

In Caring Hands Limited

In Caring Hands

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

This service is a domiciliary care agency. It provides personal care and support to people living in their own homes in the community in The St Austell and Roseland areas. The packages of care provided range from providing support to help people get up and go to bed, meal preparation and help with housework, to going out in to the local area and attending medical appointments. At the time of the inspection the service was supporting a 31 people.

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 using the service consistently told us they felt safe and that staff were caring and respectful. Their comments included, "The staff are wonderful, and [Relatives name] is very safe with them all" and "I feel totally relaxed and safe with the staff."

There were enough staff available to provide all planned care visits. The service had experienced considerable recruitment challenges recently with staff leaving quickly after commencing their employment. The provider told us they were reviewing their processes to try to avoid this. All necessary recruitments checks had been completed for new staff.

Only one of the people we spoke with reported having experienced a missed care visit. This was due to the hospital not informing the service about the person's discharge in a timely manner. This person had family to support them and did not suffer any impact because of this missed visit. The provider closely monitored for any missed visits.

Risks had been identified and assessed and staff were provided with guidance on how to manage and mitigate risks while providing support. However, we identified that one recent risk assessment review had failed to identify considerable trip hazards in one person's home. We discussed this with the provider and were assured this would be reviewed immediately with the staff concerned.

An electronic call monitoring system was in place to record visits when they were provided. This enabled the provider to check they were at the time agreed. However, due to fluctuating internet signal around specific areas of the county this had proved unhelpful in monitoring staff visits to some people. The provider audited daily care records to ensure people had the agreed length of time spent with them.

The service had appropriate procedures in place during periods of adverse weather.

The service had vehicles available to staff when needed, to reduce the risk of visits being missed due to

vehicle breakdowns.

People were supported to take their medicines as prescribed.

People and relatives told us, "Absolutely marvellous, we really are so blessed to be receiving support from In Caring Hands they are a lovely agency. They are flexible and extremely helpful. We work well together" and "I would recommend them and give them 110%."

People received support from small teams of staff who visited regularly. Staff told us, "I tend to visit the same people most of the time. You really get to know them well" and "They [Management] try to keep us on the same round." Relatives told us, "We have our regulars, they are all wonderful"

People were able to make choices and staff respected their decisions. Some people requested only female staff, and this was respected.

People and their relatives were involved in the development and review of care plans. A recent survey's responses showed people, or their relatives, were aware of the care plan and involved in any changes that may be needed.

Care plans included clear guidance on the support required during each visit.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. Some people were accompanied by staff to attend medical appointments.

Staff were well motivated and there was a positive open culture within the service. The provider and management were very keen to provide the best service possible.

People's feedback was valued, and records showed action had been taken to address and resolve any issues reported to managers.

Management roles were clearly defined and there were effective quality assurance processes in place. People and relatives told us the service was well led. Comments included, "The manager is a very good organiser, we have no concerns at all. I would give her an A star" and "Mum really gets on well with the staff, knows all their names and gives them all a hug when they leave, and that is the most important thing for me. They always let me know if things change."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 10 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

In Caring Hands

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

One inspector

Service and service type

This service is a domiciliary care agency. It provides personal care and support to people living in their own homes.

Notice of inspection

We gave the service two days' notice of the inspection visit in accordance with our current methodology for the inspection of this type of service. The service was able to seek people's consent to talk with us by telephone. Inspection activity started on 16 December 2019 and ended on the 19 December 2019. We visited the office location on 19 December 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and six relatives by phone about their experience of the care provided. We visited two people in their own homes and received feedback from one healthcare professional who worked with the service. We spoke with two care staff, two registered managers and the

provider.

We reviewed a range of records. This included four people's care records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service.

After the inspection

We spoke with a further three members of care staff and received feedback on the service's performance from a health care professional. We reviewed the staff training and support records and staff meeting minutes.

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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by staff who knew how to recognise and report any concerns. The service had reported appropriate safeguarding concerns. People felt safe with their support staff, comments included, "The staff are wonderful, and [Relatives name] is very safe with them all" and "I feel totally relaxed and safe with the staff."
- Staff from the local authority told us, "We have no issues about the safety of the service delivered to our residents."
- The provider monitored all visits made and identified any missed visits. If visits were missed they were raised with staff to help ensure they did not reoccur. Only one person we spoke with reported a recent missed visit. The registered manager confirmed this was due to the hospital not informing the service of a person's discharge from hospital in a timely manner. This person had family available to support them and did not experience any impact because of this.
- Staff provided care visits in a timely manner. People told us, "They [Care staff] always come when we expect them, never let us down" and "They are sometimes a little late but that is usually beyond their control with traffic and people before us needing more time. They always let us know if they are going to be very late."
- The provider monitored daily care visits to ensure people received support at the agreed times. Staff recorded details of their arrival and departure times to each care visit via an electronic call monitoring system. However, this system had proved unhelpful in some areas where internet signal was poor, so written daily care records were relied upon to monitor the service provided.

Assessing risk, safety monitoring and management

- Risks to people were assessed and regularly reviewed, providing staff with appropriate guidance on how to manage and mitigate identified risks. However, when we visited one person in their own home, we identified many trip hazards. The care plan and risk assessment had very recently been fully reviewed, yet these hazards had not been highlighted effectively. We discussed this with the registered managers who assured us this would be addressed immediately.

We recommend that the service take advice and guidance from a reputable source regarding robust risk review processes.

- Where significant risks to people's health were identified staff worked collaboratively with people and professionals to prevent their conditions deteriorating. Where necessary additional unplanned visits had been provided to ensure people's safety and comfort. One healthcare professional told us, "We have no concerns at all about the service, the registered manager calls us whenever she identifies any concerns that

may require our attention."

- Staff ensured people were safe and comfortable before leaving the house at the end of each care visit.
- The service had systems in place for the prioritisation of care visits, based on people's support needs, for use during periods of adverse weather and other significant disruption.
- The provider had negotiated an arrangement at a local garage to provide priority to care staff car breakdowns. This helped ensure staff got back on the road quickly and minimised the risk of unplanned changes to the visit rota.

Staffing and recruitment

- The service employed enough staff to provide all planned care visits.
- Rotas were well organised, and staff were provided appropriate amounts of travel time between consecutive care visits. Staff told us, "Yes we get time to travel between one call and the next" and "They [Management] give us extra time with people if it is needed."
- The service had experienced challenges in care staff recruitment. Several new staff had left shortly after commencing their role. All necessary recruitment checks had been completed to help ensure new staff were safe to work with vulnerable adults.
- Daily care records showed staff normally arrived on time to care visits and most people told us their staff arrived on time.
- When staff were running late people received phone calls to let them know what was happening and give an update on when their staff were due to arrive.

Using medicines safely

- People received support with their medicines safely from trained staff.
- People's care plans included information about the support they required with their medicines. The staff encouraged people wherever possible to manage their own medicines. Where support was necessary daily care records detailed what support staff had provided with medicines each day.
- The care plans detailed specific medicines that people were taking. However, some of these records had not been updated to reflect changes in some prescribed medicines taken by the person. We raised this with the registered manager and were assured they would review the medicine details recorded in people's care plans to ensure they were accurate.

Preventing and controlling infection

- People were protected from the spread of infection by staff who had received appropriate training.
- People and relatives confirmed staff followed good infection control practice and personal protective equipment was readily available to staff from the service's offices.

Learning lessons when things go wrong

- All incidents and accidents had been documented and investigated by the registered manager. Any areas of learning identified were shared appropriately with staff to improve safety.
- The provider had changed the way they recruit new care staff following a number of staff leaving shortly after starting in the role. This had put the service under pressure. Staff were now provided with more detail on the role and what was expected of them at interview.

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. 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

- The service aimed to assess people's needs before the first care visit. However, this was not always possible due to commissioning practices. There were robust systems in place to enable assessments to be completed during the first care visit. Where this was necessary initial care visits were provided by experienced members of staff, who completed risk assessments and developed a draft care plan based on information from commissioners, the person and relatives.

Staff support: induction, training, skills and experience

- People, relatives and health and social care professionals spoke positively about the staff and told us they had the skills necessary to meet their needs. Comments received included, "I think we are lucky to have such a good service, very good girls" and "They spot things that need doing and just do it. They will do anything I ask of them."
- All new staff received induction training in line with nationally recognised standards and a period of shadowing before they were permitted to provide care independently. Staff told us this training was informative and useful.
- Staff told us, "I tend to visit the same people most of the time. You really get to know them well" and "They [Management] try to keep us on the same round."
- There were systems in place to monitor staff performance during visits. However, records showed that staff had received just one competency observation in past year.
- Training was provided to staff. Regular updates were provided, and staff were encouraged to develop their skills. The registered manager had a record of staff training which gave them an overview of what was required by whom and when.
- Staff told us they felt well supported and records showed they had received supervision. Staff we spoke with confirmed they had annual performance appraisals.

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

- People's care plans gave clear information about the support they required with meals, snacks and drinks. These included any specific dietary needs or preferences.
- Staff told us they always offered choices in relation to meals and ensured people had access to snacks and drinks at the end of each visit.

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

- If needed staff supported people to access their GP and attend other health appointments.
- The service worked with other agencies to help ensure people's needs were met. When staff recognised

changes in people's health or wellbeing this was reported to managers. Records showed appropriate and timely referrals had been made to health professionals for assistance.

- People were supported by staff to maintain good oral hygiene. Care plans included guidance on how to support people to manage their oral hygiene and people were encouraged and supported to access dental services when necessary.

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.

- The two registered managers had a good understanding of the MCA and where necessary the service had consulted with family and ensured decisions were made in people's best interests.
- Staff received training in the MCA and described how they supported and empowered people to make decisions during care visits.
- People were able to decline planned care but there were appropriate procedures in place to support staff to report any areas of concern.

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. 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 felt valued and were consistently complementary of their care staff. Comments included, "They [Care staff] do everything they can to make sure [Relative's name] has a good day" and "They [Care staff] are absolutely brilliant, kind and caring, I can't fault anything at all."
- Staff spoke about people with affection and were passionate about their role.
- People knew their staff well and enjoyed their visits. Comments included, "I could not do without them, not at all" and "We are blessed to be receiving support from such a lovely agency."
- Rotas showed people were normally supported by small groups of consistent staff and people told us new carers were always introduced by someone they knew.
- Some people lived with a relative who was their main carer. Staff understood that supporting the family carer was important in helping people to remain living at home. People and relatives told us staff provided additional emotional support when needed. Comments included, "We have our regulars, they are all wonderful," "Absolutely marvellous, we really are so blessed to be receiving support from In Caring Hands they are a lovely agency. They are flexible and extremely helpful. We work well together" and "I would recommend them and give them 110%."
- Staff supported people's interests. One person was supported to enjoy train journeys with staff.

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

- People were involved in making decisions about their care. People told us, "They do as I ask, sometimes I don't want to get up and that is fine" and "If we need to change a visit that is fine, it all works out."
- Staff had a good understanding of what was important to people and ensured where ever possible people's routines and preferences were respected. One person had required an additional visit to encourage them to eat more. This had been arranged at short notice and the visit time would be adjusted when the rota allowed. Another person had been supported by staff to attend a family wedding.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a dignified and respectful manner.
- Staff supported people to maintain their independence. Care plans included details of the level of support people normally required with personal care tasks. Records showed people were encouraged to do as much for themselves as possible.
- People told us their staff did not rush and provided care at their pace. They said, "We have plenty of time, they [People] like to chat and so I like to chat with them" and "There is no rushing needed."

- Staff ensured people's privacy was protected and personal information was kept securely in the registered office. Where information was shared with staff electronically this was done securely.

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. 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's care plans contained person-centred information and guidance for the staff. They included specific guidance for staff on the tasks to be completed during each visit. In addition, staff were provided with details of people's routines, interests and hobbies and an overall objective for the planned support. This information helped staff provide individualised care and ensured people's priorities were respected.
- People and their relatives were involved in the development and review of their care plans and told us they were aware of these records.
- Staff told us people's care plans were accurate and sufficiently detailed.
- Staff completed hand written daily records at the end of each care visit. These records were informative and included details of the support provided, any changes in people's needs. One relative regularly checked the daily records made by staff at the house of their relative to see how things had been.
- Where staff had significant concerns in relation to a change in a person's needs they were able to report this information directly to their managers.

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.

- Care plans contained information about the support people might need to access and understand information. This included details of any visual problems or hearing loss.
- Staff knew how to communicate effectively with people in accordance with their preferences and needs.

Improving care quality in response to complaints or concerns

- The service had systems and procedures in place to ensure all complaints received were investigated and addressed. People were provided with information on how to make complaints during their initial care visits and written guidance on how to make a complaint was included in each person's care plan.
- People and their relatives knew how to make complaints and most people reported this had not been necessary. Those who had raised issues all reported their complaints had been successfully resolved.

End of life care and support

- The service sometimes supported people at the end of their lives. The community nursing service supported the carers to meet people's needs. However, no one was receiving this care at the time of this inspection.

- The service worked collaboratively with health professionals to ensure people were comfortable at the end of their lives.

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 good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was led by two registered managers each of whom had clearly defined and well understood areas of responsibility.
- There was a rota co-ordinator responsible for rota planning and staff management. Senior carers were responsible for developing and updating care plans and completing spot checks.
- Staff were well motivated and supported by their managers. Four staff had been with the service since it started in 2016.
- People and relatives were complimentary of the service performance and told us, "The manager is a very good organiser, we have no concerns at all. I would give her an A star" and "Mum really gets on well with the staff, gives them all a hug, and that is the most important thing for me. They always let me know if things change."
- The service had appropriate quality assurance and auditing systems in place These systems drove improvement in performance and ensured any issues were investigated and addressed.
- The provider notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed as required.

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

- There was a positive, supportive and caring culture and staff told us, "I was new to care and I got a lot of training and support before I visited alone" and "I am hoping to be promoted in the New Year."
- Staff were rewarded for their hard work and commitment. Each month staff were nominated for a £25 voucher. Staff were seen collecting their Christmas presents from the provider during this inspection. Staff told us they felt valued.
- People appreciated the service's flexibility. Visits could be changed at short notice. Additional visits could be accommodated when required.

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 service managers had a good understanding of the duty of candour and openly shared information with people and their relatives when things went wrong.
- Managers and staff treated the inspection process as an opportunity to review and improve performance and were open, honest and receptive to feedback.

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

- Staff meetings were held regularly and provided opportunities for staff to discuss any changes within the organisation, working practices and to raise any suggestions. Staff felt listened to and that managers took appropriate action in response to any concerns they reported.
- People and relatives felt involved in the development of their care plans and that managers listened to and acted upon any issues they raised.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity.
- People were positive about the registered managers. Comments included, "The manager is a very good organiser, we have no concerns at all. I would give her an A star" and "Mum really gets on well with the staff, knows all their names and gives them all a hug when they leave, and that is the most important thing for me. They always let me know if things change."

Continuous learning and improving care

- People were regularly asked for feedback on the service performance via regular surveys and during care plans reviews. Records showed people feedback was generally complimentary.

Working in partnership with others

- Staff worked collaboratively with health and social care professionals and family carers to enable people to live safely at home