

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

The Caring Hands is a domiciliary care agency which provides personal care to people in their own homes to enable them to maintain their independence. At the time of our inspection approximately 17 people were receiving support with personal care.

The inspection was announced and took place on 11 and 12 August 2016.

The service had a registered manager in post. 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.

Staff were knowledgeable about the risks of abuse and understood how to respond appropriately to any safeguarding concerns. Risks to people and the environment had been assessed and identified hazards which people may face. They provided guidance for staff to manage any risk of harm.

Staff had been recruited in to their roles safely. Effective recruitment processes were in place and followed by the service and there were sufficient numbers of staff available to meet people's care and support needs. Staff had undergone appropriate checks before commencing their employment to ensure they were safe to work with people.

People told us that their medicines were administered safely and on time in accordance with their prescription.

Staff members had induction training when joining the service, as well as regular on-going training. The service had a robust training system that was based upon the specific needs of the people receiving support, and gave staff the opportunity to continuously develop their skills in a way that was specifically relevant to the people they supported. Staff received regular supervision and support to identify areas for self-development and to ensure they remained competent to meet people's needs in the best possible way.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People were happy with the support they received with food and drink. They were able to choose the food and drink they wanted and staff supported them with this. People told us that staff were able to support them with access to health appointments when necessary.

Staff supported people in a caring manner. They knew the people they were supporting well and understood their requirements for care. People's care was person-centred. Care plans had been written with people's involvement to ensure they were reflective of their needs, wishes and preferences and were

reviewed on a regular basis to ensure they were accurate and up-to-date. People were able to contribute to the way in which they were supported. People told us their privacy and dignity was respected and felt that the provision of care had enabled meaningful relationships to be forged between them and staff.

People were supported to achieve goals that required planning and support from staff that knew them well. As a result of this positive outcomes were achieved for people, which made them feel empowered and part of the local community.

The service had a complaints procedure in place and people knew how to use it. Any complaints made were dealt with appropriately.

Staff were aware of their roles and responsibilities and were motivated to perform them well and meet people's needs. People and staff were positive about the leadership at the service. They felt well supported and were able to approach the registered manager and team leaders whenever they needed to. Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed

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.

Staff were aware of the principles of safeguarding, and used this knowledge to protect people from harm.

Where risks to individuals were identified, risk assessments were in place to minimise any adverse effects from these.

Staffing arrangements meant there were sufficient staff to meet people's needs and the service followed robust procedures to recruit staff safely.

Medicines were managed safely which meant that people received their medication in accordance with prescribed guidelines.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that had appropriate skills and had received the training they required to perform their role.

The service was meeting the requirements of the Mental Capacity Act 2005 and staff were aware of their responsibilities to always act in a person's best interests.

Staff provided people with support with meals where required.

People's health needs were monitored and reviewed and advice sought from healthcare professionals as and when required.

Is the service caring?

Good ●

The service was caring.

People were happy with the care provided and had good relationships with staff.

Staff demonstrated they had a good understanding of the people they were supporting. People were treated with respect.

Systems were in place to make sure staff had all the information they needed to meet people's assessed needs.

People and their relatives were consulted about their assessments and involved in developing their care plans.

Is the service responsive?

Good ●

This service was responsive.

People and their relatives were involved in decisions about their care.

People had their needs assessed and staff knew how to meet them. The service was flexible in the way it provided care.

There was an effective complaints procedure in place. Concerns and feedback were discussed with staff to identify lessons learned and improve the service.

Is the service well-led?

Good ●

This service was well led.

The service was led by a registered manager who had vision and values that were shared by staff, for the development of the service.

There was an open and positive culture at the service.

Systems were in place to ensure people and staff were supported by the management and the provider.

Quality control systems were in place to ensure care was delivered to a good standard and areas for development and improvement were identified.

The 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 checked 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 11 and 12 August 2016, and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure staff would be available for us to talk to, and that records would be accessible.

The inspection was undertaken by two inspectors, one of whom made the telephone calls to people to gather their feedback.

Before the inspection, 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 checked the information we held about the service and the provider and saw that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service. We also contacted the local authority that commissions the service to obtain their views about the provision of care to people.

We spoke with seven people who used the service and one relative and reviewed written comments from five further people. We also spoke with the registered manager and four members of care staff.

We looked at six people's care records to see if they were reflective of their current needs. We reviewed four staff recruitment files, staff duty rotas and staff training records. We also looked at further records relating to the management of the service, including quality audits, in order to ensure that robust quality monitoring systems were in place.

Is the service safe?

Our findings

People told us they felt safe when they received care from the service and felt that staff protected them from harm or abuse. One person said, "The carers do everything to keep me safe." Another person told us, "They definitely treat me well." The support provided to people by staff promoted safety within their own homes.

We spoke with staff about safeguarding procedures, and found they had a good understanding of the signs of abuse, and how to report it. One staff member told us, "I would report it to the manager, no doubt." Another staff member said, "If an incident occurs then we would discuss it between us to see if it needs to be raised as a safeguarding." The registered manager told us that they had a good working relationship with the local authority and would not hesitate to discuss any areas of concern that they had about someone's safety. We found that staff attended regular training on protecting people from abuse, and also had their competency checked, so that where there were any gaps in knowledge, these could be addressed. Records confirmed that the registered manager was aware of the requirement to notify the Care Quality Commission (CQC) about incidents as required.

Staff told us that they would report any accidents or incidents to the registered manager, should these occur because they wanted people to remain as safe as they could be. Where necessary, we found that incidents were reported to external organisations, such as the local authority or CQC. Records confirmed that accident or incidents were fully investigated and appropriate action taken as a result.

People had detailed risk assessments in place that covered the potential risk factors that existed. One person said, "They manage risks well." They told us they were aware that staff used information to help keep them safe. They also considered that the way in which staff supported them enabled them to take controlled risks, for example, accessing the local community empowered them to have maximum independence. Staff considered that risk assessments were valuable tools in supporting people, especially when used in conjunction with care plans.

Examples of risk assessments included mobility, nutrition, communication and medication. The risk assessments we saw detailed the risks present, and the method of support the staff should take to maximise people's independence whilst remaining safe. All the risk assessments we viewed had been monitored and updated to reflect any changes necessary. People had individual risk assessments in place to promote and protect their safety.

There were also general risk assessments in place to manage risks to staff and the service, including a business continuity plan which had been implemented by the provider. This provided guidance on actions for the service to take in emergency situations, such as inclement weather or high levels of staff absence.

There was enough staff to provide appropriate care and support for people. The people we spoke with told us that they had consistent members of staff to provide their support; they arrived on time, and supported them for the amount of time that they were allotted. One person said, "If they are going to be late they give me a ring. It's never often and they've never missed a visit." In written feedback received as part of the

inspection process, a relative commented, "Reliability is important as my father has Dementia; he feels safe, secure and enjoys seeing the carers."

The staff we spoke with all told us that they thought there was enough staff within the service to cover the shifts needed. One staff member said, "We are a small team, and sometimes we cover for other people's visits. There is always enough staff to help each other out." Another staff member told us, "There are enough of us and although we are busy, we have enough time and have no trouble in doing what we need to. We can spend time with people, have chats and give them what they need. If we need extra time we just ring the office." We saw staffing schedules which showed that each staff member had set times for visits and travel time in between calls. Rotas were compiled in advance which gave staff the opportunity to forward plan and make changes to their normal routine if required. We found that there were sufficient numbers of staff available to keep the current group of people who used the service safe.

People were protected because there were effective recruitment procedures in place. One person told us, "The manager is very good; she doesn't employ anybody unless they are up to standard. She investigates them before she employs them." Records were well organised and new staff had completed application forms, which included a full employment history. We saw interview questions and answers and completed skills tests with evidence of Disclosure and Barring Service (DBS) checks, proof of identification and two references. There was an effective recruitment and selection process in place which ensured staff were checked before they began working with people who used the service.

Medication was administered to people safely. People told us that they were happy with the way they were supported to take any medicines. One person said, "They give me my medication in the morning and at night. They always get it right." In written feedback received as part of the inspection process, a relative commented, "Since The Caring Hands have been in place he is calmer and they reassure him when he follows his checking, recording and taking of his medication." Staff told us that they supported people with the administration of medication based upon the level of support they had been assessed as needing. We saw Medication Administration Records (MAR) that showed the type, route and dosage of medication, and they were all signed accurately with no gaps. We saw that all staff had undergone medication training and competency checks to monitor the quality and safety of the service. We found that quality audits regularly took place to check the accuracy of medication administration and its recording.

Is the service effective?

Our findings

Staff had the knowledge and skills to support people appropriately. All the people we spoke with told us that they thought the staff were well trained and knew how to support them well. One person said, "New staff come in with other staff. They seem to get training as well." Another person told us, "They must be well trained, they know what to do." Staff were confident that the training and guidance they received enabled them to work in the right way to meet people's needs.

Induction training was provided to all staff members when they started employment with the service. The registered manager told us that the staff took part in core training and that this was then followed by shadowing other more experienced staff until they were confident. Staff confirmed this to be the case. One staff member said, "The induction was really good. I had three weeks of shadowing and lots of support from everybody. It was really good." Staff explained that the process was beneficial in giving them experience of the work they had been employed to do. Competency was assessed through a series of observations, in areas such as administration of medication and moving and handling people, during spot checks in people's homes.

Staff also told us they received regular training to maintain their skills and keep their knowledge current and up-to-date. They said that the training they received was good and helped them to develop new skills and provide appropriate care for people based upon their needs. One staff member said, "The training gives us the knowledge we need; we have to do face to face, complete work books and we get the answers back." Another staff member told us, "We have moving and handling training, safeguarding and medication." In written feedback received as part of this inspection planning, one staff member commented, "I can honestly say my experience working for The Caring Hands has been very positive. My manager has supported me every step of the way, making sure I'd had full training and I shadowed existing carers until I felt confident and comfortable in my role in order to undertake care without supervision." The registered manager told us, and records confirmed that staff had been supported to undertake additional vocational training. Records showed that staff had attended training which included safeguarding, infection control and manual handling which was appropriate for their role.

Staff received supervision on a regular basis. One staff member said, "Supervisions are really helpful to talk about training needs." Those that had worked at the service for more than a year said they had an annual review of their work performance, during which their training needs were identified. If they had any problems or questions between supervisions, they could go to the registered manager, who they said was very supportive and always accessible to them. One staff member said, "There is no stupid question. [Name of Registered Manager] is really approachable and never makes you feel stupid." Staff told us they were also subject to unannounced checks and field supervisions carried out by the registered manager. This meant that their working practices were evaluated and they received feedback on the findings so that any improvements could be made.

Staff gained consent from people before carrying out any care tasks. One person told us, "They ask me before they do things." We saw that people had various consent forms within their files which they or a

family member had signed. All the people we spoke with made similar positive comments and were happy that their decisions had been respected.

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.

The registered manager and staff told us they had received training on the requirements of the Mental Capacity Act 2005 (MCA) and advised that they would always liaise with the local authority if they had any concerns about a person's fluctuating capacity. Records confirmed that staff understood people's rights to make decisions about their own care and support.

People were supported to maintain a healthy and balanced diet. They told us that staff members helped them with meals and drinks as and when required. The staff we spoke with told us that most people receive family support for meals, but they did help some of the people they visited. We saw that people had documentation on dietary and fluid needs within their files where necessary, and that staff had recorded any support with food and drinks within daily notes.

People had support to access healthcare services. All of the people we spoke with told us that family members usually supported them to health appointments, but the staff could help them if they needed and let them know. One person told us, "The carers will come with me and take me to hospital and things like that." In written feedback, a relative commented, "They were also very observant as to any problems with my Mother's health and would contact GP or District Nurse as necessary. I was always informed straight away as to what they had done. I really cannot praise them enough." Staff told us if they had any concerns about people's health that would assess the situation and either contact the GP or ambulance service, or contact the office for further advice. We saw that people had information within their files that detailed their medical needs and the support that they had been given.

Is the service caring?

Our findings

People were extremely happy with the care they received and told us that staff supported them in a warm, friendly and caring manner. One person said, "The Queen of England couldn't have better care than I get." They went on to say, ""The care I receive is immaculate. You can't have any better." Another person told us, "They are very nice, very pleasant girls." We were also told, "I can't manage without them and I don't want anybody else."

A relative told us, "The Caring Hands have made such a difference to my life and that of my father. I have the confidence that my father is really being looked after." The written comments that we reviewed also confirmed that people were very satisfied with the quality of care they received from the service. One read, "If I could find a word better than 'excellent' it would go in this box. I am very pleased and happy with the service." People felt confident that staff valued and cared for them as people.

People told us that they were treated with kindness and compassion by staff that had their best interests at heart. One person said, "They chat and are friendly, they know lots about me. They talk about my family with me as well." A relative commented, "They carers are lovely. They are friendly and make things so much better for us." The staff we spoke with all felt that as they were able to regularly support the same people, they were able to get to know them and develop caring relationships. One staff member said, "We have our regular people which is nice because we get to know them, they get to know us and we can build up a good relationship, talk about things that matter, become friends." All the people we spoke with confirmed that they had regular staff members support them, and that they always got a phone call should anything need to change.

Staff were positive about the service and the relationships they had developed with people. One staff member told us, "We really love coming in to work each day, it's nice to look forward to coming in to work." Another staff member said, "We get to be friends with the people we support, we care about them, think about them when we are off and wonder what they are doing, if they are ok." Staff also told us that they tried hard to ensure that people had a good quality of life. Staff were passionate, motivated and very enthusiastic when talking to us about the care they provided people with. They strived to provide good care for people and to ensure they felt valued, empowered and cared for.

Staff knew the preferences of the people they were supporting. All the staff we spoke with were able to explain in detail how people liked to be supported and what their personalities and personal histories were about. We saw that the service valued and promoted positive and caring relationships between staff and people. Examples of positive relationships and interactions with people were recorded and shared within the staff team. This helped to embed a caring approach across the whole staff team.

People said they had provided the service with information used to compile their care plans and were enabled to make decisions about the support they wanted from the staff. One person told us, ""I've got a care plan; I was part of putting that together." People felt that care plans enabled staff to provide the care that they wanted.

Records showed that people had been asked about their language preference and any equality and diversity issues which might impact upon their care, including cultural considerations. Where specific requests had been made the registered manager told us, and records confirmed, that appropriate staff would be provided. As a result of this process people felt involved and included in the service. Everyone we spoke with told us that the communication between them and the staff was excellent.

Care plans were updated regularly and relatives were provided with information on a regular basis, whenever things changed. We looked at people's care plans and saw that they had been individualised to meet people's specific needs. One person told us, "Everything is written down in my plan. They involved me and I am happy with what has been written." There was evidence of people's involvement in their care plans and signatures to state they agreed with the content of them.

The registered manager told us that they provided people and their families with information about the service when they were assessed. This included a welcome pack which provided information about the services and the support offered and provided people with sufficient information to determine if the service was right for them.

People's privacy and dignity was respected by staff. One person said, ""They treat me in a dignified way, they are polite and listen to what I say." A relative commented about their loved one, "The carers build up a relationship with him whilst treating him with respect and dignity." All the people we spoke with said that they were happy with the way the staff treated them and that their privacy was always respected. The staff we spoke with were all aware of respecting privacy within people's home. We saw that policies were in place to ensure that all staff respected privacy and dignity of people and this was promoted within the staff team. Staff worked hard to promote people's independence, privacy and dignity whilst providing care and to protect people's confidentiality.

Is the service responsive?

Our findings

People felt they received personalised care because of their involvement within their care planning before the service commenced. They were asked for their views about how they wanted their support to be provided, for example, about their preferences for their daily routine or whether they required support with meal preparation. Records confirmed this to be the case and helped the service to ensure they could meet people's needs appropriately in a person centred manner.

People told us they had been visited prior to the package of care being commenced. Staff and the registered manager told us that pre-admission assessments of people's needs were carried out prior to a package of care being commenced. The registered manager told us that people and their relatives were given appropriate information and the opportunity to see if the service was right for them before support was commenced. People's likes, dislikes and preferences for how care was to be carried out were all assessed at the time of admission and reviewed on a regular basis. Records confirmed that pre-admission assessments were completed for people prior to a package being agreed.

Assessments that had been undertaken detailed people's past medical histories, their likes and dislikes, preferred routines and any care needs that they required support with. People were consulted and were able to tell the service what their needs were and how they wanted them to be met, including what time of the day they required their support. One person told us, "There is a care plan in place, they talked to me about it and made sure I was happy." We found that information was obtained about people's allergies and that their level of independence was assessed, so that suitable care could be delivered. Care was person-centred to ensure it was representative of people's choices and decisions.

People told us that staff were aware of how they wanted their care and treatment to be given to them, for example, in respect of support with medication. During our conversations with staff it was evident that they had a good awareness of people's needs. They told us that they were involved in reviews of care along with the person and their relative if appropriate. One staff member said, "Changes are communicated really quickly to us, we get to know about them so we can make sure people have the right care that they need." Care plans were specific to people as individuals and provided staff with information on how to manage people's individual needs. They were reviewed on a regular basis and updated as and when people's needs changed. People had the opportunity to contribute to their care and tell the agency if the support still met their needs.

Staff were knowledgeable about the people they supported and were aware of their preferences and interests, as well as their health and support needs. They understood the support each person required to meet their assessed needs, even when they were visiting people they did not see on a regular basis because of the regular updates they received from senior staff. One staff member said, "The care plans are so detailed, down to really small details you can't miss out on things, they are good." Any changes in people's needs were passed on to staff through phone calls, handovers and supervisions. This enabled them to provide an individual service that was reflective of people's current needs.

People's care and support plans, as well as reviews of care, were agreed by the person or their representative. People confirmed that they had been involved in these reviews and told us that staff were flexible and gave them an opportunity to give feedback. They also said they were also supported to make any suggestions they may have regarding the care and support provided.

People and their relatives were aware of the formal complaints procedure and knew how to make a complaint, if they needed to. One person said, "I have no complaints, they are very good. I would know how to complain if I had to." Another person told us, "I've no complaints, it's the last thing in the world that I'd want to do." People told us that they would tell a member of staff if they had anything to complain about and were confident the service would listen to them if they had to make a formal complaint. There was an effective complaints system in place that enabled improvements to be made. We looked at the complaints file and saw that the registered manager had dealt with complaints in a timely manner and in line with the provider policy. A system was in place to analyse the complaints, so the provider could learn lessons and act to prevent similar complaints from occurring in the future.

People were also supported to express their views about the provision of service through means of annual questionnaires. The registered manager told us they sent out questionnaires to each person who used the service to determine how the service was performing. An analysis of the results on any areas that had been highlighted as requiring improvement was completed and used to make improvements. People were welcome to contact the office at any time if they wished to discuss anything about their support with the registered manager.

Is the service well-led?

Our findings

The service had a registered manager in post. Staff told us that the registered manager offered support and advice and was accessible to both staff and people. We were told that they were based in the office and we observed that the registered manager was flexible and 'hands on' in their approach, willing to work in the field and support staff at any time. This approach was appreciated by people, relatives and staff who were positive in their comments.

We found that the registered manager was supported by an operational manager and a team of care staff. Staff said that the management structure within the service promoted a positive feeling as they gave on-going advice and support and ensured that staff knew what was expected of them.

The service had a positive and open culture. People told us they were treated as individuals and that staff were committed to their role. One person said, "The manager is lovely. She comes to visit me to check that everything is okay. She tells me I can ring her at any time if I need to." They explained that they felt valued by the service. Another person told us, "The lady that runs it is excellent and comes on a regular basis to make sure everything is ok. She often takes her turn doing the care." Staff told us that there was positive leadership in place. This encouraged a transparent culture for staff to work in and meant that staff were fully aware of their roles and responsibilities. One staff member said, "I wouldn't want to work anywhere else, we all get on really well and want to make sure people have the best care." Another staff member told us, "We really are like a big family."

All of the staff we spoke with understood their aims and objectives and how to work to achieve these. None of the staff we spoke with had any issues or concerns about how the service was being run and were positive about working for the provider. One staff member told us, "I have no worries about how things are run, the manager is really accessible and approachable, just like one of us." We were also told, "We get lots of support and have that motivation to do our job well."

Staff told us that they regularly had the opportunity to discuss people's care and share information with their colleagues. This was undertaken formally, in staff meetings, and informally, through discussions by phone or face-to-face. The registered manager and staff also told us about how they had recently started to use technology to enhance their ability to communicate. Using this they were able to update each other confidentially, about any changes to people's needs, seek guidance and support from each other and keep in contact with each other as a means of support. This was seen to be a really positive addition to their working life and was used to benefit how care was given to people, as well as improving communication for staff.

During our inspection we saw that they were relaxed and exchanged jokes and positive communication with one another. They also used these opportunities to share information about people and their care each other and the registered manager. We saw records to show that staff meetings took place and that staff had the opportunity to discuss any areas of concern or give feedback about people's care. Throughout our visit there was an open, honest and positive atmosphere at the service and amongst the staff. Records showed

staff meetings were held for all staff and the minutes showed that management openly discussed issues and concerns.

The registered manager told us that they wanted to provide good quality care and it was evident they were continually working to improve the service provided. They told us, "It is really important to me that we give the best possible care; I want to be the best and have a team of staff that are likeminded. We all want to be the very best we can. I want to grow but not get too big as I still want us to keep the family feeling that we have." In order to ensure that this took place, we saw that they worked closely with staff, working in cooperation to achieve good quality care and providing hands on care to people when this was required. The registered manager told us that by working alongside staff, this enabled them to understand what staff faced and to determine ways to improve things for them.

We found that the registered manager provided the Care Quality Commission (CQC) with required information, such as notifications of safeguarding incidents, as per their regulatory requirements.

We saw that a variety of audits were carried out on areas which included health and safety, infection control, catering and medication. We found that when required, there were actions plans in place to address any areas for improvement. This showed that the service undertook regular reviews of its performance so that continued efforts could be made to drive future improvement.