

A Caring Hand Ltd

# A Caring Hand Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

A Caring Hand is a domiciliary care agency providing care to people in their own homes in the Oxfordshire area. At the time of our inspection there were 36 people receiving the regulated activity of personal care.

Not everyone using the service received personal care. CQC only inspects where people receive personal care, which 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

Systems were not always in place to ensure all documentation was accurate and up to date. Whilst there were some quality assurance checks carried out, these were not always effective to monitor and improve the service.

The provider had not always followed the required safe recruitment practices to help ensure suitable people were employed.

Staff did not always receive the correct training or support to carry out their jobs safely.

The provider had failed to ensure there were accurate and complete records in respect of each person, to evidence the care and treatment provided to them was in line with their assessed needs. There was limited information around people's risks and what action to take to support people to safely manage these risks.

Relatives told us they felt their family members were provided with safe care and were happy with the service they were receiving.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice

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 and update

The last rating for this service was requires improvement (published 2 February 2022) and there were breaches of regulation. The service remains rated as requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

At this inspection we found the provider remained in breach of regulation 17, 18, and 19.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We received concerns in relation to the management of medicines and people's care needs not always being adequately met. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for A Caring Hand on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to good governance, staffing, and fit and proper persons employed.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-Led sections of this full report.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?**

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# A Caring Hand 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 team consisted of one inspector and one 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.

#### 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 a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 26 March 2023 and ended on 5 April 2023. We visited the location's office/service on 26 March 2023.

#### What we did before the inspection

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

from the local authority. 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

During the inspection, we spoke with 8 people using the service, 4 people's relatives, 5 care staff, and the registered manager. We reviewed a range of records relating to people's care and the way the service was managed. These included care records for 5 people, staff training records, 5 staff recruitment files, quality assurance audits, incidents and accidents records, and records relating to the management of the service.

# 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 requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- We found, information was not always clear regarding what support care staff were expected to provide in respect of medicines administration. For example, a care plan stated, 'Assist with medication.' It was not clear what level of support this person required, this resulted in ongoing concerns around his medication and staff involvement as notes indicated staff did not always know what to do with new medicines.
- One person's medicines required time gaps between doses throughout the day. There was no information or guidance available within the medicine administration record (MAR) chart or care plan about the risk associated with their medicines. Records confirmed timings of calls were moved in order to ensure safe administration of timely medicines. Staff we spoke to were aware of gaps between medicine doses, new staff attending these calls would not have all the information required.
- The service had no protocols in place to ensure the safe administration of 'as required' medicine (PRN), and no paraffin-based risk assessments. The service told us that they would take action to address this.
- Records did not always confirm all staff had been trained adequately in administering medicines safely. One member of staff told us they were administering medicines however stated, "I haven't had any training with medicines and my competencies have not been checked." Another person we spoke to told us, "I haven't had medicine training yet." This person was supporting people with their medicines in their home.

The registered person failed to evidence that staff were suitably trained to support people with medicines. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Learning lessons when things go wrong

- We were not always assured the service would take appropriate action to protect people from harm as records did not demonstrate how the registered manager had recorded or analysed information to form a judgement. We did not see what actions had taken place in order to keep people safe. The service acted upon this feedback and implemented a more robust monitoring system by the end of the inspection,
- We reviewed accidents and incidents recorded by the service. Records did not show actions taken in response to incidents. There was no evidence the service had undertaken an audit or wider analysis of accidents and incidents to identify themes, trends, or where further action may be required to prevent reoccurrence.
- Systems and processes to demonstrate learning were not available. Team meetings did not occur with all staff. We looked at records of team leader meetings. These records did not document or discuss incidents, client information or demonstrate any learning. There was no evidence of action taken following these meetings, or updates shared with staff.

The provider had failed to ensure there were accurate and complete records. This was a continued breach of Regulation 18, Good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and their relatives told us they felt safe. People's comments included, "I know for a fact that [person] is completely safe with them. The carers wouldn't even leave [person] earlier this year when [person] wasn't looking well at all but didn't want the doctor. They stayed [in their own time]" and "They [carers] just seem to know if I am not feeling ok. They will walk the dog for me if I am not feeling up to it; I had one [carer] today go out and do my shopping alone for me as I didn't want to venture out and was a bit wobbly on my feet. She put it all away for me when she got back and then when she saw some celeriac in the fridge that she knew I planned to have for tea, she offered to chop it up and put it in the pan ready for me."
- Records did not confirm all staff had received training in safeguarding adults. Staff we spoke to understood their responsibilities to identify and report any concerns and were aware incidents of potential abuse or neglect should be reported to the manager. However, staff were not always sure who to contact if they had wider concerns such as the local authority. One staff member said, "I have to see what the safeguarding issue is but normally I would go straight to management if I have concerns about clients not eating, or notice a difference in them in a short period of time."

Assessing risk, safety monitoring and management

- The provider had failed to ensure there were accurate and complete records in respect of each person, to evidence the care and treatment provided to them was in line with their assessed needs. Risk assessments that were in place were generic and did not always detail information around people's risks. 4 out of 5 risk assessments we reviewed did not contain information relating to people's risks.
- Risk management plans had not been consistently developed for specific healthcare conditions. Care plans were ineffective at providing guidance to staff, exposing people to the risk of harm. For example, for one person who had diabetes, there was no information or guidance about the risk associated with their diabetes. According to records, staff had not received diabetic training.
- One person we reviewed was at risk of and had recently had a fall, there was no risk assessment in place for falls and information around support required was limited. This lack of information and guidance posed a risk care staff may not be clear of their roles and responsibilities when delivering care which could lead to harm occurring.
- One person had a condition which affected their swallowing. There was no documentation or risk assessment in place to guide staff around administration of food and fluid or medicines.
- Care notes contained information about people's needs that were missing from their care plans and risk assessments such as, equipment that people required, information about falls, and what support was required with personal care. This lack of information within people's care plans posed a risk care staff may not be clear of their roles and responsibilities.

The provider had failed to ensure there were accurate and complete records. This placed people at risk of harm. This was a continued breach of Regulation 17, Good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The service did not ensure appropriate staff recruitment checks were obtained prior to employment. Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 states that certain information must be obtained in respect of people employed. This includes a full employment history, with

a satisfactory written explanation of any gaps in employment. We found gaps of employment were not always documented.

- Schedule 3 also states that satisfactory evidence of conduct in previous employment be sought, where this involved working in health and social care or with children and vulnerable adults. If the employment involved work with children or vulnerable adults, then information should be obtained why the position ended. Not all references in line with this requirement had been undertaken.
- We found 1 person had a rolling DBS, this was checked several months after employment. 2 members of staff had been working without a DBS. Disclosure and Barring Service (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 register manager told us 2 out of the 3 staff had not been working on their own prior to receiving their DBS. We did not see any risk assessments in place to mitigate the time period.
- Not all applicants had completed application forms in full. It was not always clear from records when interviews took place as documentation was missing dates and indicated peoples start dates coincided with their interview dates.

Recruitment procedures were not always operated effectively to ensure staff employed were of good character or suitable for the role. This was a breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Supervisions were not conducted, and spot checks were inconsistent. The provider was unable to demonstrate systems in place to determine when spot checks were due or had occurred.
- Staff were supporting people with specialist care, however training records were missing training information such as; diabetic care, eye drops, PEG [Percutaneous endoscopic gastrostomy] training. This meant we could not be assured that all staff were trained to carry out appropriate care.
- The training matrix did not contain information for all staff working for the company, therefore we were not assured that all staff had relevant training. The registered manager stated that they had just signed staff up to complete the care quality certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff we spoke to were not aware of what a care certificate was, and only one person had completed it.

The registered person failed to evidence that staff were suitably supported, qualified and skilled. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We asked relatives about their experience with staffing. We heard "We never actually know who is coming each time as the staff change quite frequently, but they do all wear a uniform and (ID) badges," "We were told at the beginning that any new carers would be introduced before they came on their own. I think they might have lost track of that a bit" and "I think they are all well trained. Some learn quicker than others and some seem to know what to do more than others, but that might be if they are very young and just starting out.

Preventing and controlling infection

- We received feedback from people using the service, "The carers always wear PPE, but some of them don't wear masks anymore, but I am ok with that." We also heard "I get male and female carers coming and most of them wear uniforms, gloves and aprons, although come to think of it, I don't think the men wear aprons?" and "A chap who turned up without a uniform and occasionally the males don't wear aprons."
- Staff we spoke to told us the service sent a message to all staff stating aprons, and masks were no longer

required. Management was unsure of when this message was communicated to staff but assured us action would be taken to ensure staff were wearing aprons when carrying out personal 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 requires improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to robustly assess the effectiveness of their governance systems so as to improve quality of care. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider's systems and processes in place to assess, monitor and mitigate risks and to improve the quality and safety of the service were not always effective. There were no records demonstrating effective systems and oversight of the service available.
- Quality assurance systems and processes used to assess and monitor the service were ineffective. This was because audits were either not undertaken regularly or in some instances were not completed at all. For example, we observed no audits undertaken to consider themes or trends in areas such as care plan audits, safeguarding concerns, and accidents and incidents.
- Where audits had been completed, they did not always enable the provider to identify where quality and safety was being compromised. There was limited documented oversight of quality assurances around medicines. Although information was saved for the purposes of medication audits. No audits of medicines administration records (MARs), thus there was no recorded action, findings, or improvements recorded in order to monitor the service for themes and trends.

Not all systems and processes were effective in assessing, monitoring and mitigating risks to the health, safety, and welfare of people using the service and to improve the quality of the service. This placed people at risk of harm. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Some people and their relatives told us the service was well-led. People's comments included, "I don't actually know the manager. I either leave a message on the phone or I use Facebook messenger and they [office] get back to me. It's quite quick" and "They are always doing training and even the manager comes out [on call] sometimes, so you know it's being run how it should be run."
- We received mixed feedback from staff in relation to the support they received from the provider and

senior care staff. We heard, "He [registered manager] is nice and is supporting me well" and "The manager doesn't have much hands on involvement, I think I've only spoken to him twice."

- People's views and decisions about support were not always incorporated in their support plans. This meant staff were not always aware of how to support people in a way that allowed people to have control over their lives.

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

- The registered manager and provider understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. These include informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

- People using the service were asked about their care and contact with the office, we heard; "I have called the office before now and told them I would rather have my own regular carer, but apparently it doesn't work like that anymore."

- The manager was responsive to issues and concerns raised during inspection and understood their responsibility to be open and honest which was seen throughout the inspection.

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

- We asked people if they had been asked to give feedback about the service. We heard; "I have never been asked to fill out a form that I can remember, although they do come out every so often and go through everything" and "There are regular checks and calls to make sure I am happy with everything." The registered manager told us that they would review the way that information was collected to ensure that everyone was able to provide feedback.

- We reviewed feedback from people using the service. There was a limited number of surveys completed. Some people had answered 'no' to 'Do you get all the help that you need?' 'Do staff stay for the full allocated visit time unless you ask them not to?' 'If staff are delayed do they contact you to let you know?' and 'Are staff knowledgeable about the care you need?'. We could see some comments had been included but there were no action plan following this in order to drive improvement or quality of care.

- Staff did not always feel they were involved within the service development or given an opportunity to be heard, expressing they would like team meetings in order to address concerns. One member of staff told us "I feel like I'd be shut down if I suggested a change." The registered manager acknowledged this and confirmed they would take action to address this.

The provider failed to act on feedback. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Working in partnership with others

- People were supported to access health and social care services. Records confirmed contact was made with professionals including social workers, occupational therapy, district nurses, GPs, pharmacies and ambulance services. This helped support people to achieve good outcomes.

- We heard from people using the service and their relatives; "If I ever need anyone (GP/District Nurse) they sort all that out for me too" and "They [staff] are doing stool diaries; urinary output – all sorts at the moment and the District Nurse is in regularly too."

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 17 HSCA RA Regulations 2014 Good governance  Documentation and oversight of training was not accurate. The registered person failed to evidence that staff were suitably trained to support people with medicines.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment procedures were not always operated effectively to ensure staff employed were of good character or suitable for the role.