that the service did not always identify all potential risks and there was limited information contained in risk assessments. During this inspection in June 2018, we found that the service had taken appropriate action and made improvements to their risk assessments. Appropriate risk assessments were in place and included details of the nature of the risk, action required to minimise the risk and details of progress of actions taken by the service.

Our previous inspection found a breach in respect of medicines management. We found that the service was not completing Medication Administration Records (MARs) when administering medicines to people. People were therefore at risk of not receiving their medicines safely. During this inspection, we noted that the

service had taken action in respect of this and made improvements. The service had introduced systems to ensure that medicines were administered safely. However, we found that there were still some issues with regards to the completion of MARs and raised this with the service. Following the inspection, the nominated individual confirmed that they had reviewed their MARs and had implemented a revised format that enabled them to document medication administration consistently.

Representatives told us there were no issues with regards to care worker's punctuality and attendance. They told us that care workers were usually on time and if they were running late, the office contacted them to inform them of the delay. They told us that people experienced consistency in the care they received and had regular care workers.

At the time of the previous inspection in June 2017, the service did not have an electronic system for monitoring care worker's timekeeping and duration of their visit. During this inspection in June 2018, the service had a telelogging system in place which flagged up if a care worker had not logged a call to indicate they had arrived at the person's home or that they were running late.

We looked at the recruitment records and found background checks for safer recruitment had been carried out to ensure staff were suitable to care for people.

Care plans included information about peoples' mental health and their levels of capacity to make decisions and provide consent to their care.

Representatives told us that people were treated with respect and dignity. They told us that care staff were caring and helpful. Staff were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care.

Our previous inspection found that there was a lack of consistency and the quality of care documentation varied. During this inspection in June 2018, we noted that the service had made improvements and ensured that care records were consistent.

We previously found that communication records were poorly written and not professional and we made a recommendation in respect of this. During this inspection, we noted that the service had taken action to address this. We looked at a sample of communication records and found that these were consistent and were written in a professional manner.

Care support plans were individualised and addressed areas such as people's personal care, what tasks needed to be done each day, time of visits, people's needs and how these needs were to be met. They also included details of people's preferences.

The service had a formal complaints procedure in place. We noted that the service had not received any formal complaints since the previous inspection.

Representatives and care workers we spoke with were satisfied with the management at the service. They said that management were approachable and supportive. Our previous inspection found that the service did not have a system in place to monitor the quality of the service and we found a breach of regulation in respect of this.

During this inspection in June 2018, we found that the service had made improvements to address the

breach of regulation. We noted that the service had introduced care plan and risk assessment audits. The service also carried out regular staff spot checks and supervisions to monitor care workers. We also noted that the service had introduced an electronic telelogging system to monitor staff punctuality and attendance. However, during this inspection we noted the service did not have an effective medicine administration audit in place. The service had failed to identify the gaps and inconsistencies in a sample of MARs we looked at. We raised this with the service. Following, the inspection the service sent us evidence of the new format of medicines audit they had devised and said it would be implemented immediately.

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 mostly safe. The service had made improvements in respect of medicines management. However, we found that there were instances where MARs were not completed fully and consistently.

Representatives of people said they were confident people were safe around care workers.

Processes were in place to help ensure people were protected from the risk of abuse. Appropriate risk assessments were in place.

Care workers were carefully recruited. There were sufficient care workers to meet people's needs.

Requires Improvement ●

Is the service effective?

This service was effective. Staff had completed relevant training to enable them to care for people effectively. Staff were supervised and felt well supported by their peers and management. Appraisals were carried out where necessary.

People's care needs and choices were assessed and responded to. People's health care needs and medical history were detailed in their care plans.

There were arrangements for meeting The Mental Capacity Act.

Good ●

Is the service caring?

The service was caring. Representatives for people told us they were satisfied with the care and support provided by the service.

Care workers were able to form positive relationships with people.

Staff were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity.

Good ●

Is the service responsive?

Good ●

The service was responsive. Care plans included information about people's individual needs and choices.

The service regularly assessed, reviewed and monitored people's individual needs.

The service had clear procedures for receiving, handling and responding to comments and complaints.

The service carried out a satisfaction survey to obtain feedback from people.

Is the service well-led?

Good ●

The service was mostly well-led. The service had a system in place to monitor the quality of the service being provided to people using the service. However, the service had failed to regularly and effectively check medicine administration records.

The service had a management structure in place with a team of care workers, the registered manager and nominated individual.

Staff were supported by management and told us they felt able to have open and transparent discussions with them.

Care Hand Service Ltd

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, and to provide a rating for the service under the Care Act 2014.

The inspection on 12 June 2018 was carried out by an inspector and a British Sign Language (BSL) interpreter. A BSL interpreter assisted with this inspection because the nominated individual, registered manager and care staff were all registered as deaf. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. We also wanted to speak with care staff on the day of the inspection and providing advanced notice gave the service time to arrange for care staff to visit on the day of the inspection.

At the time of the inspection, the service provided personal care to three people.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people. The provider also completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

During our inspection we went to the provider's office. We reviewed three people's care plans, four staff files, training records and records relating to the management of the service such as audits, policies and procedures. People who used the service were registered deaf and were unable to verbally communicate with us. We therefore spoke with three representatives for people who received care from the service. We also spoke with two care staff, the registered manager and the nominated individual.

Is the service safe?

Our findings

Representatives for people who used the service told us that they thought people were safe around care workers and raised no concerns about the safety of people. One representative said, "I am confident they are safe around staff." Another representative told us, "Carers are very attentive and mindful."

Our previous inspection found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found the assessment of risks relating to the health and safety of people using the service was not being carried out appropriately and potential risks were not identified. Risks were not being managed effectively by the service. Our inspection on 12 June 2018 found that the service had taken appropriate action to address this.

Our previous inspection found that there was limited information about the safe practice and risks associated with using equipment and appropriate moving and handling techniques required by care workers. During this inspection in June 2018, we noted that the service had reviewed and updated people's moving and handling risk assessment. These now included details of mobility equipment, falls prevention and how to transfer people safely.

Risk assessments were also in place for various aspects of people's care which covered areas such as the environment and medicines. These included details of the nature of the risk, action required to minimise the risk and details of progress of actions taken by the service.

We previously found risk assessments were not person centred and individualised. During this inspection in June 2018, we noted that the service had made improvements in respect of this and these were now personalised and included information specific to each person and their needs. We saw evidence that risk assessments were reviewed regularly by management and updated when there was a change in a person's condition.

Our previous inspection found there was a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of medicines management. During that inspection we found that the service was not documenting medicines administration appropriately. Our inspection in June 2018 found that the service had made improvements but there were still aspects that needed further improvement.

Since the previous inspection, the service had reviewed the information in people's care plans relating to medicines. Care plans now included clear details about people's prescribed medicines, dosage, frequency and what level of assistance was required. There was also clear information about what each medicine prescribed was used for. The nominated individual explained that this helped care workers understand the importance of each of the medicines.

The nominated individual told us they assisted three people with their medicines by prompting them and confirmed that people were able to administer medicines themselves. He also confirmed that people's

medicines were part of a blister pack which was dispensed by a pharmacist.

We found that the service had introduced MARs and we looked at a sample of these. These included details of each medicine so it was clear what formed part of a blister pack. However, we found that there were occasions where there were inconsistencies in the completion of MARs. We found that there were occasions where there were gaps in MARs and occasions where an "X" was used to document that medicines had not been administered. However, it was not clear what this meant. We noted that there was no appropriate key on the MAR for detailing how to document if medicines were refused, not administered or if the person was in hospital. We raised the importance of ensuring MARs were completed consistently with the nominated individual and registered manager who confirmed that they would ensure that they review their MARs. Following the inspection, the service sent us evidence of their revised MAR format which included a key. They confirmed that they would implement these immediately.

There was a policy and procedure for the administration of medicines. Records indicated that staff had received training on the administration of medicines.

We noted that the service did not have an effective medicine audits in place and raised this with management. We also noted that audits were not carried out consistently and did not see evidence that the audits identified gaps and errors with the way MARs were completed. Following the inspection, the nominated individual sent us evidence of their revised medicines audit and said that they would implement these immediately.

Safeguarding policies and procedures were in place to help protect people and help minimise the risks of abuse to people. We noted that the policy referred to the local authority, police and the CQC. The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Care workers had received training in safeguarding people. They were aware of what action to take if they had concerns about a person being abused. They said that they would report their concerns immediately to the registered manager. The service had a whistleblowing policy and contact numbers to report issues were available.

Through our discussions with the nominated individual and manager, we found there were enough staff to meet the needs of people who used the service. The nominated individual explained that the staff rota remained the same as this ensured consistency for people who used the service which was an important aspect of the care provided. Representatives of people who used the service confirmed that they usually had the same care worker and raised no concerns in respect of this.

At the time of the previous inspection in June 2017, the service did not have an electronic system for monitoring care worker's timekeeping and the duration of their visit. During this inspection in April 2018, we found that the service had a tele-logging system in place which flagged up if a care worker had not logged a call to indicate they had arrived at the person's home or that they were running late. In this case, office staff would text the care worker to ascertain why a call had not been logged and take necessary action. This system enabled the service to effectively monitor care workers punctuality and attendance. The nominated individual explained that the system was working well. The system produced data with regards to staff punctuality and attendance and enabled the service to monitor this effectively. We spoke with representatives about the punctuality of care workers. They told us that generally care workers were on time and they raised no concerns about this.

The registered manager explained that when care workers were unable to carry out a visit at short notice, she was able to cover where necessary. On the day of the inspection, we noted that the registered manager covered a care worker in the morning as they were unable to attend a visit.

Recruitment processes were in place to ensure required checks had been carried out before care workers started working with people who used the service. We looked at the recruitment records for four members of staff and found background checks for safer recruitment including, enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Written references had been obtained for care workers.

Representatives we spoke with told us that care workers observed hygienic practices when providing care and had access to protective clothing. We noted during the inspection that there were sufficient quantities of gloves, aprons and other protective clothing available in the office.

Is the service effective?

Our findings

Feedback from representatives indicated that they had confidence in the skills and knowledge of care workers and the service. One representative said, "The care is really good. They provide the appropriate level of support." Another representative said, "Staff absolutely have the skills and knowledge."

Our previous inspection found that care workers were not consistently supported to fulfil their roles and responsibilities through training and regular supervisions. We found a breach Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During our inspection in June 2018, we found the service had taken appropriate action to address this.

Our previous inspection found there was a lack of evidence to confirm that staff had received training. During this inspection in June 2018, we saw documented evidence to confirm that care workers had received training in various areas which included safeguarding, health and safety, food hygiene, basic life support, moving and handling and medication. Training was in accordance with The Care Certificate. This provides an identified set of standards that health and social care workers should adhere to in their work.

Our inspection in June 2017 found there was a lack of evidence to confirm that supervisions had taken place regularly. During this inspection in June 2018, we saw documented evidence that staff had received regular supervision sessions and spot checks and this was confirmed by staff we spoke with. Staff had also received an appraisal where necessary.

We spoke with the nominated individual and registered manager about how the service monitored people's health and nutrition. They confirmed that care workers did not prepare food from scratch for people but they did heat food and prepare basic meals such as breakfast. The service recorded people's daily progress in daily communication records. This included details about what people ate. The nominated individual explained that if care workers had concerns about people's weight they were required to contact the office immediately and inform management about this. The service would then contact all relevant stakeholders, including the GP, social services, occupational therapist and next of kin.

Care support plans included details about people's nutritional needs and included details about people's preferences.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The service had a Mental Capacity Act 2005 (MCA) policy in place. We found care plans included information on people's mental health and their levels of capacity to make decisions and provide consent to their care. People that received care from the service were registered deaf and this information was documented in the

communication section in the care plan. There was also information about hearing equipment used by people detailed in this and details about how to communicate with them.

Is the service caring?

Our findings

Representatives for people who received care from the service told us that care workers were caring. One representative said, "They are caring and kind. They don't assume anything. They always ask." Another representative told us, "Carers are supportive."

At the time of our inspection, all care workers employed by the service were registered deaf and were able to communicate in BSL. Care workers were able to easily communicate with people who received care and understand the needs of people. Representatives and care workers spoke positively about this aspect of the care. One care worker told us, "I can help them in the way they need. They can communicate with me easily." One representative said, "I appreciate that care workers can communicate in BSL. They met communication needs and are able to look after him too."

The service aimed to "offer a high quality, flexible, specialist home care and community based service, to service users who are deaf, those with multi-sensory needs and others with disabilities, to live more independently in their own home." The nominated individual explained that the service worked to ensure people received care that met their needs and the focus was on providing care to those people registered as deaf or hard of hearing. He emphasised that people received care from care workers who were registered deaf and this meant that people who used the service could relate to them and understand them.

The service had a service user guide which was provided to people who used the service. The guide provided useful and important information regarding the service and highlighted important procedures and contact details.

Care workers were aware of the importance of ensuring people were given a choice and promoting their independence. They were also aware of the importance of respecting people's privacy and maintaining their dignity. One care worker said, "I help people when they need help. I always ask people how they are and communicate with them." Another care worker told us, "I ask what they need and listen to them. I always ask what they want. I can communicate with them easily."

Care support plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Care plans included information about cultural and spiritual values and needs. The service had a policy on ensuring equality and valuing diversity. Staff informed us that they knew that all people should be treated with respect and dignity regardless of their background and personal circumstances.

We saw documented evidence that people's care was reviewed regularly with the involvement of people and representatives. This provided an opportunity to review people's care to ensure their needs were still being met and to assess and monitor whether there had been any changes.

Our previous inspection found that care support plans were not signed by people. During this inspection in June 2018, we noted that the service had taken action in respect of this. Care support plans were signed by

people or their representatives to indicate that they had agreed to the care detailed in the support plan. This demonstrated that they had consented to the care they received.

The nominated individual explained that the service did not provide visits of less than 40 minutes. He explained that this was needed to enable care workers to spend time communicating and interacting with people and doing things at people's own pace.

Is the service responsive?

Our findings

Representatives told us that they were satisfied with the care provided by the service and that the service was responsive. One representative told us, "They keep me informed of developments." Another representative said, "The agency does listen and they respond well."

We looked at three people's care plans as part of our inspection. Care plans included a care needs assessment. This provided information about people's medical background, details of medical diagnoses and social history. It also outlined what support people wanted with various aspects of their daily life such as personal care, continence and mobility.

People's care plans included information about people's life history, interests and medical background. There was a detailed support plan outlining the support people needed with various aspects of their daily life such as personal care, continence, eating and drinking, communication, mobility, medicines, religious and cultural needs.

Care plans were person-centred, detailed and specific to each person and their needs. Care plans detailed people's care preferences and daily routine likes and dislikes. Care support plans detailed what tasks needed to be done each day, time of visits, people's needs and the necessary action to take to meet their aims in respect of their care.

Our previous inspection found that there was a lack of consistency in care records we looked at. We found that the quality of care documentation varied in each of the care plans we looked. During this inspection in June 2018, we noted the service had made improvements and ensured that care records were consistent in respect of the information detailed.

Our previous inspection found that a sample of communication records were poorly written and not professional. During this inspection in June 2018, we noted the service had taken action to address this. We looked at a sample of communication records and found that these were consistently completed. Further, we found that these written in a professional manner and included relevant information.

The service had a complaints procedure and this was included in the service user guide. Representatives told us they would not hesitate to raise concerns with management. The service had a system for recording complaints. We noted that the service had not received any complaints and raised this with the nominated individual who confirmed that this was correct.

We looked at the steps taken by the home to comply with the Accessible Information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard tells organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. We noted that some policies were available in large print and pictorial format. Further, the service communicated with people via FaceTime and email.

Since the previous inspection the service had introduced a formal satisfaction survey which was carried out every six months. We noted that the feedback received from the survey was positive.

Is the service well-led?

Our findings

Representatives told us that the service was well managed and raised no concerns in respect of this. One representative said, "The service is reliable. Management are good."

Care workers spoke positively about management at the service. One member of staff said, "The support is good. I can talk openly [to management]. If there is a problem, I can reach them." When asked about how well supported they were by management, one member of staff told us, "Yes it's good." Care workers told us they felt confident about approaching management if they had any queries or concerns. They felt matters would be taken seriously and management would seek to resolve the matter quickly.

The manager at the service had been registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

Our inspection in June 2017 found that the service did not have effective systems and processes in place to assess, monitor and improve the quality of the services provided. We found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service failed to carry out regular and consistent checks and audits in relation to care plans, risk assessments, medicine administration, staff attendance and punctuality, staff spot checks and staff supervisions. It was therefore not evident how the service monitored the service they provided.

During this inspection in June 2018, we found that the service had made improvements to address the breach of regulation. We noted that the service had introduced care plan audits which looked at care support plans and risk assessments. The service also carried out regular staff spot checks and supervisions to monitor care workers. We also noted that the service had introduced an electronic telelogging system to monitor staff punctuality and attendance and this system was running effectively.

However, during this inspection we noted the service did not have an effective medicine administration audit in place. There were gaps and inconsistencies in a sample of MARs we looked at and we noted that this was not identified in a medicines audit. We raised this with the nominated individual and registered manager. Following the inspection, they sent us evidence of their medicines audit template which they had devised. The nominated individual said that the audit would be carried out every two weeks.

The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control, safeguarding and whistleblowing.

The service had a system in place for recording accidents and incidents.

People's care records and staff personal records were stored securely which meant people could be assured

that their personal information remained confidential.

The CQC rating of the previous inspection was displayed in the office as required in line with legislation.