

Care at Hand Limited

Care at Hand Limited

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Care at Hand Limited is a domiciliary care agency providing personal care to people living in their own houses and flats. At the time of the inspection 35 people were using the service.

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

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

Risks to people had not been assessed or managed appropriately. Staff did not have sufficient guidance in place to support people's individual health needs safely.

People's medicines were not managed effectively. People's care plans and risk assessments were not up to date, and medicines administration charts did not always contain details relating to specific medicines and how these should be administered.

The provider did not have appropriate recruitment processes in place to ensure staff were safely employed. Staff did not always have up to date training and we received mixed feedback about the support staff received from the provider.

People's end of life care wishes were not assessed or recorded in people's care plans.

We have made a recommendation about the documentation of people's end of life care wishes.

The provider did not have robust processes in place to ensure they had oversight of the safety and quality of the service. The concerns found at inspection had not been identified by the checks completed by the provider.

People told us they felt safe and staff were kind and caring. People said their regular care staff knew them well but they did not always receive consistent staff and staff did not always arrive at the agreed times. People told us they were not updated about changes to their care visits.

People's capacity to make decisions had been assessed, however their consent to care had not always been clearly recorded. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The provider had made improvements to the personalisation of people's care records. People felt comfortable raising concerns; however, they did not always feel their concerns were acted upon.

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

Rating at last inspection and update

The last rating for this service was Requires improvement (published 28 August 2019) and there were five breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well-Led sections of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, recruitment and the oversight of the service. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Care at Hand Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience who conducted telephone calls to obtain feedback from people who used the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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

During the inspection

We spoke with nine people who used the service and seven relatives about their experience of the care provided. We spoke with five members of staff and the registered manager. We reviewed a range of records. This included six people's care and medicines records, three staff files and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to assess and mitigate risks to people and had not managed medicines processes safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Risks to people's safety were not always assessed or managed appropriately.
- Risk assessments were not always in place or fully completed. For example, one person's moving and handling risk assessment gave a list of their mobility equipment but did not explain what the person's mobility risks were or how to mitigate them.
- Staff did not always have guidance in place to explain what they should do if things went wrong. For example, one person's risk assessment for choking did not explain what staff should do if the person started choking.
- People's medicines care plans and risk assessments were not always in place or up to date. This meant staff may not have the most relevant information needed to support someone safely.
- Where people were supported with 'as required' medicines such as pain relief, there was no personalised guidance in place to explain how and when this medicine may be needed.
- People's medicines administration charts (MARs) did not always detail which medicines needed to be given a specific way. For example, one person needed to sit upright for 30 minutes following administration of their medicine. This information was not on their most recent MAR chart and was not included in their medicines care plan.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider had not completed the appropriate checks to ensure staff were safely recruited.
- Staff recruitment files showed there were gaps in applicant's employment history and the provider had not always requested an updated Disclosure and Barring Service (DBS) check for new employees.

The provider had not ensured robust recruitment processes were in place. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had failed to ensure sufficient staff were deployed to meet people's needs. This demonstrated a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People told us there were staff available to support them; however, we received mixed feedback about the consistency of staff and the timing of their visits. One person told us, "Staff generally turn up on time and I can phone them to see where they are. I am happy with the timings." Another said, "They are not always on time and there's no consistency. I keep getting agency workers and they are always rushing."
- Staff told us there had been an increase in the provider's use of agency workers due to staff leaving. One member of staff said, "Staff have left, so we're using agency now. Sometimes clients are added last minute, and it gets rushed."
- The provider had implemented a system to monitor missed and late visits to people's homes and kept a record of lessons learnt to drive improvements. However, people were not always notified of changes to staff or visit times.

Preventing and controlling infection

- The provider had not ensured all staff had up to date infection prevention and control training. The provider's training records showed some staff had been given refresher training at the start of the COVID-19 pandemic; however, this was not in place for all staff.
- The registered manager told us they had sent guidance to staff about the correct use of PPE during the pandemic and staff confirmed they had received information and had a good supply of PPE available.
- People and relatives told us staff wore appropriate personal protective equipment (PPE). One person said, "I think they're excellent - they wear their masks, aprons and gloves and they put them in the bin afterwards." One relative told us, "All the correct protocols are observed. They have kept [person] safe during Covid."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and knew how to raise any concerns. One person said, "I feel very comfortable with the staff. They phone to see if I am ok and if I leave a message for the manager, they will get back to me."
- Staff told us they knew how to raise concerns about people's safety. One member of staff said, "If I have any concerns, I will call the office straight away to report it."
- The provider had responded appropriately to safeguarding concerns and kept a record of safeguarding investigations and outcomes.

Learning lessons when things go wrong

- The provider had started to introduce new systems for monitoring when things went wrong. For example, missed visit reports were accompanied by a lessons learnt summary and staff meetings evidenced incidents were discussed with staff to look at how to prevent a reoccurrence.

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.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

At our last inspection the provider had failed to act in accordance with the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- People's capacity to make decisions had been considered by the provider. People's care plans contained information about what decisions they were able to make independently and when they may need support with decision making.
- People's consent to care had not always been clearly recorded in their care plans. A number of care plans contained blank or incomplete consent forms. The registered manager told us this was due to people being unable to physically sign, however this was not documented.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care plans contained an initial assessment of their needs.
- The provider had not always ensured information from people's initial assessment was transferred into guidance for staff. For example, one person's assessment stated they had epilepsy; however, no epilepsy guidelines or risk assessment was in place for staff to follow in case the person had a seizure.

Staff support: induction, training, skills and experience

- The provider had not ensured all staff had up to date training. Training records evidenced staff had not had refresher training in key areas including medicines management, safeguarding and moving and handling. This meant staff may not have the appropriate knowledge to support people safely.
- The provider had implemented a comprehensive induction for staff which included completion of the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff.
- People and relatives told us they felt staff had the right skills to meet their needs. One relative said, "It was the carers who recommended that they needed a hoist. They're good at spotting [person's] health needs and knowing what they can and cannot do."
- The provider supported staff through regular supervisions. One member of staff said, "I have regular supervision and I can use that time to ask for any extra support I might need."

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

- People told us staff knew how to support them with their dietary needs. One person said, "I am diabetic, and I have had conversations with staff about that." A relative told us, "[Person] has pureed food and staff support them to eat but also encourage them to be independent."
- People's care plans contained guidance on how staff should support them with eating and drinking during each visit.

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

- The provider had supported people to access health services when appropriate. Staff had contacted district nurses and the GP in order to support people's healthcare needs.
- Staff had promptly identified changes in people's needs and the provider had made referrals to support people with their mobility and eating and drinking needs.

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.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring in their support. One person said, "I can't thank them enough. They are wonderful, we sometimes laugh and have a joke. It's the fact that someone cares."
- People told us staff knew them well and knew how they liked to be supported. One person said, "They really know me. On a Friday they support me to wash my hair as they know my hairdresser comes on a Friday."
- People's care plans contained a breakdown of how they liked to be supported during each visit. Some care plans evidenced people's religious and cultural preferences; however, this was not consistently recorded.

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

- People told us they were involved in making decisions about their daily care.
- The provider had completed an initial assessment of people's needs and care plans contained information about what decisions people could make.
- We received mixed feedback about how often care plans were reviewed with people. One person told us, "It's not been done recently due to Covid. In the past they came around and looked at the folder" Another person said, "I can't remember a review, but I ring them if there's a problem. They're approachable and they will act on it."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were respectful in their support. One person said, "I have a good rapport with them, they are respectful and friendly."
- People were supported to maintain as much independence as possible. One relative told us, "The staff are lovely with [person]. There is a balance with encouraging them to do things for themselves and giving them choices."
- People's care plans provided guidance for staff about what people could do for themselves and when they needed support.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

End of life care and support

- The provider's assessment process did not consider whether people had any specific wishes for their future end of life care.
- Where people's needs had recently changed and they were now receiving end of life care, care plans had not been updated to reflect their end of life care wishes.

We recommend the provider consider current guidance on the recording of people's preferences and choices for their end of life care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to provide staff with information about people's personalised care needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The provider had introduced a new care plan format and was in the process of transferring care plans into the new template. The updated care plans were personalised and detailed how people liked to be supported; however, at the time of the inspection not all care plans had been reviewed and some information was out of date.
- People's care plans did not contain sufficient information about people's health needs or how this may impact on their support. For example, one person being supported had diabetes but there was no information in their care plan about how this may affect them, what staff should be aware of or how to respond if they had concerns.
- People's likes and dislikes were recorded, and care plans contained information about people's life history and important relationships.

Improving care quality in response to complaints or concerns

- The provider documented concerns raised by people and relatives; however, it was not always clear what actions had been taken in response. For example, where a concern had been raised about one carer's use of PPE, no action was recorded.
- People and relatives told us they felt comfortable raising concerns; however, we received mixed feedback

about the outcome to complaints. One person said, "I had a concern, they were nice to me on the phone and acted on it." A relative told us, "When I complained and talked to the office, there was no real conclusion."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS).

The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained information about their sensory and communication needs. For example, one person's initial assessment contained information about their vision and gave guidance on a particular font size for written communication.
- One person with sensory loss told us they found it difficult when new staff visited. They said, "I keep getting agency staff and I can't always identify them, so I tend to turn them away." The provider had responded by putting regular carers in place.

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.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection effective arrangements were not in place to assess and monitor the quality of the service provided to ensure compliance with regulatory requirements. This demonstrated a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider did not have robust systems in place to monitor safety and quality. Risk assessments were not always in place to ensure staff had guidance to support people safely and care plans were not always up to date or reviewed to ensure they contained relevant information.
- The provider did not have clear oversight of medicines management. Documentation about how to support people safely with their medicines was not up to date.
- The provider's system for monitoring staff knowledge and competency was not robust and had not highlighted the gaps in staff training.
- We received mixed feedback about the provider's communication with people and relatives when things went wrong. People told us their concerns had not always been actioned and they were not always kept up to date. One relative said, "I have mentioned [concern] but I don't seem to get any answers." Another person said, "They don't let me know of any changes, they don't phone me at all."

We found no evidence that people had been harmed; however, the systems in place to monitor the quality and safety of the service were not effective. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff told us they did not always feel supported in their role. One member of staff said, "I didn't feel

comfortable supporting a client as there wasn't a care plan in place, I didn't feel supported by the office." Another member of staff said, "They could improve the training and shadowing. Sometimes they just leave staff to get on with it. It can be overwhelming."

- We received mixed feedback about how people and staff viewed the service. One person said, "They are a B+ not an A, but you don't know that until they start visiting." A staff member told us, "The service could be really good, but they need to make some improvements to their paperwork."

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

- The provider had sought feedback about the service from people, relatives and staff through an annual satisfaction survey. The last survey had been sent out prior to the COVID-19 pandemic and the results had been shared and analysed with staff.
- People and relatives told us they had not been asked for feedback recently and did not always feel involved in the service. One person said, "I've not had any questionnaires." Another person told us, 'They have asked me for feedback in the past, but not since Covid.'
- Staff meetings and supervisions took place to enable staff to discuss any concerns or issues in the service.

Continuous learning and improving care; Working in partnership with others

- The provider had worked with the local authority, completing an action plan to make improvements to the service.
- Staff had attended care planning workshops, and this had led to the provider introducing a more personalised format for their care planning documentation.
- The provider worked in partnership with other healthcare professionals to ensure people's needs were being met. People's care plans contained information about the health professionals involved in their care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems in place to monitor the quality and safety of the service were not effective. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured robust recruitment processes were in place. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

