

Miss Jessica Eastley

The Caring Hands

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

- The Caring Hands is a domiciliary care agency. It provides personal care to adults living in their own houses and flats, so that they can live as independently as possible.
- Not everyone using The Caring Hands receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.
- At the time of this inspection 57 people were using the service, 46 of whom were receiving personal care.

People's experience of using this service:

- Everyone told us they would recommend the service to others and some people already had. One person said, "I am very happy. I wouldn't want to change them at all. I would definitely recommend, I am always telling people I couldn't have better carers in the world." Another person added, "They (staff) are all very nice, I would recommend them. They help me out if I need them. I can rely on them if I have a problem."
- People were protected from abuse and avoidable harm and risks to people were managed safely.
- There were enough staff, with the right training and support, to meet people's needs and help them to stay safe. Staff provided care and support in a kind and compassionate way.
- The service acted in line with legislation and guidance regarding seeking people's consent. People were enabled to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People's privacy, dignity, and independence was respected and promoted. They received personalised care and were given opportunities to participate in activities of their choosing.
- Systems were in place for people to raise any concerns or complaints they might have about the service. Feedback was responded to in a positive way, to improve the quality of service provided.
- There was strong leadership at the service. The management team and the service culture they created drove and improved high-quality, person-centred care.
- Arrangements were in place to involve people in developing the service and seek their feedback, and systems were in place to monitor the quality of service provision and to drive continuous improvement. Opportunities for the service to learn and improve were welcomed and acted upon, and the service worked in partnership with other agencies for the benefit of the people living there.

Rating at last inspection:

This service has not been rated since the provider moved address in January 2018 and we undertook checks as part of that process. Prior to this the service was inspected and rated Good (published August 2016), at the provider's previous address. Details of that inspection can be found under the provider's old profile on the CQC website at www.cqc.org.uk

Why we inspected:

This was a planned inspection as part of CQC's routine inspection programme.

Follow up:

We will continue to monitor information about the service and will carry out another inspection in accordance with our published inspection programme. If any concerning information is received in the interim, we may inspect sooner.

For more details of this inspection, please see the full report which is on the CQC website at www.cqc.org.uk.

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

Good ●

Is the service effective?

The service was effective

Good ●

Is the service caring?

The service was caring

Good ●

Is the service responsive?

The service was responsive

Good ●

Is the service well-led?

The service was well-led

Good ●

The Caring Hands

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This comprehensive inspection was carried out on 6 and 7 March 2019 by one inspector, an inspection manager 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.

Service and service type:

The Caring Hands is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to adults.

The service is not required to have a registered manager because the provider is registered as an individual. This is someone who manages their own service(s) on a day-to-day basis, so do not also need to register as a manager. A registered person (provider or manager) is someone who is registered with the Care Quality Commission. They are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service three working days' notice of the inspection visit, because the management team are often out of the office supporting staff or providing care. We needed to be sure that they would be available.

The inspection started on 6 March 2019 and ended on 7 March 2019. We visited the office location on 6 March to see the management team and care staff; and to review care records and policies and procedures. We spoke with people and relatives by telephone on 6 and 7 March 2019, to ask them about their experience of using the service.

What we did:

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

Before this inspection we checked the information, we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us.

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. We also asked for feedback from the local authority who have a quality monitoring and commissioning role with the service. No concerns were reported.

We spoke with 12 people using the service, four relatives, the provider, the operations manager and three care staff, including one supervisor.

We looked at various records, including care records for three people, as well as other records relating to the running of the service. These included staff records, medicine records, audits and meeting minutes; so that we could corroborate our findings and ensure the care and support being provided to people was appropriate for them.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse and they followed local safeguarding protocols when required.
- People told us they felt safe. One person said, "They (staff) keep me safe, they always lock the door after them." A relative added, "They (staff) treat her well and keep her safe, very much so."
- Staff told us they had been trained to recognise abuse and protect people from the risk of abuse. They spoke confidently about reporting any concerns if they needed to.

Assessing risk, safety monitoring and management

- Risks to people, such as medicines and moving and handling, were managed so people were safe and their freedom respected.
- One person said, "They (staff) make sure I'm safe, things like they will check the water before I get in the shower and put a towel down for when I get out."
- People's care records contained clear guidance for staff on each person's agreed risk management approach.

Staffing and recruitment

- People told us the service was reliable with familiar, consistent care staff. A relative said, "On average we get the same staff and my (relative) knows them. They do try to send regulars as my (relative) does need that continuity."
- The service used a real-time communication system, enabling the management team to monitor when care calls were carried out or if any calls were missed. We checked the timings of calls for 10 people and found that most calls were taking place as planned. People confirmed if staff were delayed they would be kept informed.
- Some people told us they didn't always know who was coming to provide their care next. After the inspection the provider arranged for individual rotas to be sent out to everyone.
- Pre-employment checks were being carried out to ensure new staff were suitable to work at the service. Staff files we saw contained most required checks, but information about any health conditions was missing. The provider confirmed this information had been put in place soon after the inspection too.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines as prescribed. The provider was following safe protocols for the administration and recording of medicines, including PRN (as required) medicines.
- One person said, "They (staff) help me with my medication. I was losing tablets on the ground and couldn't pick them up so now they put them into my hand and get me a glass of water... I trust them to make sure I

have everything I need."

Preventing and controlling infection

- People told us they were protected by the prevention and control of infection. They recalled staff maintaining good hygiene using personal protective equipment (PPE). One person told us, "They always wear gloves and aprons."

Learning lessons when things go wrong

- The management team reviewed incidents that happened and used feedback from people, to improve safety across the service. They also monitored any changes that were made, to ensure lessons were learned and information cascaded accordingly. Staff confirmed they received regular information and updates electronically and through face to face meetings.

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

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 and their care delivered in line with current legislation, standards and evidence based guidance. The management team told us they kept themselves up to date through regular electronic bulletins from relevant health and social care organisations as well as face to face meetings with other local providers, to share good practice and information.
- One person confirmed the care they received helped them to have a good quality of life. They provided the following written feedback, 'They (staff) are so dedicated I cannot speak too highly of them. They have changed my life for the better'.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training in the areas the provider had identified as relevant to their roles. One person said, "I think they (staff) are well trained, they do what I need them to anyway. Sometimes there will be an extra one as they are learning on the job."
- Staff confirmed the induction process could be tailored to their needs and experience. One staff member told us they had appreciated this when they had started. They said, "I needed to make sure I knew what I was doing and no one came to any harm." Senior staff checked to make sure staff were competent before providing care to people too.
- Specific information had been developed to support staff with understanding people's needs, such as falls and medicines.
- Staff were provided with additional support to carry out their roles and responsibilities through meetings, electronic messages and ongoing supervision.

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

- Where the service was responsible, people told us they were supported to eat and drink enough to maintain a balanced diet. They told us that this was done well by staff, with food prepared to their liking. One person said, "They (staff) warm my dinners up, they always ask what I fancy that day. It is always presented nicely."
- If required, food and fluid charts were used to monitor anyone assessed as being at risk of not eating and drinking enough.

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

- Staff told us that people, or their relatives generally organised their routine healthcare appointments. However, they knew how to contact relevant healthcare professionals such as GP's or the community nursing team, if required and gave examples of when this had happened.

- People confirmed that staff followed advice from relevant healthcare professionals to ensure that they received appropriate care.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- The management team understood their responsibilities regarding the requirements of the MCA. They explained if someone using the service lacked capacity, then a best interest decision would be made to seek appropriate care for that person.
- They confirmed no one currently using the service was being deprived of their liberty, and as such it had not been necessary for any applications to be made to the Court of Protection. The Court of Protection makes decisions on financial or welfare matters for people who are not able to make decisions at the time they need to be made.
- People we spoke with confirmed they were asked for their consent before support and care was provided. Records we looked at supported this and showed that people were asked to consent to their care and support in advance too.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People unanimously told us that staff treated them with kindness and compassion. They thought staff looked professional too. One person said, "They are all so caring, the name is right, very fitting for the company. They keep me safe and happy and take great care of me." Another person added, "They (staff) will sit and chat with me, it is nice to have company. I look forward to them coming."
- All the staff we spoke with, enjoyed working at the service. They were motivated and spoke warmly about the people they provided care and support to.

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

- Staff encouraged people to express their views and be actively involved in making decisions about their care and daily routines. Records showed that staff were constantly reminded of the importance of involving people and offering them choices.
- One person told us, "They (staff) always ask if I would like to do things, they never assume. I do as much as I can for myself, though having them there is like a safety net."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and upheld. One person told us, "They (staff) make sure I am kept warm especially when I am in the bathroom. They use towels to look after my modesty. I have never felt embarrassed." Another person said, "They wear gloves and aprons and not only treat me with respect they always wipe their feet and look after my house. I trust them completely."
- The service used electronic methods to cascade information to staff and to record information about people's care needs and the support provided to them. The management team understood their responsibilities in terms of GDPR (general data protection regulation). They showed us they had worked with an external organisation to develop a new policy, to assist staff in ensuring information about people was treated confidentially.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People confirmed they had contributed to the planning of their care and support. A relative said, "We set up the care plan at the start and I am quite satisfied that it meets my (relative's) needs. Sometimes one of the senior carers comes and goes through it all."
- The service had introduced an electronic care planning system, which could be updated in real time meaning that changes, such as a new medicine being prescribed for someone, could be entered immediately onto the system. Personalised tasks could also be set up to ensure staff did not forget anything, such as giving someone a drink or emptying a bin. People, and their relatives if appropriate, could access their records electronically. Some people said they were still getting used to the new system, so the provider told us they would provide them with more information about how to use it.
- Care plans were personalised and set out how each person should receive their care and support, to meet their individual assessed needs and personal preferences. Additional records and monitoring charts were being maintained to demonstrate the care provided to people daily. People's needs were routinely reviewed with them, to ensure the care and support being provided was still appropriate and that their needs had not changed.
- Where the service was responsible, people were supported to follow their interests including activities within the local community. One person had provided the following written feedback 'I lost all my confidence and did not want to go out, they (staff) have changed that'.
- Staff understood the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. One person told us they were blind and although staff provided information to them verbally, they would prefer information in a different format. After the inspection the provider showed us they had developed an AIS policy and confirmed that the person would be provided with information in Braille and recorded voice format in future. They also told us this was the only person using the service that the AIS policy applied to at the current time.

Improving care quality in response to complaints or concerns

- Information had been developed to explain to people how to raise concerns or make a complaint, if they needed to. Everyone we spoke with confirmed they knew how to raise concerns or make a complaint. One person talked to us about a concern they had raised in the past and explained how this had been resolved to their satisfaction. They said, "I did once ask for one of the carers not to be sent again and I've never seen her since". A relative added, "All the paperwork regarding making a complaint is here but I have never needed to. I think they (staff) would listen and deal with anything though."
- The provider told us they had not received any complaints. They said they regularly checked with people to make sure they were happy with the service they received.
- We saw lots of people had taken the time to compliment and thank staff for the service provided to them or

their relative. One card we saw was addressed to named staff members and 'The other Angels'. Another read, 'Mum has said you (staff) feel like part of the family already - we really couldn't have asked for more'.

End of life care and support

- The service was not currently supporting anyone receiving end of life care. However, the provider confirmed that arrangements had been made in the past to support people at the end of their life to have a comfortable, dignified and pain free death. We saw several cards written by relatives that supported this. One relative had written, 'With grateful thanks to all our Caring Hands girls, you could not have done a better job. [Name of person] cared for you all'.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider managed the service on a day-to-day basis with the support of the operations manager. People felt positive about the way the service was managed and the support they received. They told us the management team were approachable, always polite, listened to requests and dealt with any issues. One person said, "The phone is always answered quickly." Another person added, "The staff in the office are very polite and often they are the people that come out to look after me anyway."
- Staff also spoke very positively about the management team and confirmed they felt well supported. One staff member said, "They don't rest, they always answer the phone if you need them."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team were organised, open and knowledgeable about the service and the needs of the people using it. They spoke about their roles with passion and it was evident that they both strove to provide an excellent service. The provider told us in their PIR, 'All members of management operate under a 'lead by example' style of management, with managers choosing to undertake care work themselves to operate as part of the team and keep up to date with clients and staff'.
- People confirmed the service was well organised and responded to their needs as required. One person said, "[Names of provider and operations manager] come to care and I feel I could always phone and ask questions or queries and they would listen. I wouldn't hesitate they are very approachable." A relative told us, "I feel it is a well organised company and it suits our needs very well."
- Everyone told us they would recommend the service to others and some people already had. One person said, "I would recommend them 100%, they are a very good company."

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

- Satisfaction surveys and face to face reviews ensured people, their relatives and staff were engaged and involved. The results of the latest satisfaction surveys completed earlier this year demonstrated a high level of satisfaction with the service people received, or as a place of work for staff. For example, all 25-people using the service who returned questionnaires said that they were satisfied with the service they received.
- Staff were motivated and proud to work at the service. It was evident from speaking with the provider how much they valued the whole staff team and encouraged their input and personal development. The provider had nominated the operations manager who had gone on to win the 2018 'Bedfordshire Business Women Female Employee of the Year' award. The provider explained this was because the operations manager

always went above and beyond in her role. In addition, staff told us that the provider operated a 'carer of the month' award with a financial incentive. One staff member said, "You feel valued because they are always praising us."

Continuous learning and improving care

There was a strong emphasis on continuous improvement and it was evident that the views of people using the service were at the core of quality monitoring and assurance arrangements.

- The provider had developed systems which promoted accountability and the delivery of demonstrable quality. Regular audits were being carried out so the provider could check the quality of service provision. We saw that the findings from audits was actively used for continuous learning; to improve, innovate and ensure sustainability.
- The provider responded positively to our findings from this inspection too. They took swift action which showed they listened to people and acted on feedback, to enhance their wellbeing and improve the service provided.
- Records showed that this happened on a day to day basis too. For example, when it became apparent that one person was at risk of falling, a personalised task had been built into their electronic care plan to remind staff to ensure they were wearing their emergency pendant, so they could call for help if needed. The person told us, "They (staff) check I am wearing my 'life line' and check it is working once a month."

Working in partnership with others

- The service worked in partnership with other key agencies and organisations such as the local authority and external health care professionals to support care provision, service development and joined-up care in an open and positive way.
- One person who had experienced a life changing health condition told us, "They (staff) are working with my occupational therapist to make sure I am getting as independent as possible. A new 'client progression pathway' form demonstrated that this was happening. The provider explained they had developed the form to record people's individual goals and achievements, to support them in terms of regaining their skills and independence as far as possible.