

Kind Hands Caring Services Limited

Kind Hands Caring Services Ltd

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?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Kind Hands Caring Services Ltd is a domiciliary care agency (DCA), based in Eastbourne. The office is in a residential area where parking is available on local roads. It provides personal care and support to older people living in their own homes covering Eastbourne town and the surrounding areas. People receiving this care had varied care and support needs. This included help with personal hygiene, the administration of medicines and

support in the preparation of food. Some people had memory loss and lived with dementia. Other people had mobility problems and needed assistance in moving, sometimes with the support of two staff and equipment.

This inspection was announced with the provider given 48 hours' notice. The inspection took place on the 8 July 2015.

Summary of findings

The DCA had a registered manager who was also the Provider of the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

All feedback from people regarding the service and the staff was positive. They told us they felt safe with they were well trained to do their work.

However we found new staff had a limited induction programme that did not ensure staff had the required skills and competencies to work independently. There was a staff training programme in place that covered essential training however staff did not receive regular practical moving and handling training.

Staff had a basic understanding of consent but had not received training on the Mental Capacity Act 2005 and there were no associated policies and procedures in place. Staff were not clear on what was required if someone lacked the capacity to understand a decision that needed to be made about their life.

There was an established management team and staff had clear roles and responsibilities. However they did not have a thorough understanding of all the legislation that covered the provision of a DCA.

There was an established complaints procedure that people were happy to use. However records identified that the investigation into complaints was not always completed in a thorough and robust way.

There were systems in place to keep people safe. People had regular staff that they liked to look after them. Staff arrived on time and delivered the planned care in a safe way. The service employed enough staff with the right skills to meet people's needs and people's safety was ensured through appropriate recruitment practices.

The needs and choices of people had been clearly documented in their care plans. Where people's needs changed people's care and support plans were reviewed to ensure the person received the care and treatment they required.

People were looked after by staff who were caring and kind and took account of people's privacy and dignity. People had their health care needs attended to with the support and guidance of additional health and social care professionals when required. People said they were happy with the care and support staff provided to them and that it met their individual needs.

The registered manager and the office team provided sound leadership for staff, who found them approachable and willing to listen. The DCA had clear aims and objectives and quality assurance systems were used to promote these.

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 this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People and their relatives told us that they felt safe with the staff that supported them.

There were clear policies in place to protect people from abuse, and care staff had a clear understanding of what to do if safeguarding concerns were identified.

Risk assessments were in place to ensure people were safe within their home.

Staff ensured that people's care calls were covered when staff were absent. When new care staff were employed safe recruitment practices were followed.

There were systems in place to manage people's medicine safely.

Good



Is the service effective?

The service was not always effective.

Staff had a basic understanding of consent but had not received training on the Mental Capacity Act 2005 and there were no associated policies and procedures in place. Staff were not clear on what was required if someone lacked the capacity to understand a decision that needed to be made about their life.

Staff did not receive consistent and effective training in all areas.

Care staff understood people's health needs and acted quickly when those needs changed.

Where required, staff supported people to eat and drink and maintain a healthy diet.

Requires improvement



Is the service caring?

The service was caring.

Staff treated people with compassion, kindness, and respect.

People were happy with the care and support they received. They felt their individual needs were met and understood by staff. They told us they felt they were listened to and their views and preferences taken into account.

Staff were able to give us examples of how they protected people's dignity and treated them with respect.

They were also able to explain the importance of confidentiality, so that people's privacy was protected.

Good



Is the service responsive?

Some aspects of the service were not responsive.

Requires improvement



Summary of findings

People knew how to make a complaint and raised any concerns with the office staff. However, complaint records were not complete and did not demonstrate that complaints were fully investigated.

The planning of care did not take account of all the risks associated with the needs of people. People told us they were involved in planning the care and support provided and changing needs were responded to.

Is the service well-led?

Some aspects of the service was not well-led.

The provider was not fully aware of current legislation that covered the provision of the service

Systems for staff supervision had not been fully established.

Staff told us the management and leadership of the service was approachable and supportive. There was a clear vision and values for the service, which staff promoted.

Requires improvement



Kind Hands Caring Services Ltd

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.

We carried out this inspection on 8 July 2015 and it was announced. The provider was given 48 hours notice. Notice was provided to ensure relevant people were in the office to facilitate the inspection process. The inspection was undertaken by two inspectors. The inspection included a visit to the main office that was the registered location and telephone contact with people who used the service and staff working for the DCA.

Before our inspection we reviewed the information we held about the DCA, which included previous inspection reports, safeguarding alerts, associated investigations undertaken by the local authority and notifications received. A

notification is information about important events which the service is required to send us by law. The provider also 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.

Following the inspection visit we spoke with the Local Authority Contracting Team, who has responsibility for monitoring the quality and safety of the service provided to Local Authority funded people.

On the day of the office visit we spoke to the registered manager, the office manager and a care co-ordinator. We looked at five staff files, complaint and safeguarding records and quality review checks. We looked at staff scheduling records and systems for staff training and supervision. Six people's care files were reviewed along with a selection of policies and procedures that supported the provision of care.

Following the office visit we spoke to 16 people or their relatives, with their consent, who were receiving a service and six staff members providing direct care.

Is the service safe?

Our findings

People and their relatives were positive about the service provided they felt it was delivered by staff who had time to provide the care and they felt safe with the care staff provided. People told us they had regular staff and this helped them feel comfortable and safe. One person said, “I have had the same regular carers for five years now, they are always reliable and I never feel rushed. If they are going to be away the office lets me know and they also phone me if they are going to be a bit late for any reason”. Another person who had been receiving care from this service for over eight years and, “I wouldn’t have anyone else”.

The provider had a number of policies and procedures to ensure all staff had guidance about how to respect people’s rights and keep them safe from harm. This included clear systems on protecting people from abuse. All staff confirmed that they had completed training on safeguarding people. This had included a completion of questionnaire that checked staffs understanding and staff were clear about their role and responsibilities and how to identify, prevent and report abuse. Comments included, “We have our regular clients and are very observant as to any changes in their behaviour or if they are injured in any way. I would report any concerns to the office straight away and they would come out and check. I would have no hesitation in reporting any concerns that I had”. The registered manager and office manager described had a good understanding of the local multi-agency policies and procedures for the protection of adults. They described how they had used these in the past and worked with social services to protect people.

We found people were protected as far as possible by comprehensive recruitment practices. The office manager was responsible for staff recruitment and followed the organisations recruitment policy. Staff files included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) completed by the provider. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk. Staff files contained information on staff employment including terms and conditions of employment. One staff file demonstrated the management took appropriate action to deal with staff performance.

The agency had established systems completed by the care co-ordinator to ensure there were enough staff to look after people who needed care and support. A weekly schedule was sent to people and collected by each staff member from the office every Friday. Staff told us there were enough staff to ensure people got a visit from a suitable member of staff when they needed it. Staff recorded the time of each visit within the records held at each home and on their time sheets. People told us staff stayed the time they were supposed to and undertook their work in an unrushed manner. The schedules confirmed that staff were allocated time between each visit to allow for travelling. The care co-ordinator knew where staff and people lived and had the information to organise work in an emergency situation for example in the event of severe weather conditions. People told us when staff were changed they were notified by the office. These changes were made in response to staff sickness and holidays. Short notice cancellations and changes were often covered by the office staff who were well known to people. This meant people received the care and support they needed at the appropriate time.

The security of people’s homes was assessed and key locks were used to maintain the security of the home. Staff were aware to keep this information secure. They were issued with identity badges and these were updated and renewed on a regular basis. This ensured people knew that staff were sent by the agency and staff could confirm their identity.

Each person’s records included an environmental assessment for areas inside and outside of the home. Fire safety issues were reviewed as part of the environmental assessment and staff were provided with clear guidance on what to do in the event of a fire. When people’s mobility became more limited staff reported this to office staff who arranged for the local authority to undertake a full assessment. Following this assessment appropriate equipment was supplied and a full care plan was included within the care records for staff to follow. For people who needed equipment to move them two staff were supplied to use the equipment safely. Staff told us that when two staff were needed on a visit this was always provided. The systems in place identified environmental and moving and handling risks and protected people and staff from harm.

People who were supported with medicines and the application of creams all reported that the care staff provided appropriate support. Staff told us they had

Is the service safe?

received medication training, and they were aware of the procedures to follow in administer medicines safely. Staff completed Medicine Administration Records (MAR) charts and these were returned to the office each month to be audited. The audit checked that charts were completed correctly and that the correct medicines were being administered at the correct times. The registered manager told us if any errors were found these were dealt with quickly with the staff involved and a record of medicine

incidents were recorded. MAR charts seen were well completed and provided an accurate record of medicines administered. Care plans included information on what medicines were prescribed and when people were supported with topical creams clear instructions were documented on where and how this cream was to be applied. Medicines policies and procedures meant there were systems in place to manage medicines safely.

Is the service effective?

Our findings

People told us they liked the staff that looked after them, they felt they knew how to look after them and took account of their choices and preferences. People told us it was important to them that they were sent regular staff who they knew. People's comments included, "The carers definitely give us enough time," "We more or less get the same carer each time," and "They come on time and do a good job and we always know who is coming." People told us they felt the staff supporting them were well trained and efficient in the way they provided care. However we found that staff training was not fully established to ensure all staff had the required skills and competencies to look after people effectively. However we found some aspects of the service were not effective.

Staff told us they would welcome more practical training especially for areas such as safe moving and handling. Records confirmed staff completed the organisations required training but did not record any practical training had been completed to support staff in safe practice. Practical training underpins best practice for staff and allows staff to practice their skills and competency. We found that staff had undertaken regular training that the organisation had deemed essential. This included care of medicines, dementia, first aide, fire safety, health and safety, equality and diversity, infection control, safeguarding, food hygiene and safe moving and handling. Staff confirmed that they undertook training that was required and this was through work sheets.

Staff had a basic understanding of consent and understood the need for gaining consent for care and avoiding any form of restraint. However staff had not received any training specifically on the MCA and DoLS.

The registered manager told us that a full induction programme based on evidencing the staff member had the required skills was not in place. They told us they were implementing the new 'care certificate framework' based on Skills for Care. This organisation works with adult social care employers and other partners to develop the skills, knowledge and values of workers in the care sector. A clear structured induction training programme for staff is essential in ensuring competent staff. New staff were supported during an induction period. Staff told us they completed an induction that included working with senior staff who provided support and guidance.

The issues related to the staff training are a Breach of the Health and Social Care Act 2008 Regulation 18 (Regulated Activities) Regulations 2014.

Staff were supported to complete relevant training and to complete additional training to develop their role. Staff told us they appreciated the additional training required in respect of dementia. Staff told us this was important as "More people were displaying the symptoms of dementia." One staff member told us they were being supported to complete additional management training to support the organisation as a member of the management team.

The provider had a number of policies in place to ensure staff had guidance about how to respect people's rights. However these did not include clear policies around the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA is legislation which provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is the process to follow if a person has to be deprived of their liberty in order for them to receive the care and treatment they need. This was identified to the registered manager as an area for improvement.

The registered manager told us that everyone currently receiving care had capacity to agree to the care provided on a daily basis and we found that people had agreed to the provision of care from Kind Hand Caring Services Ltd within the contracting process. Staff took account of people's choices and preferences on a daily basis. For example records confirmed staff asked what drink people would want made for them or what clothes they wanted to wear.

Staff told us they had the skills to look after people and were not sent to look after someone that they could not attend to. Staff told us if they had any questions about the care they always contacted the office. One staff member said "Staff can always speak to us about anything we are always here to help."

Staff told us they had regular people to look after and this allowed them to provide a good level of care to people they knew and understood. We found the individual care plans identified what care was required and basic care instructions for care staff to follow. Comments from people included, "The staff are very good indeed and well aware of all of my needs" and "They take everything into

Is the service effective?

consideration including my disability but help me to be as independent as I can". Any changes in people's needs were reported back to senior staff for a re-assessment of need to ensure all and any changing needs of people were responded to. One staff member said, "If we feed back to the office that someone's needs have changed or that one staff member does not seem to be enough, they carry out a re-assessment and negotiate with the funders to get extra support for the person".

Office staff told us the relationship between people and staff was key to ensure the care met people's expectations. If any problem work relationships were raised by staff or people this was discussed and reviewed by the senior staff in the office to resolve. One person said that they did not get on too well with one of the staff and that the office had changed this staff member for another. "I did not have a

complaint about the staff member it was just that our personalities did not mix well". Another person said, "They were very good at matching me with the right carers and they have never let me down".

Where required, staff supported people to eat and drink and maintain a healthy diet. Most people told us they met their own nutritional needs or with help from a family member. However those that required assistance said that the staff were very good at helping and supporting them with this care need. Staff checked they had enough food in their fridges and discussed what they wanted to eat with them. One person said "Staff are happy to carry out any shopping for you." Staff said that they recorded what meals were prepared for people and reported to the office if they felt people were not eating well or not receiving sufficient hydration. They said that the office was very good at informing and involving other health professionals if concerns were raised. . This was reflected within the care records.

Is the service caring?

Our findings

All feedback from people was very complimentary about the staff providing the service and the way that they delivered the care and support. All said that they were treated with dignity and respect at all times and felt comfortable with and confident in the staff who supported them. Their privacy was respected and staff promoted their independence as far as possible. One person said, “The staff are very, very kind and always respectful, I am very satisfied”. Another person said, “The staff vary in age and personality but all of them do what I want and what is needed. I was with another agency but was not happy but now with Kind Hands I feel confident and well cared for”.

Staff described how they treated people with respect and dignity and talked about maintaining people’s independence as much as possible. They confirmed that they had received training on privacy and dignity and took account of people’s individuality. Staff were able to describe the importance of people’s rights and they were entering people’s homes as a guest only.

One staff member said, “All staff understand the need to respect the person and all their belongings in their home.” Another staff member said, “I treat people as I would want my close relative cared for.” Staff understood people’s individual needs and responded to them appropriately. Staff knew people and said that they had read the care plan held at each person’s home. Care plans reflected people’s care needs and choices on how the care was to be provided. People told us staff responded to what people wanted in a way that suited them. The office staff told us they received positive feedback about the approach of staff. This was supported by the satisfaction surveys completed and held in the office. Senior staff said they were proud that all staff did ‘over and above’ what was expected of them. For example two staff helped a couple who had moved accommodation to unpack possessions that were important to them and ensured their safety. The

manager gave further examples of when staff had shown a caring approach and were working to ensure the best outcome and care for people. For example one staff member still visited a person who was no longer receiving care and support as they now lived in a care home.

Staff worked as people’s representatives when required to ensure the best outcomes for people. The manager described how staff working with people not only identified when people’s needs were increasing but when they were reducing too. This ensured people were supported appropriately but were not paying for services they did not need. Staff told us the office staff were always keen to listen to their view and were very good at working with and involving other agencies and health care professionals. Staff said that if other professionals visited people on the recommendation of the agency, one of the senior staff attend to find out first-hand what changes to care were discussed and implemented. The manager also described how they had followed up health needs with health professionals, complaining to the health manager when care and support was not provided to an appropriate standard.

We heard that staff worked together to care for people. They communicated well with each other through telephone and face to face conversations and recorded important information within care records. One staff member told us how they had driven a colleague to their scheduled visits to support the worker and to ensure people received the care and support they were expecting.

Confidential information was handled appropriately by staff. The service had a policy and procedure on confidentiality and a staff code of conduct included maintaining people’s confidentiality. Confidential records were held in the office and were locked in filing cabinets. The staff training programme included handling information, and staff had a good understanding of how they maintained confidentiality.

Is the service responsive?

Our findings

People said they felt they were consulted about what care they needed and in what way they wanted it provided. People told us they had been involved in developing their care plans and in any review. They felt that they had been listened to and their needs were a central to this process.

Complaints were investigated by the registered manager and were resolved to people's satisfaction. However we found that one complaint raised about staff conduct had not been thoroughly investigated. Staff involved had not been interviewed. This was identified to the registered manager as an area for improvement. The provider had established an effective system to receive, handle and respond to complaints. People were provided with a copy of the complaints procedure when the service was started. People and their relatives confirmed they would have no hesitation in making a complaint to the office. They all felt confident that it would be listened to and acted upon. Comments included, "I have never had to make a complaint but if there are any niggles or concerns I phone the office. They are very good indeed and sort it out in no time at all". Another person said, "I once at the beginning of using the agency had a concern about something but they followed it up and it was sorted very quickly".

A detailed assessment had been completed for any potential new people wanting to use the service. This identified the care and support people needed to ensure their safety and to meet their needs. However we found that people did not have all risks assessed. For example people did not have a risk assessment completed in relation to possible skin damage or nutritional risks. Many people due to health, fragility or poor mobility have an increased risk of developing skin damage. A risk assessment identifies people at potential risk and enables staff to ensure suitable measures are put in place to reduce this risk. This was raised with the registered manager as an area for improvement.

The information gained at the initial assessment was used to inform the care and support plans. The plans were personalised and staff confirmed that, where possible, people were directly involved in their care planning and in the regular review of their care needs. When people were not able to provide all information their representative was consulted. When people were returning from hospital staff liaised closely with health and social care professionals to ensure people returned home safely and were provided with the appropriate support and care. Staff recognised the importance of this communication especially when care needs had changed. For example medicines were often reviewed and changed following an admission to hospital. Effective communication ensured the care staff responded to these changes, updated relevant documentation and supported people with their new medication regime. Where people needed a visit at a specific time we saw that this was reflected in the care plan and accommodated in practice. This included visits for medicine administration that had to be given at a certain time in the day. This showed care staff were able to respond to specific care needs of people.

People told us how staff signed in the care documentation each time they visited and this included the time of the visits. They told us staff made notes in a diary at every visit and that other staff read these before they provided care. People told us, "They are all very good at writing everything down". Care staff told us that people's care and support plans were up-to-date and gave them the information they needed. Care staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. If there were any changes in the care senior staff would ring them with any updates, or they would ring up the office and ask for someone to come out and update the information. This meant people received consistent care that responded to their changing needs.

Is the service well-led?

Our findings

Feedback received about the management of the DCA was positive. People felt the service had a good management structure, they felt they were listened to, treated as an individual and had their care needs suitably assessed and responded to. People told us they were well received whenever they spoke to any of the office staff who were helpful and were able to respond to any issues. Comments included, “They (staff) always treat me as a person and it seems to matter to them as much as to me that everything is done properly”.

There was a clear management structure with identified leadership roles. The registered manager was supported by a manager and a care co-ordinator and further office staff were being recruited to support the management of the service. However we found the management team were not fully up to date with the changes in legislation and how this impacted on the service provision. For example, the provider’s responsibilities in relation to notifiable safety incidents that may occur in the provision of the service. This lack of knowledge and understanding could put people at risk from poor management. This was identified as an area for improvement. Following discussion with the registered manager they accessed a number of key documents during the inspection and explored further training for her and the manager.

There were systems in place for senior staff to monitor the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They also undertook unannounced spot checks to review the quality of the service provided. This included arriving at times when the care staff were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service. The spot checks also included reviewing the care records kept at the person’s home to ensure they were appropriately completed. People also told us the office staff telephoned them from time to time to ask if they were happy with the service being provided or had any concerns. However records for telephone contacts were not regularly recorded and supervision and appraisal of care staff had not in all cases been regularly provided. Regular supervision and

appraisal is vital to review and monitor staff performance and to ensure systems in place to develop staff skills. These areas were identified to the registered manager for improvement.

The vision and values for the service were clearly recorded within the documentation shared with people and staff. Aims of the service included a commitment to support people’s individual rights.

Staff demonstrated an understanding of the purpose of the service, the importance of people’s rights and individuality, and an understanding of the importance of respecting people’s privacy and dignity. There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. Staff had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the service’s whistle blowing process and that they could contact the managers or outside agencies if they had any concerns. Staff said that they felt there was an open and inclusive management style in place and they felt very well supported by the senior staff working in the office. They were all complimentary regarding the registered manager who they said was very accessible and friendly. Comments included, “We have a very supportive manager and we all feel confident in the office. They are always available for advice or to sort out any problems and we have a very efficient on call system”. Another staff member described special arrangements that had been made to assist them to continue working and complete their work to a good standard. Staff also told us that staff meetings were held on two days to ensure all staff had the opportunity to attend and participate.

The office management systems supported people and staff to maintain effective communication for the smooth running of the service. People told us they could ring the office at any time and could speak to someone who they knew. Staff felt communication with the office was effective and staff were always there for them. A 24 hour on-call service was available and covered by the office staff to ensure changes in the service provision could be responded to. For example ensuring an early response to any staff sickness.

People were also able to comment on the care provided through the completion of quality assurance questionnaires. The last questionnaire was completed in

Is the service well-led?

2015, the results of which had been collated and discussed between the managers of the service and used to inform the quality of the service provided. Some audits were completed and the registered manager told us these were

being developed further. The registered manager had a good overview of the service and met regularly with staff who came to the office each Friday to collect their work schedules.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The provider had not ensured that all staff received appropriate training to enable them to carry out their duties they are employed to do.</p> <p>Regulation 18(2)(a)</p>