In Caring Hands Limited

In Caring Hands

Inspection report

Unit 1 Parton Vrane
Portscatho
Truro
Cornwall
TR2 5ET

Tel: 01872302222
Website: www.in-caring-hands.co.uk

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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

In Caring Hands provides care and support to people in their own homes. The majority of people who used the service, at the time of the inspection, were elderly, although the service also provided services to younger adults. The service provides help with people's personal care needs primarily on the Roseland Peninsula on the south coast of Cornwall, and Truro and St Austell areas.

At the time of our inspection 37 people were receiving a personal care service. These services were funded either privately, through Cornwall Council or NHS funding.

There was a registered manager in post who was responsible for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We carried out this announced inspection on 16 and 17 May 2017. This was the service's first inspection as it was first registered in January 2016.

People we spoke with told us they were positive about the support they received from the service. They said the service was, "Fantastic. They have never missed a day. They will always ring if they are going to be late," "Very satisfied, everything is lovely," and "I am 100% satisfied with the service."

People told us they felt safe. Most staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

There were enough suitably qualified staff available to meet people's needs. The service was flexible and responded to people's changing needs. People told us they had a team of regular staff and mostly their visits were at the agreed times. Most people told us they had never experienced a missed care visit.

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke very highly of staff and typical comments included; "Nothing is too much trouble", "There is nothing to complain about," "They are nice and kind," "Staff are nice and helpful," and "All very nice people, they all do the best they can."

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed.

Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff were kind and compassionate and treated people

with dignity and respect.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions
for themselves had their legal rights protected.

Staff told us there was good communication with the management of the service. Staff said management were, "Fantastic," and "Very supportive."

There were effective quality assurance systems in place. The service had an effective management team, and Care Quality Commission registration, and notification requirements had been complied with.

We have made two recommendations about staff induction procedures and training in relation to the Mental Capacity Act.

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.

People told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Is the service effective?

Good

The service was effective.

People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

People's capacity to consent to care and treatment was assessed in line with legislation and guidance.

People received suitable support with eating and drinking, and their health care needs.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support responsive to their changing needs.

Care plans were kept up to date.

People were able to make choices and have control over the care

and support they received.

People told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service. People felt any concerns or complaints would be addressed.

Is the service well-led?

Good

The service was well-led.

People and staff said management ran the service well, and were approachable and supportive.

There were systems in place to monitor the quality of the service.

The service had a positive culture. People we spoke with said communication was good.

In Caring Hands

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 16 and 17 May 2017. One inspector and an Expert by Experience undertook the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before visiting the service we reviewed the Provider Information Return (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service. We also reviewed other information we held about the service such as notifications of incidents. A notification is information about important events which the service is required to send us by law.

During the inspection we went to the provider's office and spoke with the registered manager and the nominated individual. We had contact with twelve staff by email or telephone. We looked at five records relating to the care of individuals, seven staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

We visited nine people in their own homes. We also spoke on the telephone with a further eight people or their relatives, and twelve staff members. We also had contact with two social or healthcare professionals. In addition we carried out a postal survey. We sent surveys to twelve people who used the service and received responses from twelve people (100% response); seventeen staff of whom eleven responded (65% response); three relatives of whom three responded (100% response), and surveyed five community professionals of whom three responded (60% response.)

Good

Is the service safe?

Our findings

People told us they felt safe using the service for example one person said, "I feel very safe with them." A member of staff said, "I believe the service is very safe and measures are taken where necessary to ensure this." An external professional said, "I have never received any complaints about the standard of their service and I believe they make great efforts to ensure their service is of a high standards. They have always shown concern that people are supported safely and correctly." All respondents to our survey, from different groups, said people were safe from abuse and harm.

Most staff had received training in safeguarding adults and were aware of the service's safeguarding and whistleblowing policies. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us they would have no hesitation in reporting any concerns to management, and they said they thought management would take necessary action.

The registered persons said there had been no safeguarding alerts made about the service, and they had not had to make any alerts about care of any people who used the service.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. Assessments completed included environmental risks, and any risks in relation to the health and support needs of the person. Staff were informed of any potential risks before they went into someone's home for the first time.

Staff were aware of the reporting process for any accidents or incidents that occurred. Managers ensured accidents and incidents were reviewed. Appropriate action was subsequently taken, and where necessary changes are made to reduce the risk of a re-occurrence of the incident.

There were enough staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. People said staff who visited them were well matched, and suitable to meet their needs. Staff felt that there were enough staff to meet people's needs.

The service produced a staff roster each week to record details of the times people needed their visits and what staff were allocated to go to each visit. A copy of the rota was issued to people (if requested), and staff in advance.

Most staff said they were allocated enough time to travel between calls. We did receive some concerns about staff not having enough travel time allocated either at the start of a shift or between calls, although the registered persons said these matters had been resolved. Visit schedules showed that travel time was allocated for visits between many appointments. Staff told us they were mostly paid travel time, although some said there was an issue that the length of journey (at the beginning of a shift and unpaid) could be very long and costly. One comment we received was, "We are allowed travel time between appointments , but if the appointments are close together, we do not get travel time , it takes 5-10 minutes to travel to the next appointment , even when close by , especially in summer traffic. We get 15 minutes for a journey that

sometimes takes 25 minutes. Another member of staff said, "No travel time is allowed for some clients , although they allow 15 minutes for others for a journey that takes 30-45 minutes. " This person said they can 'catch up on themselves,' although occasionally, "there is not enough time" to spend with people.

A member of the management team was on call outside of office hours and carried details of the roster, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties need to be re-arranged due to staff sickness. People had telephone numbers for the service so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of office hours. When there had been a concern, people told us the out of hours service had responded effectively.

Staff had been recruited using a suitable recruitment process to ensure they had appropriate skills and knowledge to provide care to meet people's needs. The registered manager said staff turnover was low.

Staff recruitment files contained relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. Two references were obtained for each member of staff. Staff were required to fill out an application form which included their previous work history.

Some people needed help with their medicines and the assistance needed was detailed in care records. For example, if people needed to be physically given their medicines, or whether they just needed to be reminded to take it. The service had a medicine policy which gave staff suitable instructions about how to help people with their medicines. Staff who administered medicines had received training in the administration of medicines.

People said staff were always well dressed, clean and presentable. We were told staff where necessary, always wore disposable aprons, and gloves. Staff also told us aprons and gloves were always provided for them, and they also were provided with anti-bacterial gel. There were some gaps in records about staff receiving Infection control training. However the registered manager informed us training had been arranged in the near future for staff who had not received this. The majority of respondents to our survey said they felt staff took suitable action to prevent and control infection by using hand gels, gloves and aprons.

Good

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included; "Nothing is too much trouble", "Very competent and caring," "I can't grumble about any of them," "All the staff are very nice, he looks forward to them coming," and, "Absolutely wonderful." An external professional told us, "Staff care deeply for their clients welfare."

Staff completed an induction when they started employment. Staff told us this included spending time with senior staff to discuss policies and procedures. New staff also completed shadow shifts with more experienced staff so they could get to know people's needs, and any routines they needed to follow. Staff received a copy of the organisation's "Staff Handbook" which provided them with relevant information about the organisation, its key policies and procedures. Comments about staff induction included, "When I started I paired up with another carer, I shadowed other members of staff, I was gradually allowed to do more under supervision. "

The registered manager was aware of the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. There was evidence that some staff were working towards or had obtained the Care Certificate. However we also found some new staff, who had not previously had experience of working in care, had not commenced working towards the Care Certificate. However there was evidence these staff had received an induction. The registered persons said staff were provided with the opportunity to complete a Diploma in Care.

We recommend that all staff, who have not previously worked in a care environment, complete the Care Certificate.

Staff told us they received suitable training. Training records showed all, or the vast majority of staff, had received training in topics including moving and handling, basic life support (first aid), food safety and safeguarding. However, according to records there were some gaps in the receipt of training in areas such as infection control, medicines management and dementia awareness. The registered manager said since the agency opened the emphasis had been on staff receiving 'face to face' training with external trainers, although the possibility of new staff receiving introductory e-learning training in key areas would be explored to introduce the more in-depth face to face training which would be provided once staff were more established. The registered manager said where there were gaps in the receipt of training, this was mostly due to some staff being in post for less than six months, and subsequently staff would receive the appropriate training in the next few months. Due to the needs of the people using the service some staff required training about enteral feeding and epilepsy.

Staff we contacted were generally happy with the training provided. For example, we were told, "Training is okay, I have just been trained in record keeping, we receive training every now and again," and, "I have had moving and handling, first aid infection control, food hygiene and safeguarding in the first six months I worked for them." However, one person said more in depth training could be provided to new staff. One

person who used the service also told us, "Some staff are not trained , I have had to show carers how to use the catheter", they are very kind , some are better trained than others "

Staff told us they received supervision and an annual appraisal. Supervision gives staff a formal opportunity to discuss their performance and identify any further training they require. Staff said managers were, "Supportive," and "Helpful." Staff we spoke with said they had received supervision and an appraisal. The registered manager of the service said managers would complete unannounced checks, and work alongside staff to check their work was completed to a good standard.

Most people who used the service made their own healthcare appointments and their health needs were co-ordinated by themselves or their relatives. However, staff were available to arrange and support people to access healthcare appointments if needed. Staff also worked with health and social care professionals involved in people's care if their health or support needs changed. People told us about occasions when care appointments had to be rearranged, at short notice, so they could attend health appointments. We were told when this had occurred; changes were carried out efficiently and effectively.

Staff supported some people at mealtimes to have food and drinks of their choice. People said support received was suitable, and when staff prepared food this was always done well, and meals were served hot, and any support they needed with eating and drinking was according to their personal needs.

Staff told us they asked people for their consent before delivering care or treatment and they respected people's choice to refuse support. People also said they were always addressed in their preferred manner for example 'Mr', 'Mrs' and by their first names only when there was agreement.

Most people told us they had a team of regular staff and their visits were at the agreed times. For example we were told, "There is a core group of staff, I know them all," and "Most of the staff are the same people , there is occasionally someone we don't know."

The majority of people said staff did not arrive too early or late although we were told by two people, "Due to arrive at 1.15 but they arrive at 12.45, there are problems with the rota," and " Times vary, there are no set times."

Most people said staff had not missed any visits. For example, we were told "They are fantastic. They have never missed a day. They will always ring if they are going to be late." However, we did receive a few (less than five) reports that people had missed a visit, but the registered persons had acted promptly, as soon as this was reported. Records of missed and late visits were kept, and the reason given was mostly due to staff error in not reading rotas correctly, particularly if there had been changes. The registered persons were introducing a new rostering system which would electronically inform staff of any changes so it was hoped there would be less mistakes in future.

People also reported that if staff were delayed, they would always be phoned to minimise anxiety. Staff told us if they were running late they were to ring the office or the on call. A decision was made by the person in charge to either let the person know when the carer would arrive, or for an alternative carer to be sent. People told us staff were not usually late, and if they were this was due to the person being stuck in traffic, or them having to spend unexpected extra time with another person.

Most staff said visit lengths were usually satisfactory for them to deliver the care which was needed. We were told if people needed more time, staff would notify management, and where possible an increase in the length of the visit would be arranged.

In our survey, all or a significant majority of the people who responded, and relatives, were positive about staff time keeping; people being allocated and staying for the correct amount of time to provide care; and staffing knowing the needs and preferences of people they support. Responses to our postal survey also confirmed people received support from a consistent group of staff, who arrived on time, completed the correct tasks they needed to complete, and stayed the designated period of time the staff were needed to be at their home.

The management understood the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Care records showed the service recorded whether people had the capacity to make decisions about their care. The registered manager had a good understanding of the legislation. However, staff were not currently being provided with separate training in this area, although the registered manager said the issue was covered in the service's safeguarding training.

It is recommended all staff receive specific training about the Mental Capacity Act 2005.

Good

Is the service caring?

Our findings

People told us; "They suit us very well," "Staff are nice and helpful," Excellent," "They are very kind, they offer to make me a cup of tea when they arrive to see my husband" and "All very nice people, they all do the best they can." The majority of people who responded to our postal survey reported that they were happy with the care and support they received from the service, staff were caring and kind, and people were treated with respect and dignity.

People we spoke with and those who responded to our survey consistently reported that their care staff always treated them respectfully and asked them how they wanted their care and support to be provided. People said their staff were kind and caring. For example, we were told, "All the carers are absolutely smashing," "They are fine and patient," and "They are very gentle. There is no rushing or pushing."

People received care, as much as possible, from the same group of care workers. A member of staff told us, "The company aim to provide a core group of staff, to give the customers continuity, this means they have familiar people visiting them, not strangers. Clients know who to expect out of two/ three people, unless there is sickness."

People and their relatives told us they were happy with all of the staff and got on well with them. Most people said staff did not appear rushed for example we were told, "No they are not rushed," and a member of staff told us, "I do not feel rushed , I am normally allocated enough time." However we did receive a few reports that there could be some problems. For example a staff member told us, "Sometimes I am rushed , if someone needs more doing , this has a knock on effect on the next visit."

Most people told us staff arrived for care appointments on time, and stayed for the correct amount of time. However two people told us there could be problems. For example we were told, " No, not always (staff staying on time) they are supposed to stay 30 – to 45 minutes , depending on the time of day. Some visits have only lasted 8 minutes… it depends on the person, some have run over time from the last visit, they will stay if needed." However a member of staff said, "It's a new company so they are still learning, they keep making tweaks to improve things, they are making improvements to the rota"

People said they were always asked at the end of the visit if they wanted any other assistance. People said necessary items e.g. a drink, walking sticks, TV remotes were always left within reach, for example if the person had mobility difficulties.

People said their homes were always kept tidy at the end of a visit. For example bins emptied, the kitchen and bathroom kept tidy. One person described staff as "Very meticulous," at leaving their house tidy.

People were aware of their care plans, and they were available in people's homes to read. People we met said they had been consulted about their care plans. Everyone we spoke with said the care they received was completed in a manner they wanted.

The care records we inspected were to a good standard. They contained a concise, but satisfactory care plan and relevant risk assessments. Records at the service's office, contained assessments completed by the care commissioners such as the health care trust or local authority.

People said they felt information about them was kept confidentially. People and staff said they did not think information was shared with others, unless there was a suitable reason to do so. People told us staff would never talk about others who used the service, and they had no reason to believe staff ever spoke about their care with others who received support from the agency.

People said they felt staff did their best to encourage people to be as independent as possible. For example, staff would encourage them to do tasks for themselves, or to relearn how to do things for themselves if for example the person had a stroke or had been in hospital for a long period of time.

The service provided 'End of Life' care for some people. The registered manager of the service said the service had well developed links with the palliative care team, local GP's and district nurses.

Good

Is the service responsive?

Our findings

Where possible before staff began to support people, managers went to meet the person and completed an assessment. The registered manager said the first visit to individuals was usually completed by one of the agency's care co-ordinators, or the registered manager. This enabled senior staff to obtain information to help develop care plans, and provide staff with information about the care each individual wanted. People we spoke with said a manager had met with them to ask what help they needed, and to find out what their needs were. Where possible assessments completed by the local authority or healthcare trust are obtained, and these were kept on some of the files we inspected.

Care plans were developed with the person from information gathered during the assessment process. People were asked for their agreement on how they would like their care and support to be provided and this information was included within their care plan. Care plans provided staff with clear guidance and direction about how to provide care and support that met people's needs and wishes. None of the care plans we saw had a brief history or pen picture of the person. Such information would give staff useful details about people's backgrounds and interests to help them understand the individual's current care needs. Some information however was contained in assessments and care plans completed by external agencies such as the local authority.

The staff we spoke with said care plans were accessible to them. A copy of the care plan was available in each person's home with a master copy stored at the service's office. Staff were involved with the daily update of records for the people they worked with. Staff said they knew well the people they worked with. When new people received care from the service, they were informed by managers of people's needs. Staff also said they were informed by managers of people's changing needs.

The service was flexible and responded to people's needs for example managers tried to ensure care appointments were at times which suited people. Changes were made, often at short notice, if people had to attend health appointments or were going out for a special occasion. One person said, "They are very flexible in what they do." Another person said "They are very flexible (making changes to appointments) as long as you give them advance notice."

The majority of people said they would not hesitate in speaking with staff if they had any concerns or complaints. Most people said if they had any concerns these were always resolved although two people did say they did not think things improved when they had raised an issue. Details of how to make a complaint were contained in the organisation's 'Service User Guide' which was provided to people when they started with the service, although we did receive comments that two people were not aware of the complaints policy. People we spoke with said they found office staff approachable and were sure, if they needed to make a complaint, it would be taken seriously and resolved to a satisfactory standard. The registered persons kept a record of any complaints made, with information about what action was taken to resolve the matter.

The registered manager said there were good links with GP's, district nurses, community psychiatric

services, and social workers.

Good

Is the service well-led?

Our findings

The people we spoke with were positive about the management of the service. Survey respondents said they knew who to contact at the service if they needed to and people described management as; "Very nice," and, "Trustworthy." One person said when they came out of hospital they were very grateful to the registered manager when there was no food in the house, " She put herself out by going to the supermarket for us so we had something for the next day." Community professionals said, "Very professional and efficient but above all very kind and thoughtful," and "enormously helpful and compassionate….When we make requests for changes the agency have always endeavoured to meet our requirements."

People told us they knew who to contact in the agency if they needed to, the telephone was always answered promptly, and staff at the office were always as helpful as possible. People told us communication with the agency's office was very good and, "If I have a problem I will ring and they will sort it out for us. It is never any bother." Discussion within the management team showed genuine concern for people who used the service, with an emphasis on trying to resolve any problems or queries people had.

Staff said there was a positive culture in the organisation. The registered persons said they tried to establish a positive working culture by ensuring staff had good terms and conditions, arranging regular staff social events and rewarding good contributions to people's care such as having a 'Carer of the Month' award. We were told, "Overall they are a great company to work for, always responsive and always supportive. Very appreciative and complimentary and take any issues that have been raised seriously." A care worker said, "We have regular feedback from service uses and their families: thank you cards and letters and general positive feedback when communicating with them. If and when concerns are raised we deal with them in a positive and professional manner." Managers were described as, "Approachable and helpful…I have never worked with such caring and supportive managers who look after their staff so well." We were told there were staff meetings every three months. We saw minutes of staff meetings dated November 2016 and February 2016. The nominated individual said another meeting was "Due shortly."

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager, worked alongside other senior staff to ensure the smooth day to day running of the service. The nominated individual was also actively involved in the day to day running of the service. There were monthly management meetings for which we saw copies of the minutes.

There was an out of hours on call service. People we spoke with said when they had used this, any queries and problems had been resolved satisfactorily.

The service had effective systems to manage staff rosters; assessment and care planning; training; staff supervision and appraisal.

The registered persons monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. The registered manager and nominated individual completed some care shifts, and from conversations we had with them, knew people's needs well. People

and their families told us the management team were approachable and they were included in decisions about their care. Management said some spot checks were carried out to ensure care visits were completed to a satisfactory standard.

People were asked for their views on the service through informal discussion with staff and managers. One person for example told us, "Occasionally, someone pops in to see if all okay." The registered persons said they were due to complete a survey to ascertain the views of people about the service they received. The service had other quality assurance measures in place such as audits of care plans, staff training, accidents and incidents.

The manager was registered with the CQC in 2016. The registered persons have ensured CQC registration requirements, including the submission of notifications, such as of deaths or serious accidents, have been complied with.