

Caring Hands (Care Services) Ltd

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Inspection report

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Tel: 01773875168

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Caring Hands (Care Services) Limited provide personal care and support to disabled adults who need care in their own homes. The service is run from an office in Tibshelf and they provide care to people in the surrounding villages.

We carried out this inspection on 10 April 2017. It was an announced inspection, which meant the provider knew we would be visiting. This was because we wanted to make sure the registered manager, or someone who could act on their behalf, would be available to talk with us.

The last inspection was carried out on 18 September 2015, where no concerns were identified and the service was rated good overall.

A registered manager was 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 were appropriately recruited, trained and supported. They had undergone a comprehensive induction programme and, where necessary, had received additional training specific to the needs of the people they were supporting. Communication was effective and regular meetings were held to discuss issues and share best practice. Staff understood their roles and responsibilities and spoke enthusiastically about the work they did and the people they cared for.

The provider had detailed policies and procedures relating to medicines management. Staff understanding and competency regarding the management of medicines was subject to regular monitoring checks and medicines training was updated appropriately.

Staff knew the people they were supporting and provided a personalised service and used effective systems for gaining consent. Individual care plans, based on a full assessment of need, were in place detailing how people wished to be supported. This helped ensure that personal care was provided in a structured and consistent manner. Risk assessments were also in place to effectively identify and manage potential risks.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

Systems were in place to effectively monitor the safety and quality of the service and to gather the views and experiences of people and their relatives. The service was flexible and responded positively to people's changing needs and any issues or concerns raised. People and their relatives told us they were confident that any concerns they might have would be listened to, taken seriously and acted upon.

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.

There were effective processes in place to help ensure people were protected from the risk of abuse and staff were aware of their responsibilities under the safeguarding procedures. Staff were appropriately trained and knowledgeable about people's identified care and support needs. Medicines were managed appropriately by staff who had received the necessary training to help ensure safe practice. Safe and robust recruitment procedures were in place and people had confidence in the staff and felt safe when they received personal care.

Is the service effective?

Good ●

The service was effective.

Staff knew individuals well and understood how they wanted their personal care to be given. People who use the service and their relatives were happy with the care and support provided. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and, where appropriate, decisions were made in people's best interests.

Is the service caring?

Good ●

The service was caring.

Staff were kind, patient and compassionate and treated people with dignity and respect. People were involved in making decisions about their care. As far as practicable they were consulted about their choices and preferences and these were reflected in the personalised care and support they received.

Is the service responsive?

Good ●

The service was responsive.

Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received. Personalised care plans detailed how people wished to be supported and their care

reflected their individual needs, preferences and choices. A complaints procedure was in place and people were able to raise any issues or concerns

Is the service well-led?

Good ●

The service was well led.

There was an open and inclusive culture. Staff felt valued and supported by the management. They were aware of their responsibilities and competent and confident in their individual roles. Accidents, incidents and risks were closely monitored to identify trends and help ensure lessons were learned and necessary improvements made. The management regularly checked and audited the quality of care and support provided, to help drive service improvement and ensure people's needs were met.

Caring Hands (Care Services) 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 took place on 10 April 2017 and was announced. The provider was given 48 hours' notice of our visit, because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited. The inspection team consisted of one inspector and an expert by experience, who carried out telephone interviews. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We checked the information that we held about the service and the service provider. We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We asked the provider to send us a Provider Information Return (PIR) and this was submitted. 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 with five people who used services and six relatives. We also spoke with three care support workers, one care coordinator, and the registered manager. We also looked at documentation, which included three people's care plans, incorporating comprehensive risk assessments, as well as two staff training files and records relating to the management of the service.

Is the service safe?

Our findings

People we spoke with said they felt safe and were satisfied with the service they received. They told us they were well cared for and felt comfortable with the staff who provided their support and personal care. One person told us, "Yes I am very happy with how I am treated and I feel very safe with all the carers. They talk to me all the time about what is going on locally in the community and we also chat about what is going on in the world so I feel very comfortable with them and at least I know what is going on." Another person told us, "We have a key safe so they (Care staff) let themselves in and out and I know that the door is locked so no strangers can get in. If I didn't feel safe or there was anything wrong I would contact the people in the office." Relatives also spoke positively about the support their family member received and the reassurance and 'peace of mind' they felt, knowing their family member was safe and well cared for.

The provider had effective systems in place to identify and manage risks to keep people who used the service safe. Staff we spoke with were confident the people they supported were safe and understood the importance of ensuring personal and environmental risk assessments were regularly reviewed to reflect changing needs or circumstances. We saw each person who used the service had a care file containing copies of updated assessments used to identify their support needs and any associated or potential risks. Staff we spoke with were aware of people's individual care and support needs. They also understood the importance of accurate and updated support plans, which helped keep people safe and ensured consistency and continuity of their care.

People were protected from the potential risk from medicines because care staff were appropriately trained and were aware of and followed policies and procedures relating to the safe handling of medicines. People and relatives we spoke with were happy and confident medicines were safely handled and managed. One person told us, "My carer helps me with my medication and I always get my medicines when I should."

Staff told us they had received training in supporting people with their medicines. They said this was updated regularly and checks were carried out by the care coordinators. This was supported by training records we were shown. Individual care records contained clear information about each person's medicines and the support they required. The registered manager told us as part of the initial needs assessment people were asked to sign a consent form, confirming their agreement to staff assisting or administering medicines. We saw completed client consent forms to support this.

People who used the service were protected from the risk of abuse by staff who were trained to recognise and respond to safeguarding concerns. Staff we spoke with showed a good understanding of their responsibility to identify and report issues or concerns to the registered manager. We saw safeguarding policies and procedures were in place. Staff had received relevant training regarding what constituted abuse and understood their responsibilities in relation to reporting such concerns. They told us because of their training they were aware of the different forms of abuse and were able to describe them to us. They also told us they would not hesitate to report poor or unsafe care practice to the registered manager and were confident any such concerns would be taken seriously and acted upon. One member of staff told us, I wouldn't hesitate to raise any concerns and [Registered manager] will always listen and get something done

about it."

The registered manager told us any accidents and incidents were reviewed and monitored, to identify potential trends and to prevent reoccurrences. They also said care plans and risk assessments were regularly reviewed to reflect changing needs and help ensure people were kept safe. We saw documentation to support this, which included a recently incorporated section regarding 'Lessons learned'.

People were protected by a safe and thorough recruitment process. We saw people were cared for by suitably qualified and experienced staff because the provider had undertaken all necessary checks before the individual had started work. We saw that all staff had completed an application form and provided proof of identity. Each staff file also contained two satisfactory references and evidence that Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

People received consistent care and support from staff who had the knowledge and relevant skills to carry out their roles and responsibilities effectively. People and their relatives spoke positively about the service provided and how reassured they felt with the care staff. One person told us, "Even the new carers are well trained when they start. They are really more like friends than carers most of the time. And I'm never made to feel rushed by any of the carers; I think we have just about the right amount of time." Another person told us, "I have had the same carers since I started with them so yes I do think they really know me well. Sometimes they are the only people I see on a daily basis, but they're really good and they know what I like." They went on to say, "After breakfast my carer asks what I want for lunch and she gets it out of the freezer and then whoever comes in at lunch time gets it ready for me." This was supported by a relative we spoke with who told us, "[Family member] is never left without access to something to eat and drink."

Staff we spoke with described the benefits of the induction and training they received when they started working at the service. One member of staff told us, "Training here is good; but I would prefer more face-to-face training in groups, where you can ask questions and discuss experiences." They went on to say, "I'm more of a hands-on, practical person and don't get on so well with the work books." Training records we looked at showed new staff received a comprehensive induction programme and all essential training.

Staff told us they had initially shadowed more experienced colleagues on calls until they felt confident and had been assessed as competent to undertake their roles and responsibilities. They said they were supported through regular supervision and annual appraisals. Observations of staff practice were also completed and enabled the field care supervisor to monitor staff practice and ensure they had the skills, knowledge and competence to fulfil their role. Formal supervision provided each employee with the opportunity to meet, on a one to one basis, with their line manager to discuss any work related issues, monitor their progress and identify any additional support or training needs. Records showed staff also had access to development opportunities. The registered manager confirmed regular supervision sessions and annual appraisals were carried out for all staff and we saw appropriate records to support this.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this must be made through the Court of Protection for people living in the community.

People experienced positive outcomes regarding their healthcare needs. Staff had developed effective working relationships with people. They were aware of - and closely monitored - their routine health needs and individual preferences. Staff we spoke with also understood the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow appropriate procedures in practice. Staff were aware decisions made for people who lacked capacity needed to be in their best interests. Mental capacity

assessments had been undertaken where people were unable to make specific decisions about their personal care and support. We saw, where appropriate, family members and health and social care professionals were involved in these decisions. We saw there was a record of meetings held and decisions made in the best interests of the individual.

We saw people who used the service were included in planning and agreeing to the care they received. Relatives who we spoke with said care staff routinely discussed with them the level of support required and always respected their decisions, regarding the level of care and support their family member required. People told us that, as necessary, the care staff supported them to have sufficient to eat and drink and always respected their right to make their own choices. This demonstrated people had been consulted and had consented to the care and support they received.

The registered manager confirmed the service worked closely with other healthcare professionals including GPs, occupational therapists dieticians and district nurses. We saw records of referrals to healthcare professionals were maintained and any guidance was recorded in people's care plans. This helped ensure people's individual health care needs were effectively met.

Is the service caring?

Our findings

We received very positive comments from people who used the service and their relatives regarding the care provided. People said they were supported, with dignity and respect, by kind and compassionate staff. One person told us, "It's like I'm the only person they (Care staff) look after when they are here and I am treated so well all the time." Another person told us, "Yes they (Care staff) are caring but - if you know what I mean - some are better than others. But I have to say I am treated with respect at all times." One relative we spoke with described the compassionate nature of the care staff and the confidence and reassurance they provide. They told us, "My [family member] lives with me and when the carers come I can just relax and let them look after her."

People and their relatives we spoke with said staff provided personal care and support in a respectful and professional manner. They described how carers routinely closed doors and curtains, if necessary, and explained clearly what they were going to do before carrying out personal care. People also described the kindness and consideration they were shown while they were being supported with their personal care.

There was a caring ethos amongst the staff we spoke with and they had clearly established good working relationships with the people they supported and had a good understanding of their care needs. Staff we spoke with recognised the importance of treating people as individuals, with dignity and respect. They were knowledgeable and showed awareness and a sound understanding of the individual preferences and care needs of people they supported. We saw the language and terminology used in care plans and support documents was respectful and appropriate. This demonstrated people received care and support in a way that helped ensure their privacy and dignity was maintained.

Communication was effective throughout the service and the registered manager confirmed regular formal and informal meetings took place to enable staff to discuss issues, including ongoing support packages. Staff emphasised the importance of developing close working relationships with individuals and being aware of any subtle changes in their mood or condition. Consequently they were able to respond appropriately to how individuals were feeling. This meant people were supported in a consistent manner by staff who understood their ongoing care needs.

People told us they were involved in making decisions about their care, treatment and support. They and their relatives felt 'in control' of the care and support provided and confirmed they had been consulted and actively involved in the writing and reviewing of their care plan. This was supported by plans we saw, which clearly demonstrated people's preferences, likes and dislikes had been taken into consideration. People's relatives said they were also consulted regarding any changes to their family member's care plan and had taken part in reviews. One person told us, "I have my care plan reviewed usually every six months." People and their relatives also told us they felt confident their views were listened to, valued and acted upon where appropriate. This helped ensure people were actively involved in their individual care planning and the support they received met their identified needs.

Is the service responsive?

Our findings

People we spoke with told us they felt listened to and said care staff responded appropriately to their needs and wishes. They said staff knew them well and were aware of and sensitive to their preferences and how they liked things to be done. One person told us, "Sometimes I have had to ask to change call times if I have had to go to the hospital - and it's never been a problem. "

Relatives told us the service had carried out detailed assessments of their family member's needs before they began to provide them with care and support. They also described the thorough reviewing process which they had been involved with, to identify and discuss any changes in the care and support their family member needed.

Staff we spoke with told us of the importance of routine and consistency, which helped ensure people received care and support in a way that reflected their needs and preferences. Staff we spoke with had developed close working relationships with the people they supported. They were knowledgeable about people's needs and fully aware of their individual wishes and preferences. A senior carer explained, before anyone received a service, a comprehensive initial assessment of their personal circumstances was carried out, with the full and active involvement of the individual. The assessment established what specific care and support needs the person had and incorporated personal and environmental risk assessments. This was supported by completed assessments we saw and confirmed through discussions with people and their relatives. This demonstrated the service was responsive and the care and support provided was personalised and met people's individual needs.

From the initial assessment a personalised care plan was developed, again with the active involvement and full agreement of the individual. The plan specified what care and support the person required and detailed how they wished the support to be provided, in accordance with their identified preferences. We saw samples of completed plans and spoke with people regarding their personal experience of the care planning process. People and relatives we spoke with said they were fully involved in drawing up their personal care plan and confirmed the plan accurately reflected their individual support needs. Care plans we looked at were detailed and emphasised the importance of people being supported in the way they chose.

The provider had a complaints policy and procedure in place. People were provided with a service user guide when they started using the service. The guide included a copy of the complaints policy and a complaints form. We saw where complaints had been made they had been dealt with in line with the policy. People and their relatives we spoke with were aware of how to make a complaint, if necessary and were confident any such issues would be appropriately addressed. One person told us, "If I needed to complain, all the information I need on what to do is in the front of my file." Another person said, "I would complain if I had to but I don't need to so why should I just for complaining's sake?" This demonstrated people knew how to make a complaint and were confident any concern would be listened to and acted upon.

Is the service well-led?

Our findings

People who used the service and their relatives told us they thought the service was well managed and communication with the office was effective. Caring Hands had a positive ethos and clear set of principles and values. Care staff we spoke with were open and helpful and clearly shared the provider's vision and values for the service; which included choice, involvement, dignity, respect, equality and independence for people. We found a positive culture which centred on the needs of people who used the service. People we spoke with, without exception, told us how much they appreciated their carers and how valuable the service was to them.

There were systems in place to monitor and improve the quality of the service provided. Regular service audits were completed, such as care records, medicines records and reviews of the individual support people received. We also saw audits had been carried out to seek feedback from people who used the service, their relatives and other stakeholders. This included sending out surveys and telephoning people who used the service and their relatives. The provider's quality assurance system also included unannounced visits at people's homes to check they consistently received care and support in accordance with their agreed care plan. Care coordinators conducted observations to monitor how staff delivered care and support to people who used the service. We looked at records completed following those checks. The records showed staff were assessed on how they delivered their support, health and safety, maintaining privacy and being respectful. Staff subsequently received feedback following the observations which included good practice as well as any areas for improvement.

During our inspection staff we spoke with was open and helpful and shared the provider's vision and values for the service. These included choice, involvement, dignity, respect, equality and independence for people. We found a positive culture, which was centred on the needs of people who used the service and their families. Staff spoke positively about the open and inclusive culture, the "Team spirit" and the effective communication throughout the service. Staff described the culture within the service as, "Friendly and positive" and "Open and inclusive." All of the staff we spoke with said how much they enjoyed working at the service and were full of praise for the registered manager, who they described as, "Approachable" and, "Very supportive."

We saw organisational policies and procedures which set out what was expected of staff when supporting people. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action. This again demonstrated the open and inclusive culture within the service.

Services that provide health and social care to people are required by law to notify the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had notified the CQC of all significant events which had occurred, in line with their legal responsibilities.

We asked people whether they had been contacted by anyone from the office to help ensure they were

satisfied with the level of care and support they received. Some people said they had been telephoned and asked about their views on the service provided. One person told us, "Someone from the office rings occasionally to see if I'm still happy with the service I'm getting." Another person told us, "I have filled in a survey that asked loads of questions about caring hands and whether I'm happy . . . and I am." We saw examples of recent satisfaction questionnaires where changes had been made and 'lessons learned' as a result of feedback received, including people being provided with weekly rotas of which carer(s) would be attending and when. This demonstrated the service was committed to improving standards and quality of service provision.