

Miss Anne Sanderson

Caring Hearts and Hands

Inspection report

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Website: not applicable

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This was an announced inspection carried out on 02 and 08 December 2015. The provider

was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. At the last inspection in June 2013 we found the provider met the regulations we looked at.

Caring Heart 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 is also available.

There was a registered manager in post who was also the provider. 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.

People and their relatives told us they felt safe with the service they received and we found staff were able to recognise abuse and how to report safeguarding

Summary of findings

concerns. Staff were able to demonstrate how they maintained people's privacy and dignity and people confirmed this happened. Staff supported people to ensure they had adequate nutrition.

People expressed a high degree of satisfaction with the support they received from staff and the registered manager. The organisation had a positive culture which was focused on the support people were given. Staff and people spoke highly of the registered manager and the support they received from them. The provider had a system for managing complaints, although the process was not always followed.

Recruitment procedures were not safe as the relevant checks to ensure people were suitable to work with vulnerable adults had not been made. Records showing the medicines staff had supported people to take did not contain sufficient detail. Staff did not receive formal training or have their competency to safely manage medicines formally assessed. The registered manager did not have their own record of staff training. Staff had been booked on non-mandatory training courses as part of their development.

People who used the service had not received a mental capacity assessment which would ensure the rights of people who lacked the mental capacity to make decisions were protected. Care plans did not have enough detail on the support people received and how they wanted this to be delivered.

The registered manager and staff worked well with other agencies to ensure people's health needs were met. Staff who were new to the service received extra support to help them become familiar with their role and the people they supported.

People told us they received a reliable, flexible service. Changes to processes were made where improvements had been identified. Spot checks on staff practice were taking place, although the provider could not demonstrate how they ensured all staff were being observed. Quality monitoring processes to ensure continuous improvement of the service were not sufficient.

We found a number of breaches 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.

Summary of findings

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 safe

Candidates did not have the necessary recruitment checks in place prior to going into a person's home.

The records for supporting people with their medicines were not robust. Staff received guidance on supporting people with medicines during their induction, but most staff had not received formal medication training. The provider did not formally assess staff competency in this area.

People felt safe with the service they received. Staff were aware of different types of abuse and how to report any safeguarding concerns.

Inadequate



Is the service effective?

The service was not always effective

Care and support plans did not include an assessment of people's mental capacity to make decisions.

The service responded to changes in people's health and worked well with health professionals to ensure people received the support they needed.

Staff received induction training and mentoring when they joined the service. We were not able to confirm all staff had received supervisions and appraisals due to the recording of these meetings.

Requires improvement



Is the service caring?

The service was caring

People expressed a high degree of satisfaction with the support they received from staff and the registered manager.

Staff encouraged people to remain independent and provided assistance which helped people maintain their privacy and dignity.

People had an allocated key worker and the service provided them with the same staff which helped when people were supported by staff who were familiar to them.

Good



Is the service responsive?

The service was not always responsive

Care and support plans were not all up to date and some care and support plans did not have enough detail to guide staff on people's care needs.

People and their relatives confirmed they knew how to complain, but the records we checked were not clear enough to demonstrate the provider had followed their policy.

Requires improvement



Summary of findings

Changes to systems and processes were made where they had been identified. People and their relatives felt the service was flexible in meeting their needs.

Is the service well-led?

The service was not always well-led

The service did not have robust quality monitoring processes to promote continuous improvement.

Staff enjoyed their work and felt supported by the registered manager who was approachable. Staff were recognised and encouraged to go above and beyond their duties. People and their relatives felt the service was well run.

Staff practice was observed through spot checks, although the recording of these was not consistently recorded. The provider did not demonstrate how they ensured all staff were spot checked.

Requires improvement



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 02 and 08 December 2015 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 one adult social care inspector who visited the provider's premises. A further adult social care inspector spoke by telephone to people who used the service and their relatives.

At the time of our inspection there were 34 people using the service who received personal care. We spoke on the telephone with five people who used the service and four

relatives of people who used the service. We spoke with six members of staff and the registered manager. We also visited the provider's office and spent time looking at documents and records that related to people's care and the management of the service. We looked at five people's care and support plans.

Before our inspection, we reviewed all the information we held about the home, 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. We also contacted the local authority who told us they had no reported concerns.

Before the inspection the provider completed 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.

Is the service safe?

Our findings

We looked at the recruitment records for four staff members. We found the last employer references for two members of staff had not been requested and interview notes for one staff member had not been recorded. Records showed disclosure barring service (DBS) checks had been carried out for each member of staff and gaps in employment history were accounted for. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

The registered manager told us candidates completed an application form and attended an interview. At the interview, the registered manager made checks to establish the person's identity. Prior to obtaining references and a DBS check, the registered manager told us candidates accompanied other staff on visits to people's homes to observe their practice. The registered manager told us this was to help the candidate decide whether they considered themselves suited to the role.

We were told people's consent to this was not requested. This meant candidates did not have the necessary checks in place prior to going into a person's home. Following our inspection the registered manager told us they would only allow candidates to accompany staff on visits once they had a DBS in place. In addition, they said people would be asked for their permission. We concluded recruitment procedures were not operated effectively to ensure persons employed for the purposes of carrying out the regulated activity were suitable. This was a breach of Regulation 19, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper person employed.

The registered manager said people's medication was dispensed from the pharmacist in dosette boxes in the majority of cases. They said staff were not completing medication administration records (MAR) supplied by the pharmacy. Instead, staff completed a record in the care and support plan to say what they had given to a person. One staff member told us they completed a MAR for one person, but other people had a 'company medicine form'. We looked at three people's medicines management arrangements and saw these were recorded in care and

support plans. In those three files we saw whether people had been assessed as able to manage their own medicines, where medicines were managed by a family member and where people needed support from staff.

We asked staff about the administration of medicines and they told us people had a list of their medicines in their care and support plan. Staff recorded the date, time and when they had given the medication.

We looked for evidence to show how the provider managed some medications such as pain relief and creams and as and when required (PRN) medicines. The provider was unable to demonstrate staff had appropriate guidance to know how and when to offer these medications. The registered manager told us they would develop protocols for this purpose.

The provider information return (PIR) stated 'Staff are spot checked periodically and these checks are recorded in their staff files'. Staff we spoke with told us they were shown how to support people with medicines as part of their shadowing during induction. One staff member told us they were observed giving medicines to people during spot checks. They told us, "They check I'm following the care plan doing medication."

The training records we looked at showed three staff members had received formal training in medication, although we saw 10 members of staff had places booked to attend this training within the next three months. We asked the registered manager whether they carried out staff competency checks to ensure medicines were managed safely. We were told staff were asked to sign a form to state when they felt competent in this area, but found the provider did not carry out their own assessment. The registered manager told us they would introduce competency checks and ensure these were documented. We concluded that appropriate arrangements were not in place to ensure people were given their medicines safely. This was a breach of Regulation 12, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment

All of the people and relatives we spoke with told us the care staff were good and they felt safe. One person we spoke with said, "Yes, I feel safe."

Staff we spoke with had an understanding of safeguarding adults, could identify different types of abuse and knew what to do if they witnessed or were made aware of an

Is the service safe?

allegation of abuse. They said they would report any concerns to the registered manager and knew which external organisations to contact if they needed to. The training records we looked at showed most staff had received training in safeguarding. The service had policies and procedures for safeguarding vulnerable adults and these were available to members of staff.

We saw risk assessments had been completed and were available in people's care and support plans. These covered falls, nutrition, manual handling and the home environment. The care plans we looked at did not show the person or their representative had signed to agree to their risk assessment. One of the care plans we looked at recorded a person as being at risk in the community. We found there was no risk assessment for this in their care plan to give guidance to staff and help protect the person.

Staffing levels were determined by the number of people who used the service and their needs. We found there were enough staff to ensure people's needs were met. People said care staff arrived on time and stayed for the correct amount of time. People who used the service and their relatives said they were satisfied with the service, their calls times and consistency of staff. Staff told us they were given adequate time between calls to arrive on time. One staff member told us, "They don't give you so many calls in the morning you can't do it."

We saw rotas were sent to staff on a weekly basis. In addition to this, office based staff sent care workers a daily rota to give them an updated reminder of the calls for the following day which would include any last minute changes. People told us if staff expected to be late for their call they were notified of this in advance. All of the people we spoke with told us they had never had a missed call.

One relative we spoke with commented, "There's an out of hour's number for emergencies." We asked staff how they would respond to an emergency. They told us they would call for an ambulance, keep people warm and would not attempt to move them. They also said they would contact inform the family of the person, the office staff and complete a record of any accidents.

We asked people and their relatives about the flexibility of the calls they received. One relative said, "They never curtail it because of time, if an extra five or 10 minutes is needed, they check it with the office. They never leave them without assistance." Another relative said "The usual carer tells you if someone else is coming." One staff member told us, "I think the times are really good. They're on the ball. If they need more time they're on to it."

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. 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.

We looked at staff training records and saw staff had received MCA training as part of their induction. Staff told us they had received training in the MCA and also said that policies were available in the office for them to refer to.

We saw care and support plans did not include an assessment of people's mental capacity to make decisions where needed. The registered manager told us they left these assessments to other professionals such as social workers and GP's. They told us they would attend meetings, but not independently carry out their own assessments. This meant people who used the service had not received an appropriate and decision specific mental capacity assessment. These assessments are used to ensure the rights of people who lack the mental capacity to make decisions are respected.

We spoke with a relative who said, "They [staff] are very respectful of her wishes. They explain what they're going to do." Staff members said they always explained to people what they were going to do and asked people for their permission before carrying out personal care. We asked staff what they would do if a person did not give their consent to care being given. They told us, "I would respect their wishes, update the care plan and report it." Another staff member said, "I wouldn't go ahead. I'd inform the office." We spoke with a relative who told us, "They always give him a choice"

Care and support plans reflected where people required assistance with meals. Staff told us before they left their visit they made sure people had access to food and drink.

We asked a staff member about their induction and they told us, "It was really effective." Staff told us they had 'shadowed' experienced staff as part of their induction

training and the period of 'shadowing' depended on their previous experience. We saw that staff who were in their probationary period received extra support through regular meetings with the care coordinator.

People we spoke with told us they felt staff were well trained and competent in their roles.

On the first day of our inspection we asked to see staff training records. The registered manager told us they were kept on a system maintained by Leeds City Council who provided their external training. This meant the provider did not have ownership of their own training records. On the second day of our inspection the registered manager had transferred the training information on to their own training record. We saw staff had completed training in safeguarding, food safety, health and safety, moving and handling and the Mental Capacity Act (2005) as part of their induction. We also found staff were booked on non-mandatory training courses which were scheduled to take place over the three month period following our inspection. These included Dementia awareness and end of life care.

A staff member told us, "If you say you want to go on a course, [name of registered manager] puts you on it straight away." We saw eight members of staff were in the process of completing the 'Care Certificate'. The 'Care Certificate' is an identified set of standards that health and social care workers adhere to in their daily working life.

During both days of our inspection we saw staff arrive at the office for supervision sessions with the care coordinator. The registered manager told us staff received supervision every two months and had an annual appraisal. One staff member told us, "I'm due one soon. They're once every three months. They're very useful and issues get sorted quickly." We looked at staff supervision records and saw these had not been completed bi-monthly. Some staff supervision meetings had been documented on sheets called 'communication records' which contained limited information. Therefore we were not able to confirm all staff had received regular and effective supervisions. We discussed this with the registered manager who told us they would ensure supervision meetings would be held in line with their supervision policy and captured on the correct form. They also told us they would check how often supervisions were carried out as part of an audit they were going to introduce.

Is the service effective?

We found evidence in care and support plans and through our observations which showed the service was working well with other health professionals and were contacting them when people needed this support. Relatives told us staff were quick to identify and respond to ill health in the people they were caring for. One relative said, “They’re

excellent at spotting potential issues and communicating, they work as a team with me.” In one care plan we looked at we saw evidence of a staff member accompanying a person to the opticians. Staff told us they responded when they saw people’s health deteriorating and would contact a GP or other health professional if needed.

Is the service caring?

Our findings

People we spoke with were positive about the staff who cared for them. They told us assistance provided by staff was unhurried and caring. One person told us, “Marvellous. Couldn’t ask for better.” Another person said, “We have a laugh. They’re very patient.” A third person commented, “They do everything you ask.”

One relative told us, “The care they received was outstanding. They had such empathy.” Another relative said, “[Name of person] has formed a real friendship with them. As far as I’m concerned it was five stars out of five.” A third relative said, “The ones that come here are excellent.” Other relatives commented, ““Exceptional. Respectful. Did everything necessary and more” and “They could calm and relax him.”

We asked staff about the assistance they provide to people and how they ensured they were caring. They told us they encouraged people to remain as independent as possible and encouraged them to do things for themselves by prompting. Staff told us they worked at the pace of the person they were assisting. One relative told us, “They don’t rush him.” This showed staff were patient in their approach and took time to assist people.

People we spoke with confirmed staff treated them with dignity and respect. One relative we spoke with said, “Staff always introduce themselves.” Staff were able to describe how they helped to protect people’s privacy and dignity. They told us they ensured doors and curtains were closed. They made sure towels were warm and were used to cover people when providing personal care.

People and their relatives who used the service had been involved in the development of their care and support plans. One relative said, “They tried to establish what might get a better reaction. We went through life histories. All of them are very much in tune with her needs.” Another relative told us, “They were very thorough.” We were told assessments of people’s needs were carried out by the registered manager and the care-coordinator. The care and support plans we looked at did not evidence people’s formal agreement to the content of their care plan.

People and relatives we spoke with were able to confirm they had a key worker, although some identified this as a ‘main carer’. One person told us, “I think they’re wonderful. You have the same people.” Another person we spoke with told us, “It’s usually the same people.” The provider operated a key worker system which promoted a level of continuity and helped ensure people were cared for by familiar faces who know their needs. A keyworker is a nominated member of staff who has a central role in coordinating the person’s support. One relative said, “I spoke to them this morning. There’s always been a point of contact. Staff confirmed they were key workers for people. One staff member told us, “It’s like being a mini team leader for that person.”

We asked people whether they were introduced to staff before they arrived to provide their care. One person told us, “Yes. I usually meet them before. I wouldn’t have it any other way.”

Is the service responsive?

Our findings

People and their relatives we spoke with confirmed staff knew them and understood their care and support needs.

We asked people about their care and support plans and they told us, “I have a folder. They write in it. I can look in it if I want.” Another person said, “They write up all the time.” All three people said there was sufficient information about their care and support for staff to access.

A copy of the care plan was kept in the person’s home and a paper copy was available in the office. This was so all the staff had access to information about the care and support provided for people who used the service. During our inspection we looked at six care plans.

We found care and support plans were not consistently completed. For example, some of the files we checked did not contain life histories and people’s likes and dislikes. We saw care and support plans contained information on accessing properties and a list of duties staff were expected to carry out at each visit, although the recording of how people wanted their care to be given was not always specific. One of the care and support plans we looked at contained lots of detail on nutrition and how meals were to be made, but this was not consistently recorded in all of the care and support plans we looked at. We were not able to see when care and support plans had been completed as signatures and dates were missing. The registered manager told us they had started a care plan audit to ensure sufficient and consistent detail was recorded in each person’s care and support plan.

We asked people whether they received a regular review of their care and support plan. One person commented, “Yes, on an annual basis.” Another person confirmed the registered manager had reviewed their care plan and support plan and said of the process, “I can bring anything up I want.” One relative we spoke with told us their last review took place a couple of months before our inspection and described it as a ‘round table’ review with the registered manager and their keyworker. It was not clear from the care and support plans we looked at how reviews were used to develop people’s care and support needs further.

We found people were given the option of having copies of the staff rotas at the care and support plan reviews. This

meant people could see which staff member the registered manager had scheduled to carry out their visit. We saw six people responded and rotas were subsequently being sent to them.

We saw from the provider information return an example of the support given to a person whose health had deteriorated. In response to this the registered manager arranged additional staff support and worked with other agencies to ensure the necessary equipment was in place. This meant the person was able to continue living at home. During our inspection we saw the registered manager communicating with relatives and other agencies in response to people’s changing needs. One person we spoke with told us, “I spoke to [registered manager] about being able to increase my care when required.” One relative told us, “They keep me well in the loop.”

The registered manager told us they had introduced a ‘stimulation file’ into people’s homes. This acted as a reminiscence tool which staff could use to show people pictures of interest and articles from decades ago to encourage conversation. We asked one staff member about this and they told us, “It’s a nice gesture.”

People we spoke with told us they knew how to make a complaint to the service, but added they did not have reason to complain. One person said they had been asked at their last review whether they had anything they wanted to complain about. We asked a relative if they knew how to complain and they told us, “Yes, it’s in the ‘guide book’. I’d ring [name of registered manager] or the office anyway.” The provider had an up-to-date complaints policy which was available.

Before our inspection we were made aware of a complaint made to the provider. We asked the registered manager for evidence of how this complaint had been responded to so we could check this was in line with the provider’s policy. We saw the registered manager had responded to the complainant, although it was not clear what action they had taken to resolve the complaint and whether learning outcomes had been identified.

We did see an example where the service had listened and learned from people’s experiences. Following a relative’s feedback to the provider, we saw changes were made by the registered manager to the way rotas were scheduled

Is the service responsive?

and communicated to staff. Following the changes to the rotas, the notes from a senior staff meeting in September 2015 showed 'There appears to have been a marked improvement in respect of no missed calls'.

Is the service well-led?

Our findings

On the first day of our inspection we asked the registered manager about the quality monitoring systems they had in place to measure the performance of the service. The registered manager told us they had commenced audits of care and support plans in November 2015 and had completed six of the 35 care and support plans. Other than this, they did not have systems in place which they could show us that demonstrated regular quality monitoring was taking place. On the second day of our inspection the registered provider told us they were going to introduce a set of audits designed to look at management of training, personnel, and medication.

Staff we spoke with confirmed the management team carried out spot checks to observe their practice. We saw spot checks were taking place, although these were recorded on different forms. We asked the registered manager how they ensured all staff had been spot checked and found they did not have a system to ensure each member of staff had been checked. The registered manager told us they would introduce a system to ensure this happened in future.

In September 2015 the care provider sent out questionnaires for people who used the service and their relatives. We looked at 17 returned questionnaires and found these showed a high degree of satisfaction with the service. Comments included; 'The carer allocated to us really goes that extra mile', '[name of care worker] goes that extra mile to take mum for fun days out' and 'I have already made a recommendation to a friend who will probably need this service'. We found where dissatisfaction had been expressed the registered manager was unable to evidence how they had formally responded to this. There was no analysis of the responses to the survey which would help to demonstrate continuous improvement of the service.

We saw evidence of quarterly meetings attended by senior staff. These meetings were used to raise any service delivery issues and set management objectives. For example, in September 2015 a series of 'courtesy calls' to people using the service to gauge satisfaction levels were being put in place and changes to the way rotas were scheduled were put in place.

Although some quality monitoring systems were in place, these were not robust and had not highlighted the

concerns we identified during our inspection around recruitment, medication and mental capacity assessments. This was a breach of Regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our inspection the service had a registered manager. The registered manager was supported by an office manager and a care coordinator. In their provider information return (PIR) the manager recorded how they would ensure the service is well led 'Adopt a 'hands on approach', be part of 'the team' and communicate well with staff and people. Employ a system of 'open door'.

People who used the service and relatives all spoke highly of the management team and how the service was well run. Comments we received included; "It's the most positive organisation I've come across. I've no complaints." Another relative said, "I would recommend this company willingly." A third relative commented, "I was so lucky to find this service."

Staff also spoke highly of the registered manager and said they found them approachable. Comments included; "[name of registered manager] stays in contact and is really good. She actually cares about the staff." Another staff member said, "I feel comfortable. I've always got help. I'm not made to feel like I'm asking too much. I don't feel I'm ever left on my own." A third staff member said, "[name of registered manager] is really easy to talk to." A fourth staff member told us, "It's nice to know you can step into the office and people support you."

We saw staff were asked to complete a satisfaction survey and found comments including 'I'm really comfortable working here' and 'I feel part of the team'. We saw evidence of monthly awards being given to staff for employee of the month and an above and beyond award which recognised those staff who had achieved more than was expected of them by the registered manager.

Staff also told us they enjoyed their work. One staff member said, "I really like it. I get on with clients." Another staff member commented, "I love my job. The company is good to work for." The provider information return (PIR) stated 'On the agenda at every monthly staff meeting is a rundown of any changes for any person. Therefore, ensuring all staff are informed either by attendance of the meeting or via the minutes distributed. We saw meetings

Is the service well-led?

for all staff were taking place every six weeks and found these sessions were recorded. The meetings were effective and gave staff key updates including any changes in practice which staff needed to be aware of.

We saw the registered manager had asked staff to read the services' statement of purpose and sign to say they had done this. There was a rolling programme of policies which staff were expected to read on a monthly basis.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Recruitment procedures were not established and operated effectively to ensure that persons employed were satisfactory.

Regulation 19 (2)

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The systems used to record the safe administration of medicines were not robust.

Regulation 12 (2) (g)

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There were insufficient quality monitoring processes to ensure continuous improvement of the service.