

Caring Hands (Domiciliary Care) Ltd

# Caring Hands E M Limited

## Inspection report

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Date of inspection visit:  
14 December 2017  
21 December 2017

Date of publication:  
22 February 2018

## 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

We carried out an announced inspection of the service on 14 and 22 December 2017

Caring Hands EM Limited is a domiciliary care agency and provides personal care and support to people living in their own homes. There were 132 people receiving care at the time of our visit. The service was last inspected 9 November 2015 and the rating for that inspection was Good.

We inspected the service due to concern raised by the Local Authority and East Midlands Ambulance Service. There was an on-going safeguarding, which we discussed with the registered manager during the inspection. The registered manager had reviewed the safeguarding issue as far as they were able to with the information available to them.

There was a manager registered with the Care Quality Commission (CQC). 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.

People told us they felt safe when staff supported them within their home. Systems were in place to monitor and report safeguarding concerns. Staff understood what constituted as abuse and that abuse should be reported. Risks were assessed and reviewed regularly and reflected people's current needs.

There were sufficient numbers of suitably qualified and experienced staff in place to keep people safe. Safe recruitment processes were in place. There were processes in place to ensure medicines were handled and administered safely.

Staff received sufficient training, regular supervision and felt supported by the management team. The principles of the Mental Capacity Act 2005 (MCA) were considered when supporting people. People were supported and encouraged to follow a healthy and balanced diet. People's day to day health needs were met effectively by the staff.

People and their families continued to have a good relationship with the staff that cared and supported them. People were treated with respect and dignity by kind and compassionate staff. People received information if they wished to speak with an independent advocate.

Care was planned and reflected people's needs. People knew how to raise concerns or complaints and were encouraged to do so if needed. The provider followed their procedures to ensure any complaints or concerns were dealt with in a timely manner.

People felt the service was run well, but the geographic of the care routes could be better organised. Staff felt supported by the manager of the service and the registered manager. There were systems in place to

monitor the quality of the service. The service was open and transparent.

We have made a recommendation regarding people's call times and the consistency of the calls to people.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Caring Hands E M Limited

## Detailed findings

### Background to this inspection

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

The inspection was a comprehensive inspection, which took place on 14 and 22 December 2017 and was announced. We gave the provider 48 hours' notice because we needed to be sure someone would be available to meet with us.

The inspection team consisted of one inspector and two Experts by Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We did not request a Provider Information Return (PIR), because the inspection was not a planned inspection. However, we reviewed other information we held about the service such as notifications, which are events which had happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During our visit we shadowed one member of staff and observed care and support being provided in people's homes.

We spoke with 19 people who used the service and 10 relatives. We spoke with one senior carer, two care assistants, three care coordinators, the deputy manager and the registered manager.

We looked at all or parts of the care records for five people, the training and induction records for five staff and five people's medicine records along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

We also consulted other professionals and commissioners of the service who shared with us their views

about the care provided.

# Is the service safe?

## Our findings

People continued to receive safe care. All the people we spoke with told us they felt safe in their own home and with the staff that cared for them. One person said, "I feel very safe." Another person said, "I definitely feel safe with them [staff]. I only have one call now as I am quite independent, but I know my limits and they [staff] ensure I am safe and organised before they leave, locking the door when they go as well." One person told us they were having problems with their heating. They went on to described how staff made sure they [the person] had sufficient hot drinks and warm clothing on whilst the issue was fixed. Relatives told us they were confident their family members were in safe hands with staff that provided their care. One relative said, "I feel my relation is quiet safe with staff. They are brilliant with [relation] and ensure they are supported when moving from the mobile hoist to their wheelchair, making sure they do not fall."

The registered manager described the reporting process for safeguarding concerns. There were systems in place to record and monitor safeguarding issues and concerns. All staff had training on abuse and this training was renewed and refreshed regularly. Staff understood what constituted as abuse and that abuse should be reported.

Records we looked at identified safeguarding's had been reported and dealt with in line with the provider's policy and procedures. There was one safeguarding issue still in progress at the time of our inspection. The provider had completed an investigation and was working with the local safeguarding team to resolve the issue.

People's needs were assessed and risks were identified and managed. Risk assessments reflected people's current needs. For example, people who were sensory impaired and required to wear glasses had a risk assessment to ensure there were clear instructions for staff to ensure the person's glasses were cleaned and always with them. Systems were in place to manage accidents and incidents to ensure they mitigated any risk to people. Risk assessments for Control of Substances Hazardous to Health (COSHH) had been undertaken for items like wash powder, bleach and washing up liquid. This meant the service had taken into consideration how to prevent and reduce their work force to substances that may be hazardous to their health.

There were sufficient staff to ensure people were kept safe. People told us they never felt rushed and calls were always covered. People told us the service managed their care positively and appropriately. One person said, "They [staff] are very patient with me I cannot rush around." One relative told us their family member required more staff to assist them and the service accommodated this. Another relative told us about the number of calls their family member received. They said, "We had to put an extra night call, as [name] lives with dementia and there was a risk during the night where they were going out. Since the extra night call has been in place there have not been any problems." Staff confirmed there was enough staff to cover care calls. They said any staff absent from work meant all staff pulled together to ensure people were not left without care.

Safe recruitment and selection processes were followed. Recruitment files contained all relevant

information to demonstrate that staff had the appropriate checks and references in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

People's medicines were managed and they received their medicines as prescribed. Allergies and preferences for taking their medicines were recorded in their care plan, risk assessment and medicine authorization forms had been completed. One person said, "They [staff] give me my medicine in the morning. I see them write everything down in the blue book." One relative said, "Staff check that my relation has taken their medicine correctly from the blister pack." Staff were aware of how people preferred to take their medicines and had completed relevant medicine training

People were protected from the risk of infection as the provider had infection control procedures for staff to follow. Staff described the equipment used in line with current guidance for infection control. For example, gloves and aprons were worn when changing bed linen or providing personal care. Staff had completed a food hygiene course to ensure they prepared and stored food correctly.



# Is the service effective?

## Our findings

People's needs were assessed prior to them receiving care to ensure that the provider was able to meet their care and support needs. People told us they were aware of their care plan and care reviews. One person said, "I have a care plan and I have input to it when they call to check and update my requirements." Another person said, "I had input to my care plan when it was first set up." Relatives confirmed their family member's needs were assessed and updated regularly. One relative said, "The service asks me regular if any changes are required. Another relative told us their relation had just been assessed for an extra call. This meant care and support was assessed and delivered in line with current legislation.

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People told us they felt staff were well trained. One person said, "I have had them a long time now, so they all know my needs very well. I would say they are well trained and skilled in their jobs." Another person said, "They [staff] all know my procedures and all are well trained and skilled. I know this by what they do for me." Relatives confirmed staff were well trained. One relative said, "The carers are brilliant and well trained." Staff confirmed they had received relevant training. Two staff described the specific training they had received for a new piece of equipment that was used in a person's home. We observed staff use a high tech stand aid when we visited one person in their own home. Records we looked at confirmed staff training was up to date.

Staff were supported to carry out their roles through regular supervision that provided them with opportunities to discuss their training needs and be updated with key policies and procedures. Senior care staff carried out spot checks, which looked at all aspects of the care provided, including the level and quality of interaction with people receiving care and the use of personal protective equipment and hand washing as a means of infection prevention.

People received enough food and drink to help maintain their health and well-being. One person told us they liked blueberries with their breakfast. They said, "blueberries are good for me and staff always ensure I have some in." One person told us that staff prepared their meals and ensured they had enough to drink. Other people told us they receive varied meals throughout the day. One relative told us that staff encouraged their relation to eat and drink. They said, "The staff always let us know if our family member has not eaten or if they are ill. Without the service [relation] would not be able to stay in their own home." People's risk of not eating and drinking had been assessed, monitored and managed. Staff were aware of people's nutritional needs and preferences; records showed that people's preferences for food had been discussed at their assessment.

People's health needs were monitored on a regular basis and staff ensured that any changes to people's health were communicated to staff by recording in the daily log which is kept in each person's home. People told us the service does and would contact the GP if they needed one. One person said, "They contact my son if they find me unwell and have called a doctor on one occasion." Another person said, "They keep my relatives informed and also help me make any appointments that I need." Relatives confirmed they were contacted and kept up to date with any changes to their relative's condition.

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. We checked whether the service was working within the principles of the MCA.

The registered manager and staff had a good understanding and were aware of their responsibilities under the principles of the MCA. Records showed assessments had been carried out in accordance with the MCA for decisions such as staff managing people's medicines and support needed with personal care. For each decision made in the person's best interest it was recorded how a decision had been reached, who had been involved with making that decision and if the decision was in the person's best interest.

## Is the service caring?

### Our findings

People had a good relationship with the staff and people continued to experience positive caring relationships with staff who cared for them. We spoke with a large number of people and relatives as part of the inspection and they gave us positive feedback about the service and staff. One person said, "I am quite satisfied. Staff are all lovely, respond well when I ask them to do anything and we have a great relationship." Another person said, "The staff are excellent, polite, responsive and will do anything for me." A third person told us that all staff were good, caring, polite and gentle. They said, "I am very happy with them all." This was also reflected in what relatives told us. One relative said, "Staff are very caring and have an excellent approach. I have learnt a lot from them as well for example, how to use the slide sheet. Staff are always willing to show me and advise me." Another relative told us their family member had been with the service a long time. They said, "They are like mates to [relation] I cannot sum it up better than that." This told us people had a good relationship with the service.

People told us staff treated them with dignity and respect at all times. People described their routines and the care they received. They told us how staff put them at ease when providing personal care. One person said, "I have a shower and staff always put a bath towel around me and wait outside until I call to say I have finished." Another person told us they were anxious about receiving personal care. They said, "I have regular care staff, they make me feel relaxed." Relatives told us staff were very good at respecting people's dignity and privacy. One relative said, "Staff always ensures [relation] is covered, never left with nothing on. [Relation] is confined to their bed and staff always makes sure my relative is comfortable with them providing personal care." Another relative said, "[name] is fully respected every time staff attend to them. They close the doors and blinds and make sure they have access to a towel to cover them." People told us they could request a preference of a male or female care staff. However we found this was not reflected in records we looked at. We spoke with the registered manager and they told us if people requested a preference they would try to accommodate, but it was not asked. The registered manager told us they would address this and include the question as part of the initial assessment.

Staff told us they ensured people were treated with kindness, compassion and respect. Staff had a good knowledge of people's life history, needs and preferences. Staff described how they support people to meet their individual and diverse needs. One member of staff said, "I treat people as individuals. I don't discriminate or judge people. It's up to them how they want to live their lives."

We observed two care calls during our inspection. This meant we shadowed a member of staff during their shift. We found there was a good relationship between the person and member of staff. Staff spoke to people politely and in a respectful manner. There was good humour and good interaction with both people. The staff member was knowledgeable about the person and their needs, family and daily routines. This was reflected through the conversations we observed. This showed us the service treated people with kindness, compassion and emotional support when needed.

People received information about external bodies, community organisations and advocacy. The registered manager told us they welcome the involvement of an advocacy service and accessed relevant information

when needed. An advocacy service is used to support people or have someone speak on their behalf. Advocates are trained professionals who support, enable and empower people to speak up. We saw leaflets and information on the noticeboard in reception. This told us people and their families had access to relevant information should they choose to use it.

## Is the service responsive?

### Our findings

People continued to receive care that met their individual needs. People's needs were assessed to determine if the service could meet their needs.

People were aware that they had a care plan. People and their relatives told us that staff talked to them about their care and updated their care plan when required. Care was person centred and identified people's communication needs. One person told us that staff responded to their needs they said, "I used to have four calls a day, but have reduced it to one as I am much better." Another person said, "I have three calls reduced from four as the last call was getting too late for me, so they [staff] leave me a flask with my hot drink to see me through the night." Relatives told us the service was very responsive. One relative said, "We had to change from one care staff to two. This was done after a full consultation with us and the manager. It is working very well." Another relative told us about some changes they had made they said that the service discussed their relations needs and accommodated their requirements. They said, "Very happy with them [the service] any changes are acted on quickly." Records we looked at confirmed care was planned and detailed to ensure people's needs were fully met.

People were confident they could make a complaint. All people told us they had the relevant information should they need to raise a concern. We saw that complaints and concerns had been investigated and people had been updated on the outcome.

The provider enabled people to share their experiences, concerns and complaints and acted upon information shared. The service had a complaints procedure and complaints log to monitor concerns and complaints. We saw where concerns had been received. They had all been followed up and responded to in a timely manner.

The service had looked at ways to make sure people had access to the information they needed in a way they could understand it to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw information could be requested in other formats to make sure it could be accessible to all.

People had the opportunity to discuss with staff their end of life wishes should this be required. Some people had expressed their own preferences, what they wanted to happen at their end of life and advance arrangements in the event of their death. Staff were aware of making people comfortable and that they should follow an end of life care plan where needed. The registered manager told us some staff had received end of life training and they were looking at ways for all staff to receive this.

## Is the service well-led?

### Our findings

There was a manager registered with the Care Quality Commission (CQC). 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 carried out their role of reporting incidents to CQC.

People said they were happy and mostly satisfied with the service they received. One person said, "I think the service is well run." We asked people if there was anything about the service they wanted to improve. Two people said they keep changing the care staff around. One relative told us they felt the call times could be more consistent. Another relative said, "The care is good, but the geography of the care routes could be better. Staff told us care calls could be changed due to covering for holidays and absence. We spoke with the registered manager and they told us they were in the process of changing their call rota system and hoped this would be rectified once they were fully up and running. They said the system would help to manage the service more efficiently and monitor calls more regular.

We recommend that the provider undertakes a review of the care call times to ensure people's needs are fully met and more consistent to their requirements.

We observed a call round and the care staff arrived within the appropriate time frame to each call. There were clear instructions for staff to follow when the person had a specific routine, such as, going shopping or meeting family. The people told us they were happy with the service they received, but felt a more consistent team of care staff would help, which they had raised with the service and were waiting a review of care.

People were aware of the manager of the service and registered manager and felt they were approachable. Staff told us the manager of the service and the registered manager was very supportive and the management team lead by example. One member of staff said, "There is an open door policy and we can speak with the manager of the service or the registered manager at any time." Another member of staff said, "I receive constructive feedback from the manager through staff meetings and supervisions."

People and relatives told us they felt listened to. Both people and their relatives told us they had completed forms to feedback their view of the service. One person said, "They [the service] had sent a survey once or twice. Other people told us they had completed feedback forms and sent them back to the service. One person told us they had received regular telephone calls to check all was ok with the service they received. We received mixed comments from relatives as only some had received surveys. One relative told us they had received a survey and that staff had also completed a spot check to monitor the care provided. Staff were aware of the provider's whistleblowing policy and procedure. A whistle-blower is protected by law to raise any concerns about an incident within the work place. Staff told us they understood the policy and felt confident to use the policy if required.

There were systems in place to monitor the quality of the service. This included gathering, recording and evaluating information by completing weekly and monthly audits, such as, the quality improvement review, environment of the home, medication and infection control.

Staff meetings had taken place. Copies of meetings we saw showed the meetings were informative and helped to keep staff up to date about people's needs. This reflected a positive service and showed us they were open and transparent.

We found the service cooperated well with other healthcare professionals. They shared information with relevant organisations to develop and deliver joined up care. The registered manager told us they monitor best practice through the NICE website, CQC and other healthcare professionals, such as a district nurse. This told us the service worked in partnership with other professionals and agencies.