

Caring Hands East London Ltd

# Caring Hands East London Ltd

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Caring Hands East London Ltd is a domiciliary care agency providing personal care to adults in their own homes. The service provides support to people living with a range of needs including people living with dementia, an eating disorder, a physical disability or a sensory impairment. At the time of this inspection, the service was providing personal care to 87 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 and their relatives were satisfied with the care provided by Caring Hands East London Ltd. People were involved in making decisions about their care. There were systems in place to help safeguard people from the risk of abuse. Risks to people were assessed and monitored. Recruitment processes were robust and there were enough staff working at the service. The service had permanent staff and used trained bank staff when additional staff was required. Medicines were managed safely. Staff were provided with personal protective equipment (PPE) and received training to help protect people from the risk of cross infection.

There were systems in place to ensure lessons were learned and shared with staff when things went wrong. People's needs were assessed before they began using the service so the provider knew they could meet their needs. Staff received inductions and shadowed experienced staff members before they began supporting people, so they knew what to do when they started working with people.

People's communication needs were met. People were supported with activities to avoid them feeling isolated. There were systems in place to investigate complaints and make improvements to the service. Systems to monitor the quality and safety of the service were in place. Staff reported having a positive relationship with the provider and felt communication was effective.

Quality monitoring systems allowed for the effective monitoring of the service by the provider. People and staff were pleased with how the service was managed. The management team was open to change and improvement and wanted what was best for people. The nominated individual and the deputy manager knew about their duty of care and regulatory requirements. People were able to engage with the service and provide feedback about the care. Staff could provide input into the service through meetings and supervision.

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 3 August 2021)

### Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe, responsive and well-led only for those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 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.

# Caring Hands East London Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was conducted by 1 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 and specialist housing.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or nominated individual or would be in the office to support the inspection.

Inspection activity started on 17 August 2023 and ended on 6 September 2023. We visited the location's office on 17 August 2023.

#### What we did before 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spent 1 day in the office location reviewing documentation and discussing this with the nominated individual and deputy manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included care records of 8 people using the service. We looked at 11 staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service. After the site visit, we spoke with 2 people using the service and 8 relatives about their experiences of the care provided and 8 care workers.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. Good : This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to help protect people from the risk of abuse.
- People using the service and their relatives said that they felt safe. A few comments we received from relatives of people included, "They provide care according to my family members wishes and are very caring. My family member always has the same staff. Initially they [the provider] allowed us to try out carers, giving us a choice. We chose 3 carers; 1 comes regularly and the others fill in when required. They are dementia trained." Another relative told us, "Yes I feel safe, they look after my family member like family. I taught them and they do what I do. They are absolutely trustworthy."
- Staff confirmed they received regular training on safeguarding and could list different forms of abuse, such as physical, mental and financial abuse. They gave an example of signs they would look out for, for example bruising, the person being withdrawn and they would immediately report this to the care coordinator, the local authority and the police if required.
- Records showed safeguarding concerns had been investigated and reported to the local authority and Care Quality Commission.

Assessing risk, safety monitoring and management

- The provider assessed the risks to people's safety and wellbeing.
- Care plans had comprehensive risk assessments in place, detailing how risks for the person would be minimised and managed. People's risk assessments and care plans were constantly reviewed to ensure they remained up to date and met the person's needs whilst reducing risk to them.
- Staff received training to understand how to manage risks including how to safely move people and how to reduce the risk of falls.

Staffing and recruitment

- The service had enough staff on duty to meet people's needs. The registered manager only accepted new care packages when they had staff available to meet people's needs.
- Staff were safely recruited. They were subject to pre-employment checks such as reviewing their education and employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had a process in place to check the authenticity of employment references.

Using medicines safely

- Medicines were being managed safely.
- Medicines administration records (MARs) we reviewed were all signed with no gaps, which showed people were being supported with their medicines as prescribed. There was an appointed medicine officer who

monitored MAR charts, investigated missed or refused medicines and contacted the GP if there were any concerns regarding medicines.

- Information regarding the support people needed with their medicines was recorded within their care plans. This information was clear, up to date and accessible to staff through a care planning application on their smart phone and a hard copy at the person's home.
- Staff had been trained in medicines administration and followed the provider's medicines policy. Staff medicines competency was assessed regularly. Staff told us they had received online and face to face training. Some examples staff gave us included training on blister packs, PRN medicine (medicine administered as and when needed) and percutaneous endoscopic gastrostomy (also known as a PEG- which is a tube surgically inserted through the skin of the abdomen into the stomach to help with feeding a person).

#### Preventing and controlling infection

- The provider had systems to help prevent and control infection. Staff received training in this area and managers checked staff were following procedures on unannounced spot checks at people's home.
- Staff were provided with enough personal protective equipment (PPE).
- People told us staff followed good hand hygiene and wore PPE.

#### Learning lessons when things go wrong

- The service managed incidents and accidents affecting people's safety well.
- Staff recognised incidents and accidents and recorded them on the care planning application on their phones. Records showed appropriate action had been taken to investigate incidents and accidents
- Learning from accidents and incidents was shared with staff and was followed up in team meetings.



# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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 person-centred care.
- People and their relatives were involved in developing their care plans. People's needs, their preferences, life history, risks, and religion were identified through a pre assessment before people began to use the service. People and their relatives had the opportunity to meet and choose their care workers.
- A few comments we received from relatives included "They have a good understanding of my family member and are consistent. They provide individual care and support, giving them security" and [My family member] always has the same carers and remembers them. What I enjoy the most is the empathy, I can talk to them anytime, and feel respected. I am heard and so is [my family member]." Another comment we were told was, "Carers know [my family member] well and recognise what they need. They work with [my family member]."
- The deputy manager completed welfare checks of people regularly, this included checking people's general health and personal care and making appointments to health professionals when required.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider ensured people's communication needs were met .
- Care plans covered peoples communication needs from a person-centred perspective. They highlighted how staff were able to communicate with people, including what their sensory impairments
- One relative told us, "In terms of communication they [care workers] speak the same language and have an understanding of [my family member's] culture. They [staff] generally talk to [my family member] and listen. [My family member] feels very comfortable."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider supported people to develop and maintain relationships with others, such as their family and friends. This helped to prevent people feeling isolated or lonely.
- A few comments we received from people using the service and their relatives included, "I go out with the carer, like shopping, walk there, like that I do exercise." A relative told us, "Care workers are focused and

supportive around [my family member] and development, they encourage independence. Going out and about is incorporated in their routine, helps [my family member] to burn off their energy" and "My [family member] is happy and comfortable, [the care worker] is a nice and very helpful. [My family member] goes to the park or does activities at home, dependent on their mood."

- Staff supported people to follow interests that were socially and culturally relevant to them, such as going to places of worship so they could practice their religion.

#### Improving care quality in response to complaints or concerns

- There was a system in place for responding to complaints and concerns about the service.
- Records of complaints showed they had been investigated and actions had been taken to improve the service and learn from these. People we spoke with said they felt comfortable to raise a concern or complaint.

#### End of life care and support

- The provider had a clear process in place to support a person at the end of their life. There was a policy for end-of-life care, and staff received training on end of life care.
- At the time of the inspection the service did not support anyone with end-of-life care. However, the duty manager advised that an end-of-life care plan would be put in place when support is provided for clients with end-of-life care.

# 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 our last inspection we rated this key question as requires improvement. At this inspection the rating has changed to good. Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team had developed a positive culture, which placed people at the centre of their care.
- People using the service and their relatives told us they received person-centred care. Some of the comments from people and their relatives included, "They are a 5-star service, whatever is the highest, I thank them, difficult to [support]my [family member], daytime they are here, doing a super job, I thank them from my heart for looking after my [family member]. Another family member told us, "Good caring company providing good service, I'd recommend the company to others."
- Systems were in place to ensure people's care was regularly reviewed and any changes or improvements were acted upon in a timely manner.
- Staff confirmed they were happy working for the service. Some of the comments from staff included "[Managers] are very supportive and are very nice and caring." Another staff member told us, "I like working here, managers are very friendly we can discuss everything with them." We were also told "We are like a family, I like my managers, my coordinator and my service users, we are all a big family."

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

- The nominated individual was supported by a deputy manager, they were both clear about their roles and responsibilities. The deputy manager and nominated individual understood the regulatory requirements for their role and had notified the CQC when required of events and incidents that had occurred at the service.
- The deputy manager was appropriately experienced and a qualified trainer. The deputy manager provided regular in-house physical training to ensure that all staff were trained to meet the needs of people using the service.
- The management team worked closely together and met regularly to discuss people's needs so they could identify any risks, changes in people's needs and staff training requirements. They had good knowledge of the individual needs of people using the service.

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

- The provider had systems in place for people to give feedback about their experiences of using the service. This included feedback forms, telephone calls and regular visits to people's homes to obtain feedback about the service and their care worker.
- Each person and their relatives were included in a group chat on their smart phone with their care

workers, a care coordinator a member of the management team and the medicine officer if medicine is administered to the person. This enabled staff and people to provide regular updates to one another about their care needs, care workers updated the group to notify if they were running late and to pass messages to the care worker on the following call.

- Staff received regular supervision meetings and supervision forms were completed.
- The registered manager considered people's and staff's equality characteristics. For example, equality characteristics were covered in people's care plans and staff characteristics were considered when care workers were placed with people.

#### Continuous learning and improving care

- There were effective systems for monitoring and improving the quality of the service. The deputy manager undertook a range of audits to make sure people were receiving good quality care. These included asking people using the service and others for their feedback and auditing the feedback to identify any trends. Spot checks and observations of staff were done on a regular basis. Medicine and care records were audited regularly.
- The management team held improvement meetings to discuss learning from people feedback, incidents and accidents and outcomes of audits.

#### Working in partnership with others

- The staff worked in partnership with others to help ensure people received personalised care and support. They liaised with external healthcare professionals, such as social workers, district nurses, GP's and pharmacists.
- The provider worked closely with the local authority to place people into the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour. They had been open and honest with people affected and the local authority when things went wrong, investigated and learnt from these incidents and apologised to those affected.