

# Caring Hands Domiciliary Care Limited

# Caring Hands E M Limited

## Inspection report

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Date of inspection visit: 12 August 2014  
Date of publication: 28/01/2015

### 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 

### Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection was announced which meant we gave the provider notice that the visit would take place.

Caring Hands provides care and support to people in their own homes. At the time of our inspection there were 298 people using the service.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us they were happy with, and felt safe with, the care and support provided. They said staff knew about their support needs, treated them with respect and kindness, and maintained their privacy and dignity.

Staff recruitment procedures were robust and ensured that only staff with suitable skills and character were employed. Staff received induction and on-going training

# Summary of findings

to ensure they had up to date knowledge and skills to provide the right support for people. They also received regular supervision and appraisals in line with the provider's policies.

People's needs were assessed and plans were in place to meet those needs. People's wishes and preferences were taken into account and recorded in support plans. Risks to people's health and wellbeing were identified and plans were in place to manage those risks. People were supported to access healthcare professionals whenever they needed to.

Systems were in place to ensure that there were no missed calls. We were informed that there had been no missed calls in the last 12 months and people we spoke with confirmed this.

The provider had a complaints procedure and we saw that appropriate action had been taken in response to complaints.

There were systems in place to assess and monitor the quality of the service. This included gathering the views and opinions of people who used the service, their relatives, and staff.

# 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 safe.

People told us they felt safe with the support they received and with the staff who provided their support.

Risks to people's health and wellbeing had been identified, assessed and managed in an appropriate way.

Recruitment procedures were in place to ensure new staff were suitable to work at the service.

Staff demonstrated a clear understanding of what abuse was and how to manage and report any situation of this kind. This meant the agency had taken steps to minimise the risk of abuse.

Good



### Is the service effective?

The service was effective.

People's health and welfare needs were met and staff responded quickly to any changes in need. People were supported to remain in their own homes for as long as they were able.

Support plans reflected people's needs, wishes and preferences. Staff demonstrated a clear understanding of people's needs.

Staff were appropriately trained and supported to carry out their roles.

Good



### Is the service caring?

The service was caring.

People were supported by staff in a kind, caring and respectful manner.

Staff had a good understanding of people's needs, wishes and preferences and demonstrated a caring attitude towards them.

People were regularly encouraged, and given opportunities, to express their views and opinions. Records showed their views and opinions were listened to and acted upon.

Good



### Is the service responsive?

The service was responsive.

People's support needs were assessed and planned for before they began to use the service.

There were appropriate arrangements in place to deal with people's concerns and complaints. People, and their relatives, knew how to make a complaint if they needed to.

Support plans were regularly reviewed and amended when people's needs or preferences changed.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

There was a registered manager in post who was supported by a senior management team. The managers and staff were clear about their roles and responsibilities and felt supported in their individual roles.

People and staff told us the agency was well-led. Staff said that the management team were approachable and accessible.

There were appropriate arrangements in place to assess and monitor the quality of the service provided.

# Caring Hands E M Limited

## Detailed findings

### Background to this inspection

This inspection was completed by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the last inspection 13 November 2013 the provider was compliant with the regulations we assessed.

Before our inspection we looked at and reviewed the provider's information return. This is information we asked

the provider to send us about how they are meeting the requirements of the five key questions. We reviewed historical data we held including safeguarding and statutory notifications. These are incidents which the provider must inform us about. We also contacted the commissioners for their experience of the service.

As part of this inspection we spoke with 17 people who used the service. We visited the provider's office where we reviewed four people's care records, looked at various other records and spoke with the registered manager, a compliance manager and three care staff.

# Is the service safe?

## Our findings

We spoke with 17 people who used the service. They all told us they felt safe. One person said “I have always felt safe with people from Caring Hands.” Another person said “The service is safe, I have no hesitation in saying that.”

We spoke with three members of staff about safeguarding people from abuse. They all told us they had received training about this. Staff we spoke with were able to describe the different types of abuse and knew the correct procedures to follow in the event of suspected abuse. They knew how to contact other authorities such as the local authority safeguarding team and were aware of the provider’s whistle blowing policy. This demonstrated that staff were aware of the correct procedures to follow in the event of suspected abuse.

Staff we spoke with had an awareness of the Mental Capacity Act (MCA) 2005. They were clear that they always gave people choice and respected their decision to refuse care should they want to. The MCA is a law providing a system of assessment and decision making to protect people who do not have the capacity to give consent themselves.

Records showed that staff received regular training about how to keep people safe. The provider had produced a handbook for staff. This document clearly set out the actions staff should take to keep people safe. We saw that appropriate actions had been taken by staff in the reporting and management of concerns about people’s safety and welfare. Staff were also clear about how to report accidents and incidents.

Accidents and incidents were reported and recorded by staff involved. We saw evidence that the provider learned from accidents and incidents and made changes to prevent re-occurrence. This meant that risk was reduced for people who used the service.

We saw assessments had been carried out for any identified risks to people’s health or welfare and plans were

in place to manage the risks. The premises, environment and working practices were also risk assessed. This meant that staff knew how to provide care and support to people in the safest way. ‘Fire action plans’ were in place for each person who used the service so that staff knew what action to take in the event of a fire.

Systems were in place to alert the management team should a staff member not arrive at a person’s home at the allocated time. Area care coordinators were employed and these members of staff were always available to cover any short notice staff sickness or to cover a staff member who had been delayed for any reason. We were informed that there had not been any missed calls in the last 12 months. This meant that staff had never failed to arrive to carry out the arranged care and support. People we spoke with confirmed that this was the case.

We looked at staff files for two members of staff. We saw that the provider’s recruitment procedure was robust and this minimised risk for people who used the service. We saw that at least two references were obtained for each staff member and checks were carried out with the disclosure and barring service. The disclosure and barring service carries out checks for the provider about criminal records and whether the staff member is on a list to prevent them from working with vulnerable adults. These checks ensured as far as possible that the staff member had the skills required and were of suitable character. People told us they felt safe and staff we spoke with confirmed what we were told about recruitment procedures.

The provider had a ‘business continuity plan’ in place. This document set out the actions staff should take in the event of a foreseeable emergency. For example, loss of power or weather problems. The contact numbers for the management team and for all emergency services were included. This meant that people who used the service would receive care and support in the event of an emergency because procedures were in place to delegate responsibilities and prioritise critical services.

# Is the service effective?

## Our findings

Everyone we spoke with told us they felt the service was effective and all said that they had never been let down. One person said “They are all very efficient, well trained, caring, gentle, chatty and friendly. We usually see the same carers each time. It’s all really good, we couldn’t do without them.” Another person said “I would say it’s a hard job they do but I think they do a good job.”

We spoke with three members of staff about the training and support they received. They told us they had received induction training when they first started working at Caring Hands. This meant that staff were made aware of the provider’s policies and procedures about how to meet people’s needs and minimise risk. Induction training took place over three days and was followed by a period of shadowing an experienced staff member. Staff we spoke with also told us they received the training they needed to do their job. Staff also received regular supervision with their line manager. This meant staff could discuss any concerns and their training and development needs. Records also showed that staff were regularly observed by managers whilst carrying out their roles to ensure they did things in the right way.

We spoke with the registered manager about how they ensured that staff had the right skills to meet the needs of

people they supported. We were informed that staff were allocated to people who used the service according to their skills and experience. We were told of an example of a person who used the service who had complex needs. Only certain staff were allocated calls with this person and had received the training they required to meet their needs. Staff we spoke with confirmed this. We looked at care records for four people who used the service. We saw that staff assessed people’s needs regarding eating and drinking. Where risk was identified, staff completed food and fluid intake records. These records were seen by the management team weekly. This meant that a senior member of staff checked to see if the person had enough to eat and drink. We looked at food and fluid intake records and saw that they had been properly completed by staff. We were informed that a referral would be made to the person’s GP if food and fluid intakes were not sufficient. We saw that people had a care plan in place for all assessed needs. A copy of the care plan was available in the person’s home so that staff could refer to this at each visit. People told us they received the support they required.

Records showed that people who used the service had access to appropriate healthcare services such as doctors and community nurses. Staff we spoke with informed us that key contact numbers such as the doctor or community nurse were recorded in the person’s care records.

# Is the service caring?

## Our findings

People we spoke with told us that Caring Hands was a caring organisation. They told us staff were kind and caring and respected their dignity and privacy.

Comments included, “I have been using Caring Hands since coming out of hospital last year. I was transferred from another agency. I have been really happy, all the carers are really nice and I feel safe with them they ask me how they can help and I have always been treated with dignity and respect. The carers are near enough on time and I have never been let down I am grateful for them and very pleased with them. They are very good.” “I think that the carers I meet are very caring.”

Each person who used the service had their needs assessed and a plan of care was developed to instruct staff how to meet these needs in the way the person preferred. One person who used the service said “I do feel involved with my care plan and the staff all follow this.”

We spoke with the registered manager and to staff about how they involved people in making decisions about their care and support, how they sought their views, and how they protected people’s privacy and dignity. We were informed that care plans were developed with the person who used the service so that care and support was

delivered to meet individual needs and preferences. Care plans were reviewed by a senior member of staff after the first four weeks and then every six months or sooner if there were changes. Staff we spoke with told us that people were asked what they wanted and were always given choice.

We saw examples of ‘client review forms’. These were used as part of the review process. People who used the service were asked about the service they received to check that staff were providing this in the right way. For example, people were asked if they received care and support from care staff they knew. They were also asked if there were any staff they would prefer not to attend and if there were any aspects of care and support they would like to change. This showed that the provider was involving people who used the service and encouraging them to provide their views.

Each staff member was provided with a ‘staff handbook’. This document instructed staff about how to protect people’s privacy and dignity. For example, it provided clear instructions about terms of address and how to behave in a professional way when in a person’s home. There was also a confidentiality policy which instructed staff how to treat information about people who used the service in a confidential way. People we spoke with told us that staff respected their privacy and dignity. One person said “They talk to me like a friend they are very good. I am always treated with dignity and respect.”



# Is the service responsive?

## Our findings

People we spoke to told us that the care and support they received met their individual needs. Comments included, “they do what I ask. I can ring the office and they will change things like my meal times to suit me better”. Another person said “They seem responsive when I ask them to work around my hospital visits”

We looked at care records for four people who used the service. We saw that as well as a needs assessment, risk assessment and plan of care, information about the person was recorded. This information included the person’s life and social history and ethnic and cultural needs. This meant that staff had access to important information about the person that would assist them to meet their individual needs. Individual support plans were comprehensive and set out in detail the way in which care and support should be delivered to meet individual needs and preferences. One person who used the service said. “They have been great more like friends. I get up very early in the morning but this is no problem for them which is great! All the carers treat me so well. I have recommended Caring Hands to many friends it’s what you need, it’s great”.

We asked staff if they were given enough time to deliver care and support. Staff informed us that they did have enough time and that their manager would listen and make necessary changes when this was required. A person who used the service said. “I have been using Caring Hands for about a year. I was in hospital and my daughter helped me to sort out things from Caring Hands. They have been absolutely fabulous all the carers are lovely they do what I want no quibble, I am more than satisfied. I think the boss is fabulous they can re-arrange care for me when my daughter goes on holiday, it’s the best thing I ever did.

We saw the provider’s complaints policy and procedure was available to people who used the service. It included a description of the stages of the procedure and timescales in which people could expect their complaint to be dealt with. We looked at records of complaints received. We saw that the provider had responded appropriately in line with their own policy. Appropriate action had been taken to resolve complaints and action taken to minimise the risk of re-occurrence. For example, action had been taken against staff when it was established that they had not adhered to the provider’s policies and procedures and/or additional training had been provided. People we spoke with told us they would be happy to make a complaint and said that they would be listened to.

# Is the service well-led?

## Our findings

We spoke with a care commissioner who informed us that Caring Hands were effective and delivered the care and support required and in the way the person who used the service preferred.

People knew how to contact the office and felt able to speak with a member of the management team. One person told us “I have asked the manager discreetly not to send some carers to me and they have managed this well without upsetting me or the carer involved, it all seems to run quite well. The managers seem to be doing well.”

Satisfaction questionnaires were sent out to people who used the service and their relatives. We looked at a sample of questionnaires returned and saw that comments made were mostly positive. Action plans were developed to address any negative responses.

The registered manager was supported by a management team including a compliance manager. The compliance manager ensured as far as possible that policies and procedures were properly followed and monitored the quality of care and support provided. Staff we spoke with demonstrated that they understood their roles and responsibilities and said they felt supported by the management structure and the wider organisation. Staff we spoke with told us their line manager would listen to them and take appropriate action. The office was open seven days a week and there was a senior person ‘on call’ out of office hours. Staff were provided with a copy of the ‘whistle blowing policy’. This document was also made available to people who used the service and their relatives. The ‘whistle blowing policy’ instructed staff on the action they should take if they were concerned about any aspect of the service. This document stated that ‘an

atmosphere of open communication and commitment to high standards of work’ was promoted and staff who reported concerns would be protected. All the staff we spoke were able to describe the correct action to take if they had a concern.

Staff meetings were held at least every six months. Staff could also speak with their manager whenever this was required. We saw that during our inspection staff came into the office throughout the day and had access to a manager.

The manager demonstrated there were arrangements in place to regularly assess and monitor the quality of the service provided. These included seeking the views of people who used the service through satisfaction questionnaire’s and review visits. The manager also checked to see that risk assessments were up to date and people knew how to make a complaint give their feedback. The provider’s compliance manager checked all written information provided by care staff. For example, they checked to see that medication administration records were completed correctly and people had received enough to eat and drink. We saw that where shortfalls were identified, appropriate action was taken to minimise further risk for people who used the service.

We were informed that healthcare professionals were asked to provide training and to provide advice about people’s individual needs. For example a learning disability nurse had provided training to care staff. The provider was a member of support organisations linked to the domiciliary care sector. A proportion of staff training including induction training was delivered by trainers from outside of the organisation. This meant that the service had access to up to date ‘best practice’ information and was able to develop and implement changes.