Caring Hands Solutions Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This was an announced inspection that took place on 29 March 2017. This was the first inspection after the service registered with the Care Quality Commission in September 2015.

The service had a registered manager in place, who was also the registered 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 2008 and associated Regulations about how the service is run.

Caring Hands Solutions is registered to provide personal care to people in their own homes.
At the time of the inspection the service was providing personal care support for four people. The registered manager completed 75% of the support visits themselves and employed one regular member of staff. The service had three bank staff available to cover any shifts as required.

All the people we spoke with, and a relative, said they felt safe supported by staff from Caring Hands Solutions. The registered manager had completed mandatory training from a recognised training provider. The registered manager had used Skills For Care and Care Certificate workbooks to train their staff member.

Spot checks were completed by the registered manager every six months to observe staff practice.
The registered manager telephoned the staff member weekly and also regularly telephoned people who used the service to check that they were happy with the service. Staff told us they felt well supported by the registered manager. Staff were introduced to the people they supported by the registered manager before they started to support them. This meant the staff had the skills, knowledge and support to provide effective care.

Caring Hands Solutions did not currently support people with their medicines. The registered manager had completed medicines training.

The service was working within the principles of the Mental Capacity Act (2005) (MCA). People currently being supported by the service had the capacity to consent to their care and support.

People and their families, where appropriate, were involved in agreeing the support to be provided by the service.

Care plans and risk assessments were in place for each person who used the service. These gave guidance to staff on how to support people and manage the identified risks. However one person was supported to access the local community. The registered manager had discussed any potential risks with the person and their family but had not formalised this into a written risk assessment. The registered manager said they would write a risk assessment to cover this. The care plans were reviewed every six months.

People's preferences for their support, for example having a male or female staff member or a staff member who could speak Urdu or Punjabi meant people's cultural needs were met.

A system of recruitment was in place which included all relevant checks with the Disclosure and Barring Service and obtaining two written references. However not all staff had a full employment history and an explanation of any gaps in employment recorded.

People who used the service and a relative were complimentary about the staff at Caring Hands Solutions. Staff had a clear understanding of people's needs. People said staff always asked what tasks the person wanted them to do. Staff were flexible with the time of their support visits to accommodate people's health appointments. Staff supported people to maintain and where appropriate, increase their independence. Staff supported people with their nutritional needs where applicable.

There was a complaints procedure in place. People told us they had not made a complaint and would talk to the registered manager directly if they needed to. A system was in place to record and review any incidents or accidents. We saw there had not been any incidents or accidents at the service.

The registered manager had invested in a Care Planning computer system for when the service grew. This would enable calls to be scheduled so they did not clash, have care plans accessible via an app on staff member's phones and allow staff to log in when they arrived and left a call.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People who used the service and their relatives told us they felt safe with the staff that supported them. Staff had received training in safeguarding adults and knew the correct action to take to report any concerns.

Risk assessments were in place for the support provided in people's homes. However written risk assessments were not recorded for one person who was supported to access the local community.

Relevant employment checks were made to ensure suitable staff were employed. However full employment histories were not always recorded.

Is the service effective?

Good

The service was effective.

Staff received training and support they required to undertake their roles.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA).

Regular spot checks of staff were completed. The registered manager spoke with staff every week about people's support.

Where it was part of the support provided by the service, we saw that people's nutritional needs were met. Staff were flexible with the times of their support visits to enable people to attend their health appointments.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were kind and caring.

People's preferences and cultural needs were met by the service.

Personal information was securely stored to maintain people's confidentiality.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they started using Caring Hands Solutions and were written in a person centred way with the involvement of people and their relatives.

Staff were introduced to the people they would be supporting.

Where people's needs had changed the service had taken appropriate action to inform the local authority social service department.

Is the service well-led?

Good

The service was well-led.

The service had a manager who was registered with the Care Quality Commission.

People who used the service, a relative and a staff member told us that the registered manager was approachable. Staff said they enjoyed working in the service.

The registered manager used surveys telephoned people who used the service and staff to check on the quality of the service provided.

Caring Hands Solutions Ltd

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 29 March 2017. We gave the provider 24 hours' notice of the inspection because they are a small domiciliary care provider and we needed to make sure someone would be available to speak with us. The inspection team consisted of one adult social care inspector.

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. However the PIR did not download correctly and so we were unable to review the information in the PIR prior to the inspection. We discussed the areas on the PIR during the inspection. We reviewed other information that we held about the service including notifications made by the provider. A notification is information about important events which the service is required to send us by law.

We contacted the local authority commissioning and safeguarding teams. No one raised any concerns about Caring Hands Solutions.

With their permission we visited one person who used the service. We spoke by telephone with one relative and one person who used the service. During the inspection we spoke with the provider, who was also the registered manager and one staff member. We looked at records relating to the service, including five care records, four staff recruitment files, daily record notes and quality assurance records.

Requires Improvement

Our findings

The people we spoke with said they felt safe when being supported by Caring Hands Solutions staff. One person said, "Oh yeah, I feel safe."

We saw the registered manager had completed training in safeguarding vulnerable adults. Information about reporting abuse was available in the office. The registered manager explained who he would report any concerns too, including the local authority and the Care Quality Commission. A safeguarding policy was in place and was included in the service users' guide for Caring Hands Solutions. The registered manager said they used Skills For Care booklets to train their staff team and explain the organisation's safeguarding policy.

The service was a small service and the registered manager completed 75% of the support hours themselves. One other staff member supported one person each day. The service had three other staff who covered any shifts when required. This meant the registered manager scheduled all calls so they did not clash. The registered manager also showed us a computer system, called Care Planner, which they had purchased with a view to use when they had more support contracts to manage. This system enabled all calls to be put in and scheduled to individual staff members. This would show any calls that clashed and could not be completed by the staff meaning action could be taken to cover all visits. At the time of this inspection staff were able to log in and out of their support visits through an app on their mobile phones. This meant the registered manager could monitor the scheduled calls and be aware if any had not been completed or the staff member had arrived late.

We were told a staff member undertaking some of the support visits, did not have a smart phone that could link into the Care Planner system. Instead the staff member phoned or sent a text to the registered manager at the start and end of each visit. We spoke with the staff member who confirmed this happened. This meant the registered manager monitored the scheduled calls to ensure they had been completed.

The people we spoke with said that the staff did not miss calls, were on time and stayed for the full length of the scheduled visit. One person also said, "[Registered manager] is always on time and he never leaves early."

We saw the care files included information about the risks the people who used the service may experience, for example infection control and manual handling. This included brief guidance for staff and any control measures in place to manage the risks. We saw an environmental risk assessment was completed for each

property the staff visited. The risk assessments were reviewed every six months and updated if people's needs changed.

One person was supported to access their local community as part of their care plan. The registered manager said they had discussed any areas of risk when they were out with the person's family. They were knowledgeable about their needs and how to support them safely in the community. The registered manager supported this person when they accessed the community. However this information had not been formally written into a risk assessment. This meant that if, for whatever reason, another staff member had to support the person at short notice they would not have all the information about potential risks when they were in the community. The registered manager acknowledged this and said they would write a risk assessment to cover this.

People told us the staff used personal protective equipment, for example gloves, when supporting with personal care tasks. The service would continue if the office was not operational due to events such as a utility failure as the staff supported people in their own homes.

We looked at the recruitment records for four staff members. Each contained an application form, two written references and showed appropriate checks had been made with the disclosure and barring service (DBS). The DBS checks to ensure that the person is suitable to work with vulnerable people. We saw that one person's full employment history had not been recorded on the application form. The registered manager told us after the inspection this information had been recorded in a different part of the application form; however this was not seen by the inspector when reviewing this staff member's application form. Gaps in employment were noted along with the reason for this. This meant suitable checks were made before the service employed a staff member but the employment records needed to be completed for all staff. The registered manager told us they would ensure the full employment history was recorded for all staff.

We saw all the people currently supported by the service either self-medicated or were supported by their family with their medicines. People had signed a form to this effect. Staff would ask if people had taken their medicines when the visited. The registered manager had completed training in the administrations of medicines and said that if people required staff to administer medicines in the future, suitable training would be provided for the members of staff.

The registered manager had a policy and forms for the recording of any accidents or incidents. They said there had not been any so far. Records we viewed and people we spoke with, showed there had been no accidents or incidents at the service.

Good

Our findings

The people and the relative we spoke with all said that the service provided effective support that met their needs. All the people we spoke with said the staff knew them well and had the skills to support them effectively.

The registered manager told us that if they were to hand over the support of any person to another staff member they would introduce them first to the person. The new staff member would then shadow him so they could get to know the person and the support they required. One person we spoke with confirmed this had happened when her support staff had changed. This meant people were supported by staff members who they knew and the staff knew their needs.

The registered manager told us they were registered as an organisation with an on-line training provider and a local college for diplomas in health and social care.

We saw that the registered manager had completed all mandatory training, for example health and safety, infection control, fire safety and manual handling through a recognised training provider. They had also achieved a level 5 diploma in health and social care and were completing a level 2 diploma in the principles of working with people with a learning disability. We saw staff had signed that they had completed an induction with Caring Hands Solutions. The registered manager told us they went through of a series of booklets from Skills for Care and a manual handling video with the staff. Skills for Care is a national organisation that provides learning resources for care organisations to develop their staff. This was confirmed by the staff member we spoke with.

We also saw one bank staff member had completed the Care Certificate. The Care Certificate is a set of standards against which the competency of staff new to health and social care can be assessed. This was in the form of a work book that the staff completed and which was signed off by the registered manager. Another staff member had completed some of the Care Certificate as part of their induction training but had not yet completed it. They had been employed by the service for two months. The care certificate should be completed within the first three months of employment. This meant staff received sufficient training to support the people who used the service.

We noted that the people currently being supported did not require any manual handling support. The registered manager told us that if any person required support with manual handling a practical course in the use of the appropriate equipment, for example a hoist and techniques to safely support people would

be arranged.

The staff member we spoke with said that the registered manager contacted them by telephone at least weekly. They discussed the support people required and any changes in their needs. They said they were able raise any concerns they may had. The staff member also contacted the registered manager daily to inform them they had started and completed their support visit. The staff member said they felt well supported by the registered manager.

We saw the registered manager undertook spot checks on staff. These were an observation of the staff supporting one person and asking the person if they were satisfied with the support provided. We saw the records were positive but brief. The spot checks were due to be completed every six months. This meant that although the staff did not have formal supervisions, they were supported in their role.

Care plans included details of the support people required with their nutrition, which was currently support with cooking. One person we spoke with said the staff member always asked what they wanted to eat and would then prepare it for them and ensured they always had a drink and snack on the table next to them before they left.

People arranged their own health appointments. Staff had the relevant details for people's GP so they could contact them on the person's behalf if they were unwell during a support visit. One person told us, ""[Staff name] is very flexible with the time of the visits around my hospital appointments and will change the hours to come when's best for me." This meant the service changed the times of their support visits to enable the person to have their health needs met.

From the daily notes we saw staff had contacted one person's housing provider to report a maintenance issue. This showed the staff would support people with day to day issues that were not part of the usual identified support.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act. The people supported by Caring Hands Solutions all had capacity to make their own decisions about their care and support. The registered manager was aware of the MCA and its requirements in case the service was approached to support someone who lacked capacity. A 'consent to care and support' form was used for people to sign that they consented to the agreed support to be provided by the service. If a person did not have capacity to sign the form a statement directed that a best interest meeting was to be held. The people supported by the service had been assessed as requiring support by the local authority social services, who would complete any best interest decisions prior to the support starting.

Good

Our findings

All the people and the relative we spoke with said the Caring Hands Solutions staff were kind and caring. One person said, "[Staff name] is very understanding and helpful" and "[staff name] is like one of the family."

The service was a small domiciliary care service providing support for people in their own homes. We therefore were not able to observe staff interactions with the people they supported. However people we spoke with told us staff respected their privacy and dignity.

People we spoke with said the staff knew their needs well and would complete any tasks they were asked to do. One said, "I tell the staff what I need doing when they arrive; they will sit and chat with me if there is time." Another person told us, "[Staff name] always asks me what I want her to do when they get here."

From the care files we saw people were able to specify if they wanted a male or female staff member to support them. We also saw that some people had requested the staff member was able to speak Urdu or Punjabi so that they could communicate with the staff member more easily. One person had requested that they were supported to visit the local mosque on a Friday. The daily notes showed that the person had been to the mosque each week. This meant the service identified people's preferences and cultural needs and were able to meet them.

We saw people were supported to maintain their independence where this was part of the care plan. For example one person said staff had supported him to go for short walks to maintain and improve their fitness. They said, "[Staff name] has had me walking upstairs, which is sooner than I thought it would have been." They said they were now working toward being able to have a shower with staff support.

Each person had a care file at their home which the staff member completed with notes for their visit. The file contained the person's care plan, risk assessment and service user guide. This detailed the support provided by Caring Hands Solutions and a range of the organisations policies, for example how to make a complaint. People told us they were able to look at their file if they wanted to and had been given the information about the service that they needed.

A file was also kept securely at the service's office, along with other records relating to the running of the service, for example staff records. This protected the confidentiality of both the people who used the service and the staff.

Good

Our findings

We viewed all five care plans and found they were written in a person centred way. People told us the registered manager had visited them before the support started to establish what support they wanted. Where appropriate people's relatives had also been involved in the assessment. Information from the local authority's assessment of need was also used to write the care plan and the tasks that the staff member would complete at each visit.

We saw the people supported by the service were able to inform staff what they wanted them to do at each visit. The care plans outlined the tasks that needed to be completed and prompted staff to ask people what they needed to be done during the support visit. This meant the staff would respond to what people asked them to do. This was confirmed by the people we spoke with. One said, "It depends what I want doing on the day; I can ask them to do different things."

The care plans included relevant details about people's preferences, medical history, medicines, dietary requirements, mobility and how people communicated their needs. The care plan also included details of how the staff member would gain access to the person's house, for example using a key in a key safe and announcing that you have arrived or waiting to be let in by the person or a relative. This meant the staff had the information they required to support people.

The registered manager completed the majority of the support visits themselves. If a person requested a female member of staff the registered manager introduced the staff member to the person they would be supporting and went through the care plan and the support needed with the person and staff member. People we spoke with conformed that this had happened.

We saw all the care plans were due to be reviewed every six months with the person and where appropriate, their relatives. This meant people's needs were assessed with them and the staff had up to date information about people's needs and the support tasks that were required.

We saw the service had contacted the local authority social services when the needs of one person they were supporting had changed and the service was no longer able to meet the person's needs. This meant the service had reviewed the persons changing needs, recognised that they could no longer meet these needs and taken appropriate action to ensure social services could make arrangements for the person's needs to be met.

The service had a complaints policy in place. People told us they would speak to the registered manager during their support if required. Everyone we spoke with said they had not had to make a complaint about the service.

Good

Our findings

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC). The registered manager was very 'hands on' and completed 75% of the support visits themselves.

People we spoke with were very complementary about the registered manager. They said the registered manager asked them what support they needed during the support visits. We saw a brief survey had been completed by the people who used the service and staff, asking for feedback about the service provided. One person, who was supported by another member of staff, told us the registered manager phoned them regularly to check they were happy with the support. All the responses were positive. This meant the service sought the views of people who used the service and their relatives.

The daily notes for each person supported were collated at the end of each month and returned to the office. The registered manager reviewed these to ensure all the tasks identified in the care plans had been completed. This meant the registered manager monitored the support provided and paperwork was not left in people's homes longer than required.

One person we spoke with said they would recommend Caring Hands Solutions to other people. They also said the service was better than previous support agencies they had used. The staff member we spoke with said, "I really like my job and am really happy."

Due to the small nature of the service and the fact that the registered manager completed 75% of the support visits there were no formal audits of the service. The registered manager was in weekly contact with their staff member. This meant the registered manager was able to monitor the quality of the service provided.

The registered manager said they hoped to expand the service. They had purchased the Care Planner computer system with this in mind. The system would enable the registered manager to monitor that calls had been completed, have copies of people's care plans available for staff to view and record notes of each visit directly into the system via an app on the staff's mobile phones.

Services providing regulated activities have a statutory duty to report certain incidents and accident to the CQC. We saw that there had been no notifications made by the service. We discussed this with the registered manager who was aware of their responsibilities to notify the CQC and local authorities of any incidents and

accidents.