

# Kenyoncrest Limited

# Caring Hands

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

We inspected this service on 16 December 2016. This was an announced inspection and we telephoned the provider two days prior to our inspection to ensure there would be someone in the office and staff would be available to meet with us.

Caring Hands is registered to provide care to people in their own home. At the time of our inspection 41 people were receiving personal care.

There was 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 2008 and associated Regulations about how the service is run.

Staff did not fully understand how to support people who were unable to make decisions for themselves. People's care was not reviewed as regularly as the provider planned. Care plans were not up to date and contained contradictory information which could lead to confusion about people's support needs. The provider did not have a quality monitoring system in place which identified trends and shortfalls in the service.

People were protected from harm and poor care as staff understood how to recognise and report concerns of abuse. There were a sufficient number of suitably recruited staff to provide people with consistent support. Staff supported people with their medicines when this was required and they received managerial guidance to understand complicated prescriptions.

People and staff had developed kind, caring and polite relationships. Staff knew people well and they supported people's privacy and promoted their dignity when delivering personal care. People were asked to provide details about their previous lives, likes and dislikes so that staff could provide care in the way people preferred.

People were aware how to make a complaint and felt they would be listened to. There was a procedure in place to ensure if people or their relatives raised a concern this was investigated and responded to.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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 protected people from harm and poor care and reported their concerns. People were supported by sufficient and staff who had been suitably checked and recruited. People medicines were managed safely.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not fully understand the principles of the Mental Capacity Act. People's care records did not reflect that they were supported to make decisions when they were unable to do so themselves. Staff were supported to review their performance and development. People's wellbeing was monitored in conjunction with other healthcare professionals.

### Is the service caring?

Good ●

The service was caring.

People and staff had developed good relationships and respected each other. People enjoyed the company of staff and felt comfortable with them in their homes. Staff respected people's dignity and protected their privacy.

### Is the service responsive?

Good ●

The service was responsive.

Staff understood what was important to people and their care was planned to meet their preferences. People knew how to complain. There was a complaints procedure in place to investigate and respond to complaints.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

People had not been given the opportunity to review their care. People's care plans and risks had not been updated and

contained contradictory information which could confuse staff. The provider was not using information from audits to identify trends or drive improvements in care. The care and support staff provided was monitored on 'ad-hoc' spot check visits. People had been asked for their feedback on the service.

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# 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 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 announced inspection took place on 16 December 2016 and was undertaken by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff were available to speak with us.

We checked the information we held about the service and provider. 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 reviewed other information about the service such as notifications they are required to submit to the Commission. We also looked at information about incidents at the service and the feedback we had received from the public. We used this information to formulate our inspection plan.

We spoke with five people by telephone and two relatives to listen to their views on the service that Caring Hands provided. We looked at four care plans to see how care was planned to meet people's needs and if it met their recorded preferences. We spoke with the registered manager and three members of the care staff. We looked at information relating to the management of the service including recruitment records to ensure that all checks were in place before staff commenced working with people in their own homes.

## Is the service safe?

### Our findings

There were arrangements in place to keep people safe from harm. Staff understood what constituted poor care and abuse and the actions they should take to report their concerns. One member of staff told us, "Apart from obvious signs like bruising people's behaviour may change too. I'd flag my concerns to my manager. I wouldn't let it lie".

People's risks associated with their care and support had been identified and there were plans in place to help reduce the risks. For example we saw that when staff needed to use specialist equipment when they supported people to move safely, there was a management plan in place guiding staff on the correct way to do this. Staff told us they always worked together when the use of equipment, such as a hoist was required and they had received training to ensure they understood how to move people correctly. One member of staff told us, "We have practical training on moving and handling and refresher training every year". Another member of staff said, "I've been in the hoist so I know what it feels like and understand the need to reassure people". This demonstrated that there were arrangements in place to ensure staff knew how to support people safely.

There were sufficient staff to meet people's needs. People we spoke with told us they were happy with the support they received. One relative said, "We usually have the same carers, they try to keep to the same because it's important for my relation". A member of staff told us, "I would say we're okay for staff and we can cover our calls". There were recruitment processes in place to ensure staff were suitable to work with people. We looked at three recruitment files and saw that all of the checks including references and police checks were completed before staff were able to start work. A relative told us, "They're very picky about the staff they take on".

People were supported to take their prescribed medicines when they required assistance. One person told us, "They make sure I take my tablets every morning before I have my breakfast. They never forget". Staff told us they received training before they were able to administer or support people with their medicines. One member of staff told us, "Sometimes people have complicated prescriptions and the training officer will always come out with us to sort them out if we need help". This demonstrated that there were arrangements in place to ensure staff were supported to administer medicines safely.

## Is the service effective?

### Our findings

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 saw in two people's care plans that relatives had consented to their relations care. There was no information provided to explain why the person was not able to consent for themselves. We saw, in the care plans we looked at that there were no mental capacity assessments or best interest decisions provided to demonstrate how decisions were made for people without the capacity to do so for themselves. We saw that staff had received online training in the principles of the MCA. However staff did not demonstrate an understanding of the MCA when we spoke with them. For example one member of staff told us they would consult relatives if the person was unable to make their own decisions about their care. This meant the provider was not following the principles of the MCA and had not taken the necessary steps to ensure the requirements were met.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received training to gain the skills and knowledge they required to care for people's needs. A relative told us, "They're confident about what they do and know what they're doing". One member of staff said, "I've recently done medicine and dementia training and we have practical training with the hoist". We saw that new staff were supported during their induction. A member of staff said, "New staff have an induction and then shadow with experienced staff before working alone". Staff told us they were provided with opportunities to discuss their performance and development. One member of staff said, "Supervision is your time to talk about any problems and voice your opinions. You can always come in and have a chat between supervisions if you want to".

People's nutritional needs had been assessed and their meal requirements and level of support were recorded. For example we saw that information in people's care plans included, if they needed support to eat or just a meal provided. We saw that any concerns regarding nutrition were explored. For example we saw that a carer had raised a concern that out of date food had been provided to a person. The reason for this was investigated and it was confirmed that the food had previously be stored in the freezer and was safe to eat. This demonstrated there were arrangements in place to check that people were provided with food that was suitable for them.

As people were receiving personal care in their own homes they retained the responsibility for maintaining their own health however we saw that staff contacted other health care professionals when necessary. One member of staff told us, "I contact the doctor if necessary and always record it in the care plan. Sometimes we'll work alongside the district nurses whilst they're here too".

## Is the service caring?

### Our findings

Everyone we spoke with told us they received kind and compassionate care. One person told us, "They're good lasses, very kind and look after me very well". A relative said, "They're kind, very kind". Staff took an interest in people and their families. People told us they had developed good relationships with the staff who cared for them. One person said, "We have a laugh together. I pull their leg and they pull mine, it's all a bit of fun". A relative told us, "The staff know me as well as my relation. They check I'm okay and will have a chat. The staff in the office are the same, I can ring them at any time".

People's dignity and privacy were respected and supported by staff. A relative told us, "They treat my relation with respect. They make sure the doors are closed and keep their care private". Staff understood the importance of protecting people's dignity. One member of staff explained, "It must be very difficult for people to have personal care so it's important to cover people up and make sure the door is closed. You also need to recognise that some people prefer to be left alone". We saw that staff had received specific training on supporting people's dignity which indicated the importance the provider placed on it.

Staff encouraged people to retain their independence. One person told us, "The staff usually do my meals but sometimes I put my own food in the oven before they arrive and then they serve it up and clear up afterwards. I like to do it sometimes". A member of staff said, "I like to encourage people to stay as independent as they can. Always ask them what they would like to wear and choose what they eat".



## Is the service responsive?

### Our findings

Peoples care plans were developed following an assessment of their needs. A person we spoke with told us, "They do know me and what I like". Staff spoke with familiarity about people and demonstrated they knew their likes and dislikes, for instance how they liked their drinks, favourite foods and the way they preferred to be addressed. We saw that the care plans contained information about people's previous lives, family support and what they wanted their support to provide. For example we saw in one care plan what the person could do for themselves in terms of personal care and what they needed additional support for.

People who used the agency and their relatives told us that their views were listened to and acted upon. One relative told us, "It's important that my relation has the same carer and they do that as much as possible". A member of staff said, "We generally have 'our regulars' to visit". Staff told us when people requested changes to their care this was reported back to the office. One member of staff said, "A person I visit has said they would like us to help them have a bath. The wheels are in motion to arrange that".

Staff kept daily records of the care they provided. We saw that staff documented the person's well-being on their arrival and the care, food and drinks they had provided for the person. They also confirmed if they had drawn the person's curtains, left the lights on or off and that the property had been safely secured. A member of staff told us, "The first thing I do is read the previous notes so I can see how the person was. Also I don't want to give them the same meal they had earlier in the day". This demonstrated that staff ensured that people's care and support were documented to be reviewed by other staff.

People told us they knew how to raise any complaints about the service. All of the people and relatives we spoke with said they had not had any cause to make a complaint. One person said, "I can make a complaint if I want to but I've got nothing to complain about". A relative told us, "I would contact the office if there was anything I wasn't happy about". There was a complaints procedure in place. We saw that all of the complaints and concerns raised were investigated before a response was provided. We saw that the provider also received compliments from people and their relatives. We read the compliments demonstrated positive feedback from people and included comments such as, reliable, kind and helpful.

## Is the service well-led?

### Our findings

Some people's care was not reviewed or updated on a regular basis to ensure it continued to meet their needs. Staff told us that if people requested changes they reported these back to the office. A person we spoke with told us, "No they don't do reviews", and a relative said, "They have been out to review my relations care but not for a while". We looked at four people's care plans and saw that one person's environmental risk assessment had not been reviewed since 2014; other risk assessment reviews had not been completed within the time period planned by the provider. For example, we saw one person's support needs had increased and they required care from two members of staff working together. Their risk assessment had not been reviewed and did not reflect the change of support the person was receiving. The registered manager told us they sometimes telephoned people at home to undertake reviews but the records we were shown related to calls in 2015 with no further updates available.

Some of the information recorded in people's care plans was contradictory. For example, we saw that staff were advised to observe a person taking their medicines however the care plan also stated that the person's relative was responsible for looking after their medicines. In another care plan it was recorded that the person's relative would change their bed linen. However information recorded in a different part of the care plan contradicted this and referred to bed linen changing as the responsibility of staff. This meant that the care plans did not always provide clear and up to date information to guide staff and this could lead to confusion.

The provider did not have a system in place to monitor the quality of the service to drive improvements. We saw there were some audits in place but the information was not used to identify patterns and trends and no action plans were in place to ensure shortfalls were addressed. For example staff told us their travel time could be affected at peak times of the day which meant they could arrive late for their visit. No audit had been completed on this to gauge the impact the increased traffic had on people's support.

There were arrangements in place to check on staff whilst they were working with people. Staff told us that senior staff did unannounced spot checks when they were delivering care. One member of staff told us, "We do have spot checks. They're important to keep the standard of care right". We saw that the person conducting the spot check discussed their findings with the member of staff and recorded what they had observed. The observations included that the member of staff operated equipment safely and used gloves and aprons when they were providing personal care. The person's care plan was also checked to ensure staff were keeping accurate records of the care they provided.

People were asked for their opinions about the care and support they received. We saw that people who used the service in one location had been provided with a satisfaction survey questionnaire in March 2016. People who returned their surveys confirmed that staff were respectful to them and stayed with them for the allocated visit time. This demonstrated that the provider encouraged people to share their views.

Staff told us they had regular team meetings to provide them with updates about changes taking place in the service. One member of staff told us they could use the meetings to share their own ideas. One member

of staff told us, "Any suggestions you have which might improve care; they take them on board". Staff told us they found the registered manager approachable and they were happy working for the service. One member of staff said, "I think the support at Caring Hands is good. If you've got a problem you can always speak with the [registered] manager".