

A Caring Hand Ltd

# A Caring Hand Ltd

## Inspection report

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17 January 2022

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

A Caring Hand is a domiciliary Care service visiting people needing help with personal care in their own homes. At the time of the inspection, the service was supporting 34 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

Systems were not always in place or effective 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.

There were concerns that staffing levels were being affected by the challenges of recruiting new staff and staff sickness. Therefore, people sometimes had support and care from a range of staff. Although people were happy with the visits they received. The registered manager and other staff in senior roles were regularly supporting people in the community to ensure people always received a visit.

Staff received support and training to carry out their roles effectively. The registered manager was working to ensure all staff had regular spot checks and observations on their work.

People's records were in the process of being reviewed as some contained conflicting information leading to uncertainty about the accuracy and relevance of the information. There were some good details about how people wanted to be supported and how they maintained their independence. Risks had been assessed to inform staff how to support people.

Feedback from people and relatives was mainly positive. They liked the staff who visited them, but we received comments on the lateness of some visits.

Complaints were responded to appropriately and people were asked for their views on the service so that improvements could be made.

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

This service was registered with us on 3 September 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on when the service was registered.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified a breach in relation to good governance at this inspection. 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.

#### Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?

The service was effective.

Details are in our effective findings below.

**Good** 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** 

### 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 Care Act 2014.

#### Inspection team

Two inspectors carried out the inspection and an Expert by Experience made phone calls to people using 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced.

We gave the service three working days' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 January 2022 and ended on 17 January 2022. We visited the office location on 11 January 2022.

#### What we did before inspection

We reviewed information we had received about the service since the service had registered. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, a team leader and the office co-ordinator. We reviewed a range of records. This included three people's care records and two people's medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including safeguarding records and complaints were looked at.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found and held a virtual meeting with the registered manager on 17 January 2022. We looked at training data and quality assurance records. We spoke with six people who use the service and four relatives and two care staff members. We also received feedback, via email, from four care staff members and one community professional.

# 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 for this newly registered service. This key question has been rated 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.

### Staffing and recruitment

- The registered manager confirmed there had been staffing shortages, due to COVID-19, general staff sickness and the ongoing challenge of recruiting appropriate new staff. Therefore, team leaders and the registered manager were often working in the community supporting people rather than carrying out their usual roles. The registered manager was actively trying to recruit new staff so that they could return to their usual responsibilities.
- We received some mixed feedback regarding the times staff visited people. Comments included, "Sometimes its 7am and sometimes 10:30 am. I have been onto the office about it, but they don't seem to care" and "I've asked a few times for a staff rota as the evenings can be a bit erratic, it can be 7pm or as late as 9pm and I would prefer 8pm-8:30pm, a rota would help." Most people said if visits were running late, they received a phone call and that this was not an issue.
- The registered manager explained, due to staff shortages they had sometimes had to send a staff member to a person who required a certain task that the staff member was not trained in (giving eye drops). The registered manager told us their priority had been the person continued to receive a visit even though not all tasks could be completed.
- We viewed one staff member's schedule of work and saw they had been given travel time between each visit. People said staff often stayed longer at the visits, one person told us, "Sometimes they [staff] run over and do not rush to finish, they just do what needs to be done." Whilst it was positive to hear no-one felt the visits were rushed, this might be one of the reasons for the issues with staff punctuality.
- Staff files showed that safe recruitment practices were in place to ensure people were protected against the employment of unsuitable staff. Where we found a gap in employment this was soon rectified and explained on the staff member's file.

### Using medicines safely

- Some people were supported with receiving their medicines and staff were trained in giving people their medicines. However, as noted above, we saw on the medicine administration record (MAR) for one person on six occasions in October 2021, the staff member could not give the person their eye drops as they had not been trained in this task. The registered manager confirmed all bar one staff member had now received the eye drops training.
- People were happy with how staff helped them receive their medicines. One person said staff reminded them to take their medicines, they said, "They [staff] won't let me forget."
- Staff were clear what their duties were when handling a person's medicines and care plans informed staff on the type of support the person needed with their medicines.
- Staff received training on medicine management and their practice was checked during spot checks on

their work.

#### Assessing risk, safety monitoring and management

- Whilst there were risk assessments in place, for one person who used a wheel chair and staff in the daily records had noted they checked the person's skin to ensure there was no breakdown of their skin, there was nothing recorded to say this was a possible risk. The registered manager confirmed this was addressed shortly after the inspection visit and this was in place. We were told some records were in the person's home and not copied over to the files kept in the office.
- Relatives told us people were safely supported. One relative said, "When moving [person using the service], they move her so nicely." Another relative commented on how staff were "Conscientious" when mobilising the person.
- Other risks were assessed for example falls and washing the person so that staff understood people's needs and the level of support they needed.

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

- People and their relatives were happy with the staff who visited them. One person said, "We are perfectly happy, we get an excellent service and have no issues."
- There were systems in place to record safeguarding concerns along with each outcome.
- Staff received safeguarding training and knew they could report safeguarding concerns to the registered manager, team leader or external professionals such as the local authority. One staff member told us, "I would report this [safeguarding concern] to my team leader or my manager."

#### Preventing and controlling infection

- Staff received training in infection control and received a supply of personal protective equipment (PPE). The registered manager confirmed the service had plenty PPE supplies.
- The registered manager confirmed spot checks assessed if staff followed good infection and prevention control practices.
- Staff had weekly COVID-19 tests to check if they had a positive or negative result.

#### Learning lessons when things go wrong

- We saw that following any issues with the completion of a medicine administration record (MAR) this was recorded along with any action taken so that lessons could be learnt.
- There was an incident and accident spreadsheet so the registered manager could see if there were patterns and trends. We saw an example of events which led to a person being spoken with about their behaviour towards staff. Staff were informed this had been looked into and were reminded of the tasks they were to carry out.
- There had been one recorded missed visit in 2021. We saw there had been lessons learnt and action taken as soon as the missed visit was identified to ensure the person was not at risk of harm.



# 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

- People's needs were assessed prior to using the service. This was to ensure people could be safely offered support.
- People and their relatives were involved with the assessment process and the development of the care plan. A comment from a relative included, "[Person using the service] has a care plan. They [staff] know what is required, they know him very well. If they have a new person shadowing them, they talk through everything step by step."
- Two staff told us the care plans were not all up to date, however, most of the staff team confirmed the care plans were accurate and informed them how to support people. We fed this back to the registered manager so they could ensure information was current and relevant.

Staff support: induction, training, skills and experience

- There was a staff spot check and supervision spreadsheet in place, however, it was difficult to assess accurately how often staff were receiving this type of support as dates varied and the information was not easy to follow. This was highlighted to the registered manager who sent to us a newer, easier to follow blank version that would be used following the inspection.
- Staff confirmed they had informal chats with their team leader and could ask for support as and when they wanted it. Comments included, "Everyone works great as a team and there is always support on hand" and "Managers and office staff are always available if I need any help."
- We saw staff received training on a range of subjects, one staff member told us, "I feel there is enough training to enable me to carry out my role effectively."

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

- People's food preferences were recorded. There was some confusion when viewing one person's care file if they needed their meals to be recorded on every visit and monitored. The registered manager clarified that no-one currently using the service needed this level of monitoring, but that staff were reminded to record the meals people had been given and eaten.
- People, if they needed help with meals, were happy with how staff supported them. One person said, "They ask me what I want, and they get it out of the freezer for me and cook it."
- One staff member said, "If someone is not getting enough food or fluids then they will have a food and fluid chart in place to record exact amounts and what they have eaten/drunk."

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

- The registered manager told us they had worked on a regular basis with any external agencies but had made referrals as and when necessary.
- People's health needs were recorded and if staff had any concerns there was information about people's next of kin and GP so that these could be contacted.

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 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. 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.

- Some people who used the service had fluctuating capacity and this was recorded within people's care files. The registered manager was working on completing capacity assessments, as and when this was needed. They were aware of involving others if any best interest decisions needed to be made.
- Staff were clear they gave people choices on various aspects of their lives, for example, what did they want to wear and eat. They also knew people's ability to make decisions could vary. Comments from staff included, "I assume everyone has capacity unless proven otherwise" and "Someone living with dementia might be able to make the decision if they would like tea or coffee but might not be able to make the decision for medical support."

# 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

- People felt staff were caring. They and their relatives told us, "They [staff] just make you feel cared for, by helping and being jolly" and "I feel like they really care."
- Staff knew people well and were passionate about ensuring people felt valued and cared for. One staff member told us, "I involve them [person using the service] in decision making regarding their care and address the client properly by their preferred name."
- There was information on people's files for whether they had a preference, for a male or female staff member to visit them.

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

- People and their relatives told us they were involved in making decisions about the care being provided. Although some people said they had not had a review of their needs and would "appreciate" this. We fed this back to the registered manager so they could ensure those people had this offered to them.
- Staff told us they would provide choices during the visit so that the person was involved with their care, for example, what did they want to eat and what they wanted to wear.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives were happy with how staff supported them. They told us, "They [staff] are always mindful of [person's] dignity" and "It is all very professional."
- Staff were clear how they respected people's dignity. Comments included, "I would ensure all curtains are closed and doors are closed. I would use towels for privacy when people were undressing and dressing" and "I always ask them what they would like doing, and allow them to do it independently."

# 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

- The initial assessment which recorded people's needs led to form the development of the person's care plan. Care records outlined the tasks staff needed to complete on each visit. It was not clear on one person's care plan if one or two staff visited them and the number of and length of time of the visits. This was acted on shortly after the inspection with the registered manager confirming this was now clearer on people's files.
- Personal important details were recorded, for example, if the person expressed if they wanted a male or female care staff member to visit them and the name they preferred to be called.
- There was a summary seen for one person which noted how they wanted to be supported. This included details such as, "I like it on radio 2 or 3 and at night I like it changed to a classical channel."
- Staff confirmed they read people's care plans before providing support. One staff member told us, "I check the care plan to ensure [people's] needs haven't changed if I hadn't been there for a while. The same with if it was someone new. I would read the care plan, the initial assessment and talk them about their needs and wishes."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care plans. We were told a member of staff was assigned to support a particular person who spoke the same language. This helped the person communicate their needs and feel understood.
- Information could be changed into different formats depending on a person's needs, such as larger font.

Improving care quality in response to complaints or concerns

- People and their relatives felt they knew how to raise concerns, and several told us they had no issues with the service. Comments on making a complaint included, "I do feel confident if I raised anything it would be addressed" and "I would go to [manager]. I have had to on one or two occasions, just little things, but they will implement them straight off."
- The complaints system was managed consistently and there was evidence showing the registered manager had asked for feedback from a complainant on how the complaint had been dealt with. This then helped them identify if there were areas for improvement.

#### End of life care and support

- The registered manager confirmed there was no-one currently receiving end of life care.
- The registered manager told us they had a DVD on end of life, and this would be offered to staff so they would have an understanding of how to support a person at their end of their life.

# 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 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

- The registered manager confirmed that many checks had not been carried out as they worked directly supporting people which meant the manager checks did not regularly take place. We noted that whilst there were spreadsheets being developed to help the manager and senior staff monitor the service, these had not been established to see if they were effective. There was a lack of understanding of what types of monitoring systems would help identify where there were issues and where improvements needed to be made.
- Medicine administration records (MARS) were due to be returned approximately every six weeks but this did not always happen. The team leader, due to staff issues which is referred to in the Safe domain, often worked many hours supporting people and so did not always keep up to date with carrying out the full checks on the MARS. We saw on one person's November 2021 MARS, there were several gaps with no staff signatures and no explanations recorded on the MARS.
- There was no system for recording late visits to people, which meant the registered manager had no way of checking how many occurred, if any, and the impact this might have on people.
- There had been no system for recording communication between people, relatives and professionals, other than on emails, which meant there was no clear audit trail of discussions that had taken place.
- The shortfalls in not having robust checks in place or a clear oversight on various aspects of the service meant that regular monitoring of the service to pick up quickly on issues had not been occurring.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager responded immediately during and after the inspection. They sent us spreadsheets where they intended to check different areas of the service and confirmed they would improve on recording the work staff were carrying out. The registered manager explained there had not been the time to upload information onto the new electronic system that was available for staff to use. Having documents and details all in one place that could be updated quickly would help the service keep on top of changes and issues. We will check this at the next inspection to see if this had all been implemented and worked to ensure the service was well led.

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

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

- Staff and relatives spoke positively about the registered manager. One person said "[Manager] is a very good listener and takes feedback on board."
- The registered manager said surveys had been sent to people, one person commented on a returned survey "I would be lost without them." However, the person and relatives we spoke with said they had not received a survey.
- The registered manager told us staff were encouraged to complete staff satisfaction surveys. Comments from staff included; "My management team are always ready to listen and help whenever required." and "I have worked for a couple of care companies and A Caring Hand are a breath of fresh air, they always communicate with us and keep us well informed."
- Staff spoke positively about working for A Caring Hand. Comments included, "I do feel I am listened to and my opinions/ideas have been taken into consideration," "We are a strong team, and everyone works well together. We are fully supported by management which is always reassuring" and "Management are approachable and friendly, and I feel part of a team."

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

- We saw from how complaints had been managed that the registered manager was aware of the importance of being open and transparent when dealing with events such as incidents and complaints.
- The registered manager was aware of when to notify the Care Quality Commission of a reportable event.

Working in partnership with others

- The registered manager and staff team worked with professionals if this was needed A healthcare professional who offers training to staff commented, "They [staff at the office] are always in touch as soon as they have any training needs, giving me plenty of notice to organise the training required."

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively.</p> <p>(a) Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated services</p> <p>(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>17 (1) (a)(b)</p>