Caring Hands East London Ltd

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Inspection report

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Date of inspection visit:
13 April 2018

Date of publication:
12 June 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This announced inspection took place on 13 April 2018. It is the first inspection since the service registered with the Care Quality Commission in May 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection there were 47 people using the service.

Not everyone using Caring Hands East London receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of our inspection there was no registered manager in place as required by law. There was a deputy manager who was about to start the process to register. 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.

We made recommendations about medicines and quality assurance. This was because quality assurance and monitoring systems were not operated effectively. We found improvements were required to the way in which medicines were recorded. We also made another recommendation about following safeguarding reporting guidelines in all safeguarding cases. You can see what action we told the provider to take at the back of the full version of the report.

People told us they were supported by staff they trusted. They told us they felt safe. There were appropriate risk assessments in place to ensure steps were taken to minimise impact of the identified risks.

People were protected from the risks of infection because appropriate guidance was followed. The provider ensured staff were able to use equipment safely when delivering care.

People thought there was enough staff to support them. We saw effective recruitment systems in place. Staff were supported by means of a comprehensive induction and regular training and supervision. They were aware of the Mental Capacity Act 2005 and how to apply it in practice.

People were treated with dignity and respect by polite and caring staff. Their individual, religious and cultural wishes were respected. They were supported to access health care services where required and encouraged to maintain a balanced diet.

There was an effective complaints system in place which was known by people and staff. People told us they were able to raise concerns freely without any fear or reservations.

Care records were individual and reflected people's physical, emotional and spiritual needs. These were reviewed regularly in consultation with people and their relatives.

People and their relatives thought the service was well managed. There were some systems in place to monitor the quality of care delivered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. We made a recommendation about the way in which medicines were recorded.

People told us they felt safe and trusted staff that supported them. They were enough staff to support people resulting in no missed vised visits.

There were up to date risk assessments in place in order to ensure risks to people were identified and mitigated.

Recruitment systems ensured only staff that had undergone the necessary checks and had the necessary skills were employed.

Is the service effective?

Good

The service was effective. People told us they were happy with the skills of staff that supported them. We found staff were supported by means of a comprehensive induction, training, regular supervision and spot checks.

Staff demonstrated an awareness of the Mental capacity Act 2005 and were able to explain how they enabled people to make choices and waited for consent before care was delivered.

People were supported to maintain a balanced diet that met their individual preferences. They were supported to access healthcare services where required.

Is the service caring?

Good

The service was caring. People told us staff were kind and caring and treated them with dignity and respect.

People were supported to maintain their independence.

People had access to information and were supported to maintain relationships that mattered to them.

Is the service responsive?

Good

The service was responsive. Care plans were reviewed regularly and included information about people's preferences. However we made a recommendation for some aspects of care plans to be improved.

Complaints were acknowledged and responded to in a timely manner. People told us they were free to report any concerns and felt issues raised were listened to and rectified.

People were supported to have a comfortable experience during the last days of life.

Is the service well-led?

Requires Improvement

The service was not always well-led. There was no registered manager in place. We had not received a safeguarding notification as required by law.

The quality assurance systems in place were not always effective. Some policies were yet to be reviewed to ensure they were up to date.

Staff were aware of their roles and responsibilities and told us they felt supported by the care manager.

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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 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 announced inspection was completed by one inspector and took place on 13 April 2018. We gave the service 48 hours' notice of the inspection visit because it provides a domiciliary care service and we needed to be sure someone would be there to facilitate our inspection.

Before the inspection we reviewed information we held about the service and contacted the local authority and local healthwatch to obtain their feedback of the service. 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 spoke to six people over the telephone. We spoke with four care staff, the care manager and the nominated individual. We looked at eight care records and eight staff files including recruitment, induction and supervision records. We reviewed feedback from people and their relatives about how the service was run. We reviewed policies, complaints logs, telephone monitoring logs, supervision and spot-check records. We looked at six medicine administration records.

Requires Improvement

Is the service safe?

Our findings

We found some aspects of medicines were not always managed safely. Medicine administration records did not always have a space for staff to sign for each individual medicine administered. They were signed once for a group of medicines rather than individual signatures for each medicine taken. This meant that there would not be space to sign should an individual refuse and also meant that there was not always an individual dose for the medicine given. This made it difficult to trace when medicines doses had changes and if staff were giving the recommended dose. We made a recommendation for best practice guidelines for medicines administration recording to be followed.

People told us they were supported to take their medicine. One person said, "They remind me to take my pills." Staff told us and records confirmed that before they supported people medicines they had received training and observation to ensure they were able to do this. One staff said, "We have a list of the medicine and information sheets to guide us about what each medicine does. "Staff had been trained and, competency assessments were in place to ensure they were able to support people to take medicines. This included people who were receiving medicines enterally (via a tube going into the stomach).

People told us they felt safe using the service. One person told us, "I have no concerns about safety at all. They are very gentle with me." Another person sad, "Yes I feel safe with [staff]." Staff had attended safeguarding training and were aware of the policies and procedures in place to report any allegations of abuse. One staff told us, "We record on a body map, complete an incident and inform the manager, who will let social services safeguarding know."

We reviewed the safeguarding policy which signposted staff to where to report allegations in the absence of the manager but it did not have the contact details of the local authority. We spoke to the care manager about this and they showed us a separate contacts page. We saw a safeguarding incident had been reported to the local authority and investigated appropriately. However, not all bodies such as the CQC had been notified for one incident. We therefore made a recommendation to follow best practice guidelines to ensure all incidents were reported to the appropriate bodies.

There were risk assessments in place to ensure risks identified such as choking, falls and skin damage were monitored. Staff were aware of the risk assessments and told us they would inform the management if things changed. We also saw risk assessments of the home including fire risk assessments. One staff told us, "We always look out for any risk within people's homes as well as any risks related to their health condition such as mobility." We reviewed risk assessments and found them to be comprehensive and descriptive of risks and actions staff were to take to mitigate them. For example, a risk assessment was in place to ensure staff repositioned people to prevent pressure sores.

There were procedures in place to ensure incidents and accidents as well as emergencies were managed safely. Staff told us and records confirmed that accidents and incidents were investigated and remedial action taken. Staff had received first aid and basic life support training and were aware of the steps to take in an emergency. One staff told us, "I have helped a person once putting them in recovery position. I called the

ambulance and the family plus the office and waited until the family arrived to escort the person to hospital." Another staff told us, "We report every incident to a manger and ensure we record everything in detail in the notes and on a separate form. The manager always calls to follow up and let us know the outcome."

People told us they thought there were enough staff to support them. They told us they were supported by a core set of staff. One person told us, "I have the same lady coming most of the time. Always on time otherwise I get a phone call to let me know of delays." We looked at staff rotas and saw they had enough time between visits to ensure they were not late. We looked at late visits for three months prior to the inspection and found the reason for these was always investigated and people informed why and how many minutes late the visit would be. One staff told us "I am happy to cover calls at short notice plus have bank staff."

There were effective staff recruitment systems in place. These included checking proof of identification, two references, Disclosure and Barring Service checks (checks to ensure staff had no criminal convictions that would prevent them from working in social care). Staff and the care manager told us recruitment was on-going to ensure there were enough staff.

People were supported by staff that had undertaken appropriate training to ensure they were able to use equipment safely. Staff were able to tell us how they kept equipment clean and order for more where applicable. We found those who used specialist equipment such as catheters and PEGs (a tube inserted into the stomach to enable assistive nutrition.) had extra training to ensure there were aware of how to use the equipment as well as reduce the risk of inspection. One staff said, "If there is any problem with equipment we call the company to come and repair. Another staff said, "I was shown how to use the hoist and ensure the sling is on properly."

People told us staff wore appropriate protective clothing where required. One person told us, "They wear gloves and wash hands all the time." Staff told us they had access to protective clothing when they required. They had attended infection control training and food hygiene training as part of their induction program and could explain the importance of infection control. One staff told us, "We always wear gloves and aprons sometimes shoe protectors."

Good

Is the service effective?

Our findings

People were supported by staff that had the necessary skills and competence. One person told us, "They are good to me and listen and know not to move me when in pain." Another person said, "They speak my language, so that helps a lot as I feel they understand me." Staff we spoke with were aware of people's medical conditions. One staff member told us, "The manager goes through peoples' profiles before they give you a client and there are lots of leaflets in the care plans to remind me of peoples health and medicines." This was confirmed within the records we reviewed.

Before people started to use the service a comprehensive assessment of their needs was completed in order to establish their preferences and individual goals and aspirations. These included what they hoped to achieve such as maintaining continence or ability to stay clean and comfortable. These were then used to develop comprehensive care plans with clear outcomes and preferences for each individual.

Staff told us they felt supported. When staff started working at the service they completed a comprehensive induction program including shadowing. This was confirmed by a person who told us, "I have seen new staff come along with the regulars to learn on the job." We saw evidence of Care Certificate (a set of core standards that all care works are expected adopt in their work) workbooks completed including direct observations to ensure staff had grasped the concepts taught. A staff member told us, "The induction was very helpful. I got a chance to meet people before I was assigned to care for them."

Records showed regular supervision and spot checks took place to ensure staff were adhering to the correct policies and procedures. Spot check forms included observing if equality and diversity and people's personal preferences were being considered. Staff told us they found this useful and helped them to develop and improve practice. One staff told us, "The checks are done in a friendly but thorough way and help us give people the care they deserve."

We reviewed training records and found training to be up to date. This included training for specific skills such as emptying a catheter, challenging behaviour and enteral nutrition care where required. This ensured that staff were able to understand and care for people safely with full awareness of their medical conditions.

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. People told us staff always asked for consent before delivering care. One person said, "I am never rushed. They always ask what I want to eat or wear and explain things before doing their work." We found staff were aware of what capacity meant and how they used this knowledge in their role. One staff member said, "They have a right to choose and take risks. So we always offer choice and ask, it's a partnership, we don't dictate."

People were supported to maintain a balanced diet when it was in their support plan to do so. One person told us, "They make my food as instructed." Another said, "Can't complain, the food is always how I like it." We saw in daily records staff recorded if people were not eating or drinking properly and this was then referred to the GP and dietician. For people receiving enteral nutrition appropriate risk assessments to ensure they received their nutrition in the proper form and position were in place.

People were supported to access healthcare services where required. Staff told us and records confirmed that people were enabled to attend hospital appointments and contact other healthcare professionals where required. One person told us, "They are very helpful. I just let them know when I need an early or late call due to hospital appointments."

Good

Is the service caring?

Our findings

People told us they were supported by staff who were polite and caring. One person said, "They have been very kind to me and listen to all my moans." Another person said, "They are all very kind and gentle." Staff told us they helped people with extra favours such as getting milk or making a phone call. They knew people by name and were aware of people's routines and preferences. One staff member gave an example of a time when they spent extra time with a person who was tearful in order to ensure they were ok before they left and also alerted the relatives so they could check on them. This meant people received consistent care from staff who understood their needs.

People were supported to maintain their privacy and dignity. One person said, "Yes they respect my personal space." Another person told us, "I have female only carers because of my religion and that has never been compromised." Staff had completed privacy and dignity training and were aware of peoples' cultural and religious beliefs and respected them. One staff member told us, "It's very important to me to ensure I make all my clients smile. Personal care is a very private thing so I try my best to put them at ease and not to unnecessarily expose them." People's wishes were respected and staff understood how to preserve peoples dignity. This helped people be at ease and comfortable during personal care.

People were supported to be as independent as possible. One person said, "They help me a lot but also let me do simple things like wash my face and dry my upper body." Staff told us how they left food and drink within reach and how they encouraged people to be independent. Support plans also stated where people needed extra encouragement to eat or mobilise.This enabled people to maintain their independence and improve their well-being.

People had access to information. They were given a service user guide with all the information relating to the service. One person told us, "I have the information I need. If in doubt I call the office and someone always answers me." Where required they were signposted to advocacy services to support them in areas such as finances. One staff said, "We have very clear policies about advising people especially when it comes to money matter. We let the office know so that a social worker can get back to them with more information." Records confirmed that people were supported to access information that enabled them to maintain a good quality of life.

People were involved in planning their care. We saw care plan review records where the current care package was discussed with any area that could be improved or changed. This included people and their relatives and gave them a chance to agree on any changes required. One person said, "Yes they do ask if I need anything changed and so far they have accommodated all my requests." This meant that people had a say in how their care was delivered.

Good

Is the service responsive?

Our findings

People were supported by staff who understood and responded to their needs. One person said, "There are all very good. I sometimes have to change the visit times at short notice and have had no problems so far." Another person said, "They really try to stick to the agreed times which reduces my anxieties and means I can carry on with the rest of my day as planned."

Care plans were person centred and reflected people's preferences and needs. They explained in detail if people preferred female only or male only carers for either personal or religious reasons. Staff and people we spoke with confirmed that their care plan preferences were delivered. One person told us, "There is a plan, but staff always ask in case I want to do things differently and they do go according to what I can do on a daily basis." A staff member told us, "We read the care plans but it is also important to ask the person "what would you like me to do for you today?" Another staff member said, "I ensure the conversation is relevant to the individual. For example we can discuss television programs or the news or the weather depending on what that client is interested in." Care records also addressed people who communicated in other languages and had expressed a need for staff who understood their language in order to reduce language barriers. We checked with people and staff and found people were provided with staff that spoke their preferred language as outlined in their care plan.

Care plans were renewed as and when people's condition changed. One staff member told us, "If we notice any changes we let the office know and they change the care plan accordingly." We also saw an instance where a care package was increased when the main carer was unavailable in order to ensure the person's needs were met. Another instance was confirmed within care records of when someone received extra support after bereavement. This meant that the service responsive to peoples changing needs and ensured care packages were adjusted as and when required. Therefore people received care that met their individual needs.

There were procedures in place to ensure complaints were listened to investigated and responded to in a timely manner. We reviewed complaints and found they were listened to in order to try and resolve any issues. One person said, "Yes when I have complained they have always responded to my concerns."

People were supported to have a pain free and comfortable experience during the last days of life. Staff were aware of end of life care although there was no one receiving end of life care at the time of inspection. Staff said, "It's important to be here for people and do as much as we can to keep them comfortable and honour their last wishes." Another staff said, "Most of my clients have supportive families so it's not just supporting people but also listening to the family who may sometimes be in denial."

Requires Improvement

Is the service well-led?

Our findings

At the time of our visit there had not been a registered manager in place since 8 April 2018. The care manager and the provider told us they were in the process of getting the deputy manager to be the registered manager. We spoke to the care manager and the provider about this as it is a breach of their registration condition and they said they would try and complete the process as soon as the disclosure and barring check was completed. We also saw a safeguarding incident whereby the Care Quality Commission had not been notified although the local safeguarding team had been informed. This meant on that one occasion the CQC had not been informed of an incident as required by law.

There were some quality assurance systems in place to manage and monitor feedback and quality of care delivered. However, some policies were yet to be reviewed to ensure they were up to date. These included the safeguarding policy which had some out of date details and no local authority contact details. The complaints policy was also past the review date and referred to obsolete information. This meant staff would not have appropriate information required should they refer to the out of date policies causing potential delays in care. We also found the quality assurance and monitoring systems had not identified the issues relating to the recording of medicines identified by us during this inspection. We have made a recommendation to ensure robust systems are in place to ensure policies are reviewed in a timely manner.

There were some monitoring systems in place to ensure the quality of care delivered was improved. This included spot checks on staff to ensure people received care as agreed. Telephone monitoring and surveys were also completed and actions taken where people had indicated. For example, staff were changed when people thought they were not a correct match in order to enable people to receive care that met their needs. We also saw quarterly reports which were used to monitor aspects of care such as training, recruitment and late calls.

People, their relatives and staff told us the care manager was visible and supportive and that the service was well-led. One person said, "The manager is very good. They listen." One staff told us, "They are very helpful and listen and try to stick to the days I said I can work which helps with my family life."

Staff were aware of their roles and responsibilities and told us they felt supported by the care manager. There were three teams with clear geographical boundaries to ensure staff were able to get to people in a timely manner. We heard phone calls where the care manager was explaining that they could not allocate certain jobs to people because they were too far from people as they wanted to minimise late visits. One staff told us, "The care manager is very supporting and always answers our calls."

People and their relatives told us they were asked for their opinion and feedback on how the care was delivered. One person said, "I have seen someone come to check everything is ok." Another person said, "They followed up the first few days when I started and occasionally call or pop in to check how things are going." Staff confirmed meetings took place and regular text message with updates as well as weekly office visits enabled them to discuss issues with management. They reported an open culture where they could challenge any bad practice.