Caringhands@home Ltd

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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

This inspection was announced and we inspected the agency office on 12 April 2017. We carried out visits to people's homes over the course of a week, concluding on 20 April 2017. This is the first inspection of the service which was registered with the Care Quality Commission in October 2015.

Caringhands@home Limited is a domiciliary care service which provides care and support for people within their own homes. At the time of this inspection the service provided care to nine people.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager is also the registered provider.

People and relatives spoke very highly of all aspects of the service. They told us they felt safe with staff employed by the service. A safeguarding policy was in place and staff we spoke with were aware of their responsibilities in responding to any concerns of a safeguarding nature.

There were enough staff to meet people's needs. People's care was provided by a small team of staff, who knew people and their needs well. Processes were in place to ensure any staff absences could be covered so people still received their scheduled visits. Robust recruitment procedures had been followed.

Staff had undertaken training in a range of subjects through both online e-learning and face to face practical training. At the time of the inspection there were some gaps in staff training, but the registered manager showed us evidence this training had been booked for staff to attend shortly after our inspection. The registered manager was developing a training matrix to ensure staff skills and knowledge remained up to date.

Staff had received training in the administration of medicines. We noted some records did not include specific information about how to support people with their medicines, and have made a recommendation about this.

Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests'. We found the provider was complying with their legal requirements.

People we spoke with told us they were happy with the care they received. They told us care was planned around their choices and that staff were kind and respectful. People and relatives told us staff went out of their way to provide the best service they could.

People's needs had been assessed and care had been planned to meet those needs. We noted the level of detail in care plans was varied, however staff we spoke with were very knowledgeable about people and the care they required.

People were encouraged to share their feedback. The registered manager visited people to carry out reviews, 'spot checks' on staff conduct, and to provide care. People were also regularly asked to complete surveys which were themed around specific parts of their care delivery. We saw positive responses had been received to the most recent survey.

The service had not received any complaints since it had been operating. People we spoke with told us they would not hesitate in sharing any concerns, but that they were very satisfied with the service.

A range of checks were carried out to monitor the quality of the service. They had not highlighted the variance in details in care records, and have made a recommendation about this.

People and their relative's told us the service was managed very well. Staff told us they felt listened to and valued. Staff meetings were held regularly. The registered manager shared with us their vision for the culture of the service, which was to provide a caring and person-centred service. All of the staff we spoke with told us they agreed this culture was in place.

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.

A safeguarding policy was in place and safe recruitment procedures were followed to minimise the risk of abuse.

Accidents and incidents were monitored and there were enough staff to meet people's needs.

Medicines were managed appropriately.

Is the service effective?

Good

The service was effective.

Staff received training, supervisions and appraisals to ensure they had the skills and knowledge for their roles.

The service was operating within the principles of the Mental Capacity Act.

People were supported to access health professionals when required.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were friendly and warm. They described how staff had gone out of their way to provide them with a good service.

Staff knew people and their needs well.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and care was planned to meet those needs.

Care was provided by a small team of staff who knew people's

needs well.

People were supported to pursue their hobbies and take part in activities.

A complaints procedure was in place.

Is the service well-led?

Good

The service was well-led.

A range of tools were used to monitor the service provided.

A registered manager was in post, people spoke highly of her and the way the service was run.

Staff told us they felt well supported. People and relatives told us they had no concerns about the quality of the service.

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Detailed findings

Background to this inspection

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

This inspection took place on 12 April 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be available in the office to assist us. The inspection was carried out by one adult social care inspector.

Prior to our inspection the provider submitted a Provider Information Return (PIR). A PIR 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 reviewed all of the information contained within the PIR and also statutory notifications the provider had submitted. Statutory notifications are submitted to the Commission by registered persons in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They are reports of deaths and other incidents that have occurred within the service.

We contacted the local authority safeguarding and commissioning teams and local Healthwatch service. Prior to the inspection we sent people who used the service, and staff, a questionnaire. Five people and three staff members responded with their feedback about the service. We used the information that we gathered and reviewed to inform the planning of this inspection.

We visited the agency office and looked at the care and support records of three people who used the service. We looked at records related to the management of the service, such as audits, staff files and recruitment records. Over the course of one week we also visited three people who used the service in their own homes, and also spoke with two relatives. We concluded these visits on 20 April. During the inspection we spoke with the registered manager, and four care workers. We were sent information following the

inspection to support us with our enquiries.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe with staff from the service. One person said, "Undoubtedly I am safe. The staff are nothing but polite and respectful." Relatives confirmed this. One relative said, "The staff are very, very good. I feel confident knowing [my relative] is safe and happy." Prior to our inspection we sent people who used the service a questionnaire. All of the people who responded stated they agreed with the statement, "I feel safe from abuse and or harm from my care and support workers."

There were safeguarding policies and procedures in place to ensure staff were aware of how to respond to any concerns that people were subject to harm or abuse. All staff who responded to our questionnaire stated they agreed with the statement, 'People who use this care agency are safe from abuse and/or harm from the staff of this service'. Staff we spoke with were aware of their responsibilities and told us they would not hesitate to report any concerns to their manager. The registered manager told us no safeguarding incidents had occurred since the service had been operating. The registered manager had attended safeguarding alerter training from the local authority which focussed on identifying and responding to any concerns.

People who used the service told us that staff would call into the shops on their behalf to pick up groceries if they needed them. Where purchases like these had been made staff had recorded the information and retained receipts. Finance checks were carried out monthly by the registered manager to ensure monies had been handled appropriately. This meant arrangements were in place to minimise the risk of people being financially abused.

Assessments had been carried out to identify any risks to people using the service and to the staff supporting them. These included environmental risks as well as those related to people's needs, such as the risk a person may fall over, or any risks relating to accessing the community. Where risks had been identified, instructions had been provided for staff about the steps they should take to mitigate those risks.

The registered manager told us there had been no accidents or incidents involving people who used the service, but showed us the accidents recording system, which took into account how accidents had occurred, whether any action needed to be taken to mitigate the risk of accidents, and whether staff had responded appropriately.

Staff had received training in the safe handling of medicines. The registered manager told us she was in the process of introducing annual medicines competency assessments to ensure staff skills and knowledge remained up to date. People and relatives told us staff handled their medicines well. One relative said, "They are on top of the medicines, which is saying something as we receive quite a lot. They [the staff] picked up straight away when the dosettes [individual doses of medicines prepared by the pharmacy] were wrong. They know what medicine [person's name] is meant to have and check on them each time they give them. I'm not sure we would have picked up on that mistake. I was very impressed." Staff we spoke with had a good understanding of the support people needed in relation to their medicines. However we noted information about medicines within care records was varied as to the level of detail provided. Some

people's medicines records included clear instructions about the support that staff should give each person in respect of their medicines, describing what medicines had been prescribed and how they should be taken and how any risks relating to medicines should be mitigated. However others were less detailed. We discussed this with the registered manager who advised us she would review all of the records relating to medicines to ensure they included all of the relevant information.

We recommended that the provider reviews the NICE guidance, 'Managing medicines for adults receiving social care in the community' and ensures records evidence that this has been followed.

There were enough staff to meet people's needs. People and their relatives told us the service was very reliable. All of the people we spoke with told us staff were punctual. One person said, "The staff are always on time. If anything they are early." People told us they were visited by a small team of regular staff who they knew well. The registered manager told us that any unexpected staff shortage would be covered by other staff from the service. She said, "I have an excellent staff team. They would never let me or the people we look after down. They give me notice if they aren't available, and if something has cropped up so it is last minute then the rest of the team will rally round to make sure that people still get their calls." The registered manager told us, and people we spoke with confirmed that there had never been any 'missed calls' where staff had not attended people's scheduled visits. One person said, "No never. They arrive when they say they will." This meant people received a consistent service.

A recruitment policy had been followed to ensure people were supported by staff with the skills and experience to meet their needs. Each staff member had submitted an application form, attended an interview and were subject to two references before they started working for the service. Applications had been made to the Disclosure and Barring Service (DBS) to determine if potential employees had a criminal record or were barred from working with vulnerable people. The registered manager showed us a list of questions she asked all applicants to complete alongside their application form. The form explored potential staff's motivation for working within the care industry. The registered manager said, "I want people who really enjoy working in care. It is such a rewarding role, and I need any staff I employ to show me that they understand that and that they really want to be a part of it. This form is great as I can tell a lot about people who fill it in. It's pretty lengthy so it will show anyone who can't really be bothered to fill it in. That isn't the type of person who would work well in this team."

Good

Is the service effective?

Our findings

People we spoke, and their relatives, told us they were happy with the care and support they received from staff. One person said, "I am very happy. I consider myself fortunate to have such good care." A relative said, "The staff are very competent." All of the people who had responded to our survey stated they agreed with the statement, 'My care and support workers have the skills and knowledge to give me the care and support I need.'

Staff had received a range of face to face training and E-learning, including moving and handling, safe handling of medicines, health and safety, food hygiene and infection control. Staff we spoke with told us they felt they had been given appropriate training to be able to carry out their roles. We noted some staff had not attended all training modules, but the registered manager told us she was aware of these gaps in training and had arranged for all of the relevant training to be undertaken. She showed us evidence that these staff had been booked on to the training modules in the weeks after our inspection. The registered manager told us the staff member responsible for monitoring training had left the business, and she was now introducing a matrix to monitor staff training needs which would highlight when any updates were required.

Staff we spoke with told us they felt they had been given appropriate training for their roles. One staff member said, "Yes I've done all my courses." Another staff member said, "The training is brilliant. I have learned so much. You do the standard training, but I have learned the most from [registered manager's name]. She has taught me loads. She is so patient. When I haven't known how to do something she's walked me through it. It would be much easier for her if she had just taken over, but she's taken the time to teach me." All of the staff employed at the service had received, or were working towards a diploma in health and social care.

Newly employed staff received induction training and shadowed experienced workers. Staff completed an induction booklet to monitor their progress, which included reflective assessments and knowledge tests. Staff and the registered manager told us this shadowing arrangement was flexible to the needs of the staff and their understanding.

Staff told us that whenever they started supporting a person they had not visited before, they shadowed other staff who knew that person and their needs well. People we spoke with confirmed this. One staff member said, "I've never been sent to anyone that I've never clapped eyes on before. [Registered manager's name] will take us along first and introduce us first, so they know us and we can make sure we know what they need us to do."

Staff had regular opportunities to discuss their practice, their role and the needs of the people they supported. Staff told us they regularly met with the registered manager in supervision sessions. Supervision records showed these meetings were held approximately once every three months, and staff had also attended an appraisal to review their performance and discuss any development needs. One staff member said, "I speak to [registered manager] all of the time. We'll telephone to give updates and call in the office to

pick up paperwork. You don't need to wait until supervision to discuss anything."

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 made on their behalf must be in their best interests and be the least restrictive possible.

We checked whether the service was working within the principles of the MCA. The registered manager told us everyone who used the service had capacity to make their own decisions. She told us she would liaise with people's local authority care managers if she had any concerns over their ability to make choices. The registered manager told us no one who used the service required constant support to keep them safe, and was aware that if this was the case then applications would need to be made to the Court of Protection to grant authorisation. The Court of Protection make decisions on financial or welfare matters for people who are unable to do so for themselves.

People were supported to have their healthcare needs met. Records showed staff had monitored people's health and wellbeing and supported people to make appointments with their GPs when necessary. People told us staff from the service had accompanied them to appointments at the hospital if they had requested their support.

Some people who used the service were supported with meal preparation. Assessments when people began using the service included determining what support people required to meet their hydration and nutritional needs. Records included information on people's preferences and any allergies. People told us they were satisfied with this help they received from staff. One person said, "They are very helpful. They take something out of the freezer, or make me a sandwich or omelette. Anything I ask really. It's very good."

Good

Is the service caring?

Our findings

All of the people we spoke with, and their relatives, told us they were very happy with the service. People's comments included; "I think [name of staff member] is the nicest person on the planet", "The staff are great", "It's excellent", "You just need to mention what you need and they'll do whatever they can to help." People responded positively to the survey we sent them prior to the inspection. All of the people who responded stated they agreed with the statements, 'My care and support workers always treat me with respect and dignity' and 'My care and support workers are caring and kind'.

Staff we spoke with told us they enjoyed their roles and felt they provided a very good, caring service. One member of staff said, "I've worked other places when it's in and out, no time to talk, no time to actually care for people. That's why this is such a great company. It's not like that at all." Another staff member said, "No question it is a caring company. We are such a tight knit team, and the clients are so important to all of us."

People and staff spoke about examples where they felt the service had 'gone the extra mile'. One person told us staff would pop to the shop for them if they ever ran out of anything. They said, "They'll check as they leave if I need anything. They've come back to me after my visit has ended to bring me milk or a loaf of bread." One relative told us the registered manager dropped off a Sunday lunch every week for their relative. They said, "[Registered manager] is a really good cook. [Person's name] looks forward to it." Staff told us they would collect fish and chips from a local takeaway for some people before they visited them on a Friday. One staff member said, "Yes our Friday calls are very popular when we've been to the chippy. I joke that we are meals on wheels."

All of the people we spoke with told us that staff were open to helping them in any way that they asked. One person said, "They are just wonderful. I find it difficult to ask anyone for help. I'm used to being totally independent, but I'm getting there, as they are always asking 'what can we do'. [Name of staff member] bleached my floor for me the other day. I've had quite a few companies over the years and you don't get that with all of them. Ones I've had in the past couldn't get out of the door fast enough, so would never look for extra jobs the way these do. All the little extras put me at ease."

People had been provided with information about the service. Care records were kept in people's homes and they told us that they could look at them at any time. Care files contained information about the service including the telephone numbers for the agency office and what they should expect from the service. Information had also been provided to people about how they could make a complaint if they needed to.

People were given a rota on a weekly basis about which staff were scheduled to visit their home. People told us that this was helpful as they liked to know who they should expect to visit them. One person said, "It's no comparison to the last company. I never knew who was coming. I'd answer the door and have never seen the person before. With Caring Hands if the rota has to change for any reason then [registered manager] will ring and let me know who is coming."

People were included in planning their care. Care plans included information about people's preferences.

Some people's care plans detailed information about their previous jobs and names of their family. Whilst other people's care records were less detailed, all of the staff we spoke with had a good knowledge and understanding about people's preferences and life histories.

Relatives we spoke with told us they felt fully involved with the service. One relative said, "It's our first experience with a care service so we weren't entirely sure what to expect, but I think we have been very lucky. We can't fault them. They are part of the family. They know us very well now, not just [relative name]. [Registered manager] told us she looks on the business as looking after families, not just the patient."

The registered manager informed us that no one who used the service was currently using an advocate. She told us they would refer people to advocacy services if they felt they needed support to make decisions. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

Good

Is the service responsive?

Our findings

People and their relatives told us that their needs were well met by the service. One person said, "It's excellent." A relative told us, "The whole service is planned around us. Everything we have asked has been put in place."

Care records showed that the care planned for people was based on their individual needs. When people began using the service their needs were assessed by the registered manager who visited the person to determine the level of care and support they would need from staff. Assessments included details about people's physical and social needs, such as whether they needed support to transfer around their home, if they could verbally communicate their needs, or needed help to access the community. Care plans were then prepared which stated how staff should provide their support.

Care plans were varied in the level of information they provided. We saw some people's records were very specific and described clearly to staff how to deliver people's care. For example, we saw one person's records described each step staff should take when supporting a person with their personal care. Other records were more task based and did not contain personalised information. We discussed this with the registered manager who told us the care was provided by a small staff team who knew people very well, and that people were able to communicate their needs to staff. She told us she would review all of the care plans to ensure they were consistent in the level of detail provided. When we spoke with staff they were very knowledgeable about how to provide people with the care and support they needed. People and relatives confirmed this and told us that all of the staff provided them with consistent and good quality care.

People told us the service was responsive to their needs and preferences. The number of hours people received could vary from week to week, to accommodate people's requests. One person said, "You just need to text or ring [registered manager's name] if you need anything. They are flexible with me. If I've got a hospital appointment I'll say can we cancel Wednesday and come Thursday instead and that is absolutely fine."

Visits to people's homes varied in length depending on people's needs. Most visits lasted either thirty minutes or an hour, to provide people with meals, and tend to any personal care needs. People told us that staff always stayed their allotted time. One person said, "They never go early. If anything it's the other way around. They'll be asking me if I need anything else, and I'll say to them 'My time is up, you get yourself away'." Staff confirmed this, and told us that visits to people were well planned to give them sufficient travelling time between visits. One staff member said, "We get ample time in between calls, so you don't need to be constantly clock watching and out of the door as soon as you've ticked off all of your jobs. I've worked at other places where that is the case. It would be impossible to actually stay the full time and get to the next visit on time. But it's not like that here."

Some people who used the service included outings and activities within their package of care. People described visiting local beaches, historic buildings and cafes with staff. They told us the destination was their choice and that they enjoyed staff company on these visits.

People we spoke with told us they would know how to make a complaint if they needed to, but they told us they were very satisfied with their care. The registered manager told us no formal complaints had been made in the previous 12 months, but that a complaints procedure had been provided to all of the people who used their service which explained how any complaints would be investigated and responded to. She told us she was in regular contact with people who used the service and their families, and that she would ask them how they were finding the service so that she could address any minor issues as they arose.

Good

Is the service well-led?

Our findings

The registered manager of the service was also the provider. They were present during our inspection and assisted us with our enquiries. The registered manager had worked in the care industry for over 30 years and was currently working towards a level 5 diploma in Leadership for Health and Social Care.

The registered manager carried out a range of audits and checks to monitor the quality of the service. The records from people's homes were brought into the office on a monthly basis, and checked by the registered manager for any concerns. The registered manager carried out 'spot checks' where she visited people at their homes whist they received care from staff. During the spot checks she monitored staff conduct and talked to people about their experience of the care they received. She also carried out three monthly care checks where she reviewed people's care records, assessed people's needs, and discussed their satisfaction. Whilst records showed these checks were carried out regularly, they had not addressed the variance in the level of detail in care records.
We recommended that the registered manager reviews their quality monitoring system to ensure it highlights all necessary areas for improvement.

The registered manager told us she had started the company with a partner, who had left the organisation approximately four months before our inspection, and therefore she had recently taken on extra responsibilities for the management of the service. She advised us that she was getting to grips with additional tasks and she could evidence the steps she had taken to drive improvements.

People, relatives and staff were positive in their feedback about the management of the service. The registered manager told us she worked one shift per week delivering care to people, and also stepped in to cover any unexpected staff absence. She told us she thought this was important to keep up to date with people's needs and to allow her to check in with people and their relatives in an informal basis, in addition to the quality monitoring she carried out. All of the people we spoke with told us they knew the registered manager well, and that they would feel comfortable sharing any concerns with her.

Staff told us the communication from the office team was good. One staff member said, "We are a really good team. If someone needs to let us know that one of the clients is ill, they will call the office, and [registered manager] will contact the staff team so that everyone is up to date with what is going on. Same with medicines or anything like that." People and relatives confirmed this, telling us that staff were kept well informed with any changes to their care package or needs.

The registered manager told us that she was passionate about delivering good quality, and person centred care. She told us after working for a number of care providers she wanted to start a company which put people and their families at the forefront of care. She told us she communicated this vision to staff from recruitment and through regular supervisions and staff meetings. Staff we spoke with re-iterated this to us and spoke about the pride they felt in working for the company. One staff member said, "Its run very well. It is extremely well-led. We are in regular contact with [registered manager] and it's always been very clear of what is expected of us." Another staff member said, "It's the best job I've had. [Registered manager] is an

amazing boss. She wants to make a difference to people and she really is."

Staff we spoke with told us they felt valued and listened to. One member of staff said, "Everyone in the team is valued. We're part of making decisions. If we say we think someone needs to be checked out or referred then it's is done." Another staff member said, "We get regular team meetings and supervisions. We are always being asked for our views or what we think we could be doing more."

People were encouraged to share their experiences of the service. Satisfaction surveys focusing on specific areas had been sent every three months to people and their relatives. We saw results from the most recent questionnaires were very positive.