

Miss Anne Sanderson

Caring Hearts and Hands

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This was an announced inspection carried out on 9 September 2016. At the last inspection in December 2015, we found a total of three breaches which related to the safe management of medicines, recruitment procedures and lack of governance. At this inspection we found some improvements had been made.

Caring Hearts and Hands provides personal care and support to people living in their own homes in all areas of Leeds. The office, based in the Horsforth area of Leeds is staffed Monday to Friday during office hours. An out of hour's phone service was available.

There was a registered provider in post who fulfilled the role of registered manager. 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 and associated Regulations about how the service is run.

We found there were not always appropriate arrangements for the safe handling of medicines, with poor documentation and a lack of effective medicine audits. The registered provider had introduced a range of quality audits; however, these were not always effective. We saw the mental capacity assessments did not contain the decisions people were unable to make and not all staff had received Mental Capacity Act (MCA) training.

People and their relatives told us they felt safe with staff and the care they received. We found there were appropriate systems in place to protect people from risk of harm. They said they were happy with the staff who were kind and caring. People told us they were treated with dignity and respect.

People were provided with care and support by staff who had the appropriate knowledge and training and there were appropriate numbers of staff to safely and effectively meet people's needs. Recruitment processes were managed safely. Staff told us they had received induction and on-going support. Staff were also offered opportunities for on-going development. Supervisions and appraisals had taken place.

People's care and support needs were assessed and care plans identified how care and support should be delivered. Care and support was found to be delivered in line with people's care plans and people were consulted about the care and support required. We saw the care plans were reviewed on a regular basis to make sure they provided accurate and up to date information.

People were supported to access a range of healthcare professionals when needed and where the service provided nutritional support, people's individual dislikes and needs were supported to enable people to eat a balanced and healthy diet.

A complaints procedure was in place which enabled people to raise any concerns or complaints about the care or support they received.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Systems to ensure the safe administration of medicines were not always effective.

Recruitment procedures had improved since our last inspection. There were sufficient staff numbers and rota management systems were effective.

Risks to people were appropriately identified, assessed and reviewed. Staff demonstrated a clear knowledge in safeguarding vulnerable adults and people and relatives told us they felt safe with the service they received.

Is the service effective?

Requires Improvement ●

The service was effective in meeting people's needs.

We saw mental capacity assessments did not contain the decisions people were unable to make and not all staff had received MCA training.

A programme of regular supervisions and appraisals had been introduced. Staff were up-to-date with their training and were supported to complete further training.

People were assisted by staff to have enough to eat and drink. Staff responded to changes in people's health and referred them to health professionals to ensure they received the necessary support.

Is the service caring?

Good ●

The service was caring.

People and relatives were complimentary about the staff who provided their care and support. Staff were familiar with the people they assisted and how to provide assistance to them.

Staff were able to identify how they maintained people's privacy and dignity and people who received a service confirmed this

happened.

Is the service responsive?

Good ●

The service was responsive to people's needs.

Care plans contained sufficient detail for staff to be able to provide effective care and support. These were reviewed on an on-going basis.

Complaints were dealt with appropriately. People and relatives knew how to complain if they were not satisfied with their service.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Improvements had been made through the introduction of a system of audits, although not all audits were effective. Regular team meetings and satisfaction surveys were taking place.

People, relatives and staff spoke positively about the registered provider. Staff spoke about a positive culture within the service.

Caring Hearts and Hands

Detailed findings

Background to this inspection

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

This inspection took place on 9 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of two adult social care inspectors who visited the provider's premises and an expert by experience who spoke by telephone to people who used the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 36 people using the service who received personal care. We spoke on the telephone with six people who used the service and seven relatives of people who used the service. We spoke with six members of staff, the office manager and the registered provider. We spent time looking at documents and records that related to people's care and the management of the service. We looked at four people's care and support plans.

Before our inspection, we reviewed all the information we held about the service, including previous inspection reports. We contacted the local authority and Healthwatch. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The local authority told us they had no reported concerns.

We usually ask registered providers to send us a provider information return (PIR). This 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. We did not ask the provider to complete a PIR prior to this inspection.

Is the service safe?

Our findings

At our last inspection we rated this key question as inadequate because recruitment procedures had not been followed and people were not protected against the risks associated with the unsafe management of medicines. At this inspection we found some improvements had been made, although we found there were still some concerns regarding the safe management of medicines.

We noted some improvements had been made with the administration and prompting of medication since our last inspection. We saw medication administration records (MARs) were in place to record when people's medication had been given. We looked at some people's MARs and found some had not been completed accurately. For example, one person's MAR did not have their name on and another person's MAR was not dated. We also saw signatures were missed from some MARs. This meant we could not be certain people were given their medicines as prescribed.

Staff told us the medication process had improved since our last inspection. One staff member said, "There are MAR charts and PRN protocols now in place. We now have a list of medications in people's care plan which shows the effects and what to do if a dose is missed." Staff told us where people required a pain management 'patch' to be administered; two staff always signed the MAR.

We noted audits of the MARs had been carried out monthly since the beginning of the year. However, the audit had not identified the concerns we found at this inspection with the safe management of medicines.

Body maps were in place for 'as and when required' (PRN) creams and lotions which meant staff knew where these needed to be applied. We saw PRN protocols in people's care plans, however, these did not describe the signs staff should look for to prompt them to apply the cream. We saw one person had a MAR for a cream that had not been prescribed by the GP. The registered provider told us they would ensure this cream was not applied until confirmation had been received from the GP.

Although we found improvements had been made, we concluded this was a breach of Regulation 12, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Staff training records showed all staff except five members of staff had received medication training. We saw these members of staff were booked on to this course in October 2016. Medication competency checks had been introduced and completed for all staff since our last inspection. One staff member said, "Staff are observed prompting and administering medication once they have completed their training."

We looked at the recruitment process for five members of staff and found this was safe, although we noted one staff member's criminal record check was dated four weeks after their start date. The registered provider told us this staff member was not working unsupervised during this period. We saw evidence of employment references and identity checks along with background checks carried out with the disclosure and barring service (DBS). The DBS is a national agency that holds information about criminal records. This helped to ensure people who used services were protected from individuals who had been identified as

unsuitable to work with vulnerable people.

People told us their scheduled visits usually took place on time. Occasionally, the staff were late for their scheduled visit, although staff contacted people to inform them about the lateness and the reason for this.

We found there were sufficient numbers of staff available to keep people safe. The service had effective systems to manage staff rotas, match staff skills with people's needs and identify what capacity they had to take on new care packages. Staff rotas were organised so people who used the service had a regular staff member. One staff member said, "We have never missed a call and we ensure we check the rota against the on-call records. If changes are needed we text the staff."

We were told by staff sufficient travel time was allowed between each visit and they had time to sit with people when needed. One staff member said, "We have enough time to get to calls. If I am running late I will ring and let them know."

We found the service had an effective out of hours on-call system for people, relatives and staff to contact in the event of an emergency. One staff member told us, "They always answer."

People and relatives told us they were confident people were safe receiving this service. Comments included; "I totally trust them", "I feel that she is very safe with them and it helps to see the same person all the time" and "I feel very safe with them." We saw a compliment dated June 2016 from a relative which stated, 'Most importantly, I knew she was safe'.

Training records we looked at showed staff had received safeguarding training and staff we spoke with confirmed this. Staff were able to describe different forms of abuse and how they would recognise a person was being harmed. Staff were familiar with the provider's whistleblowing policy and how they could report abuse to external agencies. Whistleblowing' is when a worker reports suspected wrongdoing at work. Staff told us they felt confident the registered provider would take their concerns seriously.

Staff said people had risk assessments in their care plans which included falls, moving and handling, nutrition and pressure care. We looked at care plans and found risk assessments were in place and there was guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. One staff member told us they were starting to review the risk assessments on a monthly basis.

Is the service effective?

Our findings

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.

One staff member told us the mental capacity assessments did not contain the decisions people were unable to make, although this information was recorded in their care plan. We looked at four people's care plans, which stated staff were to offer choice but it was not clear what decisions people were unable to make for themselves. The registered provider told us they would arrange for the mental capacity assessment to be made clearer.

We saw some information within people's care plans had been signed by a family member, although it was not clear who had the power of attorney (POA) for the person and what the POA covered. We did not see how and who should make decisions in people's 'best interests' had been discussed and recorded. The registered provider told us they would review the arrangements for the signing of specific areas of the care plans and make sure it was clear if family members had a POA and what this was for.

We saw from the training records not all staff had completed MCA training. A staff member told us the local authority provided the MCA training and we saw training had been booked for some staff to attend in November 2016. Staff we spoke with had a satisfactory understanding of the MCA and the importance of offering people choices they were able to make.

Staff were satisfied they had received an appropriate induction which included an introduction to the service, some training and opportunities to shadow experienced members of the staff team.

We looked at the staff training matrix and found staff were up-to-date with their training programme which included, for example, safeguarding, moving and handling, infection control, first aid and dementia awareness. We saw future staff training courses were scheduled and found on display in the registered provider's office. This included specialist training in Parkinson's awareness and end of life care.

We spoke with a member of staff whose role was to ensure all staff training was up to date and where needed further training was arranged. The registered provider told us all staff were undertaking a National Vocational Qualification (NVQ) in social care and the Care Certificate. These are identified sets of standards that health and social care workers adhere to in their daily working life. One staff member confirmed they were booked to start an NVQ in September 2016.

People we spoke with were mostly confident they received care and support from staff who were competent and well trained. Comments from people included; "I'm very confident that they're on the ball", "Most staff are absolutely excellent", "Their training seems excellent; newbies shadow the longer serving members of

staff" and "They train their staff to high standards and new staff shadow more experienced staff, however, some staff have come that we have never seen before and they don't know what's needed. We have to explain."

Since our last inspection, the registered provider had introduced a system for monitoring staff supervisions and appraisals. We saw the company policy stated 'all staff must attend formal supervision sessions at least four times a year'. Staff received supervision every three months and an annual appraisal. One member of staff who we asked about supervision told us, "I've had quite a few this year."

People who used the service told us staff supported them to access healthcare services. One person said, "They notice changes in me and jot them down." Another person commented, "They nipped down to the chemist for my prescription. They're very thoughtful." Staff told us they did not hesitate to contact health professionals if needed. These included the community matron, district nurse, occupational therapist and dietician. Care plans we looked at showed staff made referrals to healthcare services when needed.

People told us they received support from staff who ensured they had enough to eat and drink. One person said, "My meals are usually ready prepared by my family; they just need heating up. The staff always ask if it's the right temperature for me." One staff member told us, "I sit with people on a morning to make sure they have had their breakfast and a drink. I always leave a drink and snack before I leave."

We looked at the care plan for one person who had experienced weight loss and found staff had referred them to the dietician. Their care plan had been updated to reflect the need for staff to provide sweet foods and to promote eating. At the beginning of September 2016 it was recorded the dietician had noted the person had gained weight. This meant staff had provided the support needed to help meet this person's dietary needs.

Is the service caring?

Our findings

People who received this service told us they were happy. Comments included; "They pick up on our anxieties and are always reassuring", "The carers are always lovely. They can't do enough for mum", "They're all very kind and very gentle" and "The carers are very nice and very good." One relative told us, "They care about me as a relative, as well as my mum." We saw a compliment dated January 2016 which stated, 'At all times they treated her with dignity, patience and gave first class care'. Another compliment from January 2016 noted, 'All the carers are lovely, kind and caring and what is really important, my mum likes them all'.

People told us staff worked at a pace which suited their needs. One person commented, "I'm not rushed. They're very patient with me." One relative told us, "They recognise individual needs."

Staff said people they supported were well looked after and received a good standard of care. One staff member told us, "Everyone has good care." Another staff member who we asked to describe care provided said, "It's excellent care." One staff member had asked the registered provider about taking a person out in their own time because it was the person's birthday.

Staff we spoke with clearly demonstrated they knew people's likes and dislikes and they had good relationships with people.

Staff we spoke with were able to describe how they ensured people's privacy and dignity was maintained. One staff member told us they placed towels around people whilst providing personal care. They told us, "I make people feel comfortable and cover people up when needed." Another staff member said they always knocked on doors before entering. One person commented, "They always knock on the bedroom door and announce themselves before coming in."

One relative told us, "Very caring member of staff. She maintains her dignity and lets her have some independence when carrying out personal hygiene."

People who used the service and their relatives said they had been involved in developing their care plans. People's comments included, "I had an initial assessment to discuss my needs" and "When we were arranging the first assessment to agree the service provided, they came along in the evening so that my son was also able to attend."

We saw a record of June 2016 staff meeting which stated, 'No talking about other members of staff or service users whilst in client's homes or in public areas where you can be overheard'. This meant the registered provider ensured staff were reminded about the importance of maintaining confidentiality at all times.

Is the service responsive?

Our findings

People had their needs assessed before they started to use the service. This helped to ensure the assessments covered all elements of the person's life and ensured the service was able to meet the needs of people they were planning to support.

Staff we spoke with told us the care plans contained relevant information to help meet people's individual needs. One staff member told us, "Loads of work has been done with the care plans and they are much more detailed and personalised." Another staff member said, "I am happy with the content."

We saw from the care plans we looked at they were person specific, well-laid out and easy to follow. For example, one person's care plan stated, 'prepare breakfast. [Name of person] likes white sliced bread with butter and jam on, a cup of white tea with no sugar in a mug'. Staff signed to say they had read and understood people's care plans. We asked staff to tell us about specific people they supported and found their knowledge and understanding of the person was reflective of the information within the care plan. Staff provided examples of how they used this information to deliver person centred care and support. Daily records were completed and evidenced care had been provided in line with people's care plans.

We noted from one person's care plan a dependency assessment had been completed in March 2016, which stated 'must be repeated once every six months and if they score over one will automatically generate a care plan'. We saw some areas had scored over one, which included communication, pain, mobility, dressing and personal hygiene. A staff member told us specific care plans were not created as the information was included within the whole care plan and they also said they would review the use of the dependency assessment.

People and their relatives told us their care plan was reviewed with their involvement. One relative told us, "My daughter is more involved with our care plans, but we're always included in the discussions." Another relative said, "The manager carries out the regular reviews on my wife."

We looked at the systems and processes used by the registered provider for handling complaints and found they were satisfactory. We saw a record of complaints received and details of actions taken along with a response to the complainant.

People we spoke with knew how to complain if they were dissatisfied with their service. One person said, "Any issues are quickly dealt with." Another person told us, "I have no issues at all, but I have confidence that any issues would be immediately dealt with." One staff member said, "Complaints are dealt with straightaway."

We saw the registered provider held a garden party in July 2016, and people and relatives were invited to attend. Following this event, one relative contacted the registered provider to thank them as this was the first time their family member had been out in the community for some time.

People were informed by staff about events taking place in the community. One staff member told us, "We let families know what is on in the community and we sometimes take people for pub lunches or to the shopping centre. We try to improve people's quality of life." We saw staff supported people to maintain their religious beliefs. One staff member said, "We take people out, sometimes to church groups."

Staff completed daily notes which were a record of the activities they had carried out during their visit. One person told us, "They record everything about the visit and their notes are very accurate."

Is the service well-led?

Our findings

At our last inspection we found there was a lack of governance systems in place to monitor and improve the quality of the service. Since our last inspection the registered provider had introduced a system of audits to improve the quality of the service. For example, these covered administration, care plans and medication.

We saw a sample of care plans had been audited every month. However, we saw the audit trail asked the same questions as the care plan checklist. We saw some repetition of audits and it was not always possible to see when an action had been completed as there were some missing signatures. It was not clear what level of oversight the registered provider had as part of the audit process.

We saw the registered provider had introduced a staff training matrix, a supervision, appraisal and DBS schedule and a personnel audit which had looked at all staff files in March 2016.

The registered provider told us they would review the audits they needed to have in place to ensure they were effective.

People we spoke with told us that following our last inspection, the registered provider had given information on our inspection recommendations and improvements as well as their action plan. This meant the service acted transparently and had given people an opportunity to raise comments or concerns regarding our findings.

Staff spoke positively about the management team and the support they received from them. Comments included, "The manager has an open door policy and is very approachable and [name of registered manager] listens and spends time to resolve any issues. You get acknowledgement and thank you's from her", "We have tightened up and we have learnt a lot. People are more confident, communication is much better and things are recorded. We have generally improved and we are growing", "I am happy with communication and happy working here; I could not work anywhere else. The manager listens and is approachable. Everyone gets along and everyone helps each other" and "We are a little family."

Staff were recognised for their service by the registered provider who awarded 'employee of the month' for outstanding contributions.

People we spoke with gave positive feedback about the registered provider and office staff. Comments included, "They're very professional and caring", "I can't praise them enough" and "Their name says it all. Very professional."

We saw staff meetings were held every month which covered as standing items any medication changes, staff training and people who were new to the service. They also looked at any changes to people's care needs which needed to be communicated to the team. This meant staff were provided with regular updates regarding people's care and support. Other staff meetings, such as those for senior staff were also taking place.

We saw the registered provider had carried out a 'service user' satisfaction survey in May 2016 which provided mixed feedback. We saw each of the key points raised had been analysed and actions had been agreed by the management team as an outcome. For example, some staff had been identified as better than others. The management responded by stating they would ensure staff received timely training and this would be followed up at supervisions.

We also saw the registered provider carried out an employee satisfaction survey in June 2016. We saw an analysis of the results which were very positive. One staff member had taken the opportunity to ask for more training. The registered provider asked a supervisor to liaise with this member of staff to discuss this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The systems used to record the safe administration of medicines were not robust.