

Karing Hands Ltd

# Karing Hands Care

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Karing Hands Care is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection there were two people using the service.

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 received safe care. The service had systems in place which supported safeguarding people from avoidable harm and abuse. Medicines management protocols were safe. People received their care and support in a timely and person-centred manner.

At the time of this inspection, the registered manager was the only staff of the service. They were trained and skilled to deliver people's care and support competently.

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.

The service was caring. People were treated with dignity and respect. They were involved in decisions about their care and were supported to maintain their independence. Their choices and preferences were respected.

People's care was delivered in a person-centred manner. Their care plans included information about their needs, choice and how their care was delivered tailored to their individual needs. There were systems in place to support people to raise any concerns or complaints they may have about their care.

The service was led and delivered by a skilled registered manager. There were systems in place to monitor the care people received and make improvements where relevant. The culture within the service promoted inclusion and safe care.

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

This service was registered with us on 23 September 2021 and this is the first inspection.

### Why we inspected

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

## Recommendations

We have made a recommendation about end of life care planning.

## 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Karing Hands Care

## 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 carried out by one inspector.

#### 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 a registered manager in post.

#### Notice of inspection

We gave the service 48 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 2 December 2022 and ended on 6 December 2022. We visited the location's office on 2 December 2022.

#### What we did before the inspection

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 information gathered as part of monitoring activity that took place on 2 September 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 1 of the 2 people who used the service and a relative of the other person who used the service about their experience of the care provided. We spoke with the registered manager who is the only staff of the service. This included face to face and telephone conversations.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received safe care from the service. People told us they felt safe and confident with the care they received. The provider had systems in place to safeguard people from avoidable harm and abuse.
- There had been no safeguarding incidents at the time of our inspection. However, the policies and protocols within the service showed should incidents occur they would support staff to deal with them appropriately and ensure relevant agencies such as the local safeguarding authority and CQC would be notified.

Assessing risk, safety monitoring and management

- People's needs were assessed to ensure staff could support them in a safe manner. Their care records included information about risks which may be associated with the care they received. This information also provided guidance to staff on how to support people to mitigate such risks.
- The protocols in place to mitigate risk did not restrict people's freedom. People were as independent as they could be. They had choice and control to direct their care.

Staffing and recruitment

- The service employed only one member of staff who also is the registered manager. This was sufficient to meet the current requirements of the two people who used the service at the time of this inspection. People told us their care visits were delivered in a timely manner as agreed in their assessment and care plan.
- The registered manager had undergone relevant checks prior to their registration with the CQC and as part of their professional requirements. These checks provided assurance of their suitability to work with people who use health and care services.
- Should the service expand in the future, there were protocols in place to support the provider comply with relevant safe recruitment practices when employing staff to the organisation.

Using medicines safely

- None of the people who used the service needed staff support to manage their medicines. One person received support with applying topical creams. We saw staff followed good practice guidance in the administration and recording of the support they delivered to the person.
- The registered manager is a trained clinician who is competent in the management and administration of medicines. The service had competency and audit systems in place to support staff and have oversight of safe management of people's medicines.

Preventing and controlling infection

- People were protected from the risk of catching and spreading infection. Personal Protective Equipment (PPE) was used effectively when people received care and support.
- The provider had an up to date infection prevention and control policy. Records showed care was delivered in line with policies and good practice guidance. This meant the provider could take steps to effectively prevent or manage risks of infections.

#### Learning lessons when things go wrong

- There were systems in place to use concerns raised and incidents that occurred at the service to improve people's experience of care and support.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager completed an assessment of people's needs before they began to use the service. This supported them to determine whether the service would be able to meet their needs.
- Assessments took into consideration people's needs relating to any protected characteristics as described by the Equality Act, such as their age and disability.

Staff support: induction, training, skills and experience

- This service currently employs only the registered manager who is a trained nurse. They had the skills and experience required to care for people who used the service.
- There were systems within the service to support future staff with the training, supervision and competency support they would require to care for people.

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

- People were supported to meet their nutritional and hydration needs. One person required support with meal preparation. They told us they were satisfied with the support they received from their care staff.

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

- People were supported to stay well. One person received support with maintaining their wellbeing and mobility. This showed staff provided consistent and timely support in line with the health needs of this individual.
- None of the people who used the service required support with referral to other health and care professionals. However, our inspection showed that should they or other people who may use the service require this support, the registered manager had established systems within the service which would enable them to deliver this support to people when required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- None of the people who used the service were deprived of their liberty at the time of this inspection.
- People's feedback and records showed they had consented to the care they received.
- The care and support people received did not subject them to any restrictive practices.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager had good knowledge of each person's history, their preferences and their needs. They used this information to provide compassionate care to each individual.
- People spoke highly of their care, they said this was delivered with kindness and empathy.

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

- People were involved in decisions about their care. Their care records reflected their wishes, beliefs and the outcomes they desired from the care support.
- People were treated like they mattered. The service demonstrated an individualised approach to each person's care, putting people at the centre of the care they delivered.
- Staff spent sufficient time with people which supported them to listen to, involve and communicate with them effectively.

Respecting and promoting people's privacy, dignity and independence

- The care people received was delivered with dignity and respect. People told us they felt respected and their care was delivered according to their preferences.
- People were as independent as they could and wanted to be. We saw the registered manager supported them to maintain life skills and make their decisions.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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's care plans were detailed. They contained information which reflected each person's individual needs. This meant staff had the information required to provide care which was tailored and person-centred.
- Care plans reflected that people or their relatives had been involved in planning their care. This meant the care delivered was as people had chosen.

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.

- None of the two people who used the service at the time of this inspection were publicly funded or required their information in an accessible format. However, the registered manager demonstrated that they had systems in place to provide accessible information should this be required. For example, providing policies in other languages and communication formats.

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

- People were not at risk of social isolation. The people who used the service were independent with accessing their interests or received this support from the relatives.

Improving care quality in response to complaints or concerns

- At the time of this inspection, the service had not received any complaints. People told us the registered manager was proactive and would respond promptly to any concerns they may have.
- There was a complaints policy in place. The registered manager had systems in place to deal with formal complaints should this be required.

End of life care and support

- People's care records did not reflect their wishes and preference for their care at the end of their life. Their assessments did not reflect if this aspect of their care had been discussed with them.

We recommend the provider consider current good practice on end of life care planning and take action to

update their practice in the assessment and care planning processes.

- At the time of our inspection, none of the people who used the service received end of life care.
- The provider had systems in place to work collaboratively with other professionals to care for people at the end of their lives should this be required.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 service was well-led. The registered manager planned and delivered care in a way that put people at the centre of the support they received. Information within care plans reflected each person's individual needs, preference and history.
- The culture within the service was inclusive and positive. People and their relatives spoke highly of the support they received from the registered manager. They told us the registered manager was easy to access and was readily adapted their care to meet any changing needs.

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 demonstrated that they understood the requirements of the duty of candour. This included how concerns raised were dealt with and how lessons were learnt from feedback or incidents at the service. Duty of candour is a requirement for providers to be open and honest with people when things may/could have gone wrong with the care they received.

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

- The provider had systems and processes in place which they used to maintain effective oversight of the care and support people received from the service. This included a variety of audit tools and quality assurance checks.
- The service had a registered manager in post. The registered manager was an experienced nurse and demonstrated competency and good understanding of their regulatory responsibilities.
- The registered manager is currently the only staff of the service. However, they collaborated with another local care provider for peer support, guidance and mutual appraisal arrangements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People who used the service and their relatives could give their views about the service. This included through conversations with the registered manager or through regular questionnaires and surveys.
- The registered manager demonstrated good understanding of working collaboratively with other people involved in the care of people who used the service. The systems within the service supported joint working and referrals to other health and social care professionals.

