

Caring Hands Limited

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Inspection report

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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?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 17 November 2016 and was an announced inspection.

The service provides personal care to people living either in their own home or the home of a family member. At the time of the inspection, approximately 150 people used the service and a registered manager was not 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 and associated Regulations about how the service is run. The registered provider told us the acting manager had recently completed additional training and would be applying to become the Registered Manager.

People told us they felt safe around staff and with staff in their homes. People were supported by staff they were familiar with and who attended their calls regularly. People had the correct number of staff they expected for their call and staff attended on time. Staff understood the health conditions people lived with and how they needed to be kept safe. Staff also understood what they should do if they suspected a person was at risk of abuse. Staff underwent recruitment processes that included background checks so that the registered provider could assure themselves of their suitability to work at the service. How people received their medicines was reviewed regularly to check that people received their medicine correctly and that staff understood how to help people.

People were supported by staff that had access to training and supervision so their performance was monitored. Staff had regular access to training that included training on ensuring staff understood the importance of obtaining a person's consent. People were included in discussions about the meals staff prepared for them and staff sought additional medical help from other professionals such as the GP or district nurse where this was appropriate.

People knew the staff supporting them because the same staff regularly attended their calls. Staff involved people in making day to day decisions about their care. Staff understood what it means to care for someone with dignity and respect. People felt respected by care staff and that their home and possessions were also respected.

People understood how to make a complaint although they did not always choose to. People spoke with managerial staff to ensure their needs were known and regularly updated so that their care met their expectations. The registered provider had a complaints process should people decide to complain.

Although the registered provider did not have a registered provider managing the service, they had taken steps to appoint a manager and support them to initiate the formal registration process. The registered provider worked closely with the manager to review the quality of people's care.

The registered manager and registered provider worked together on a daily basis to ensure staff understood

the registered provider's expectations of running the service. People understood how they could contact the admiration office to make changes to their care and felt assured that their care needs would be met.

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.

People felt safe with the staff supporting them, who they knew and who attended to them regularly. Staff understood people's health conditions and how to keep them safe. People received consistent support with their medicines.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were supported to understand their role with regular training and supervision. People were supported to make choices in the meals that were prepared as well as seek additional medical help if needed.

Is the service caring?

Good ●

The service was caring.

People were cared for by regular staff, who they were familiar with and who understood their needs. People were included in day to day discussions about their care.

Is the service responsive?

Good ●

The service was responsive.

People received support that was in response to their individual needs and felt able to change the care being delivered to suit their circumstances. People understood how to complain if needed.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

A registered manager was not in post. However, a manager was

applying to become the registered manager. People's care was regularly reviewed by the manager. The manager worked with the registered provider to ensure systems were in place to deliver care that met the registered provider's expectations of care.

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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 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 inspection took place on 17 November 2016 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to see us. The inspection was carried out by one inspector.

We reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

As part of the inspection we spoke to 14 people and two relatives. We also spoke with five care staff, the Assessment Manager, the manager, one area co-ordinator as well as the registered provider.

We reviewed the care records held at the office for nine people and viewed three staff recruitment records. We also viewed records relating to the management and quality assurance of the service including monthly checks. We also reviewed minutes of team meetings, complaints and compliments as well as daily records, medical administration charts, newsletters and responses to questionnaires and spot checks.

Is the service safe?

Our findings

People and their families told us they were familiar with care staff and felt safe with them in their home. One person told us, "They call out and shout, 'I'm here!' I know their voices so I know whose coming." Another person told us they "Always have the same carer, and if not she tells me the week before whose coming."

Staff we spoke with understood what was expected from them with respect to protecting people from abuse. Staff could explain to us the different categories of abuse and some of the things they look out for. Staff confirmed they had received training which was reviewed and updated regularly. Staff understood who they could report their concerns to both within the service and outside of it. The manager understood the obligations placed upon them as a manager and how information needed to be recorded and reported where relevant.

People told us staff arrived on time for their calls. One person told us, "They arrive on time. No problems." Attendance on calls was monitored through an electronic call monitoring service which was monitored by staff at the administration office. Staff were alerted if staff failed to attend or if staff were running late. People that required the support of more than one staff member at a time told us that the correct number of staff attended that they needed to support them. Staff we spoke with also confirmed the right number of staff attended each call. The registered provider told us they were continually recruiting but that they had sufficient staff to attend each call. They told us that they also had contingency plans within the office based staff, so that if they was ever an occasion they needed to support, office staff were trained and could attend the call.

People's health and risks to their health were understood by the staff who supported them. A manager within the organisation was responsible for undertaking all the risk assessments and updating information for staff to refer to. Staff told us they relied on this information to understand what support people needed. Staff we spoke with explained what information they took into consideration when supporting people. One staff member told us they always reviewed the condition of people's skin as they knew some people were more prone to skin damage. Another staff member told us understood that people might be prone to depression and always monitored their mood when they visited them.

The manager undertook risk assessments of people's home and noted any potential issues that staff needed to be aware of. For example, they made staff aware if there were any pets or behaviours the person lived with that staff needed to be aware of.

We reviewed the registered provider's process for recruiting staff to work at the service. There was a system in place so that staff recruited had the necessary pre-employment checks to ensure they could work with people at the service. Three staff files we reviewed contained confirmation of the necessary pre-employment checks. We saw that references have been sought and that staff had completed Disclosure and Barring Service (DBS) checks before commencing work. The DBS is a national service that keeps records of criminal convictions. Staff we spoke with also described the same process to us and confirmed they completed the necessary checks before commencing work at the service. Staff we spoke with told us they

undertook all the checks before commencing working at the service. The registered provider understood these checks helped ensure that suitable people were employed and that people were not placed at risk through their recruitment processes.

People that needed support with their medicines told us staff attended their calls on time so that they received their medicines as they should. We saw that the registered provider had a colour coded system in place to alert staff about the level of support needed. Staff told us as, if they ever covered for other team members, as soon as they saw the folder they knew what was expected of them.

The manager told us they reviewed people's Medical Administration Charts (MAR) monthly so that they could identify if there were any issues with the way staff supported people. The manager explained to us how they had minimised errors in people's medicines by making the MAR charts user friendly for staff, so that at a glance it was easy for them to identify which medicines were taken when. Staff we spoke with told us they received regular updates about people's changing medicines as well as training on how best to support people.

Is the service effective?

Our findings

People felt assured that staff understood their needs and how to support them. One person told us about specialist equipment staff used and how the Assessment Manager had visited their home to ensure staff used the equipment properly. One relative told us, "I know they do manual handling training so they know what to do."

People and staff described regular spot checks on staff so that the registered provider could monitor how staff were performing their role. Staff told us this was supplemented by regular supervision meetings so that staff understood what was expected of them and for them to also share any queries they had. One staff member told us they found supervision meetings helpful because it allowed staff to ask questions about things they were unsure about.

Staff described the training they received positively. One staff member told us they had worked for other services but found the classroom based training really helpful. Another staff member told us they were supported to receive additional training that would help develop their understanding of certain conditions people lived with. They told us they had a really good understanding of dementia and Parkinson's disease following a course they attended and this helped them empathise and better support people and their families.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

People told us that staff always explained things to them and respected their decisions. One person told us they sometimes did not want certain tasks completed and staff understood and respected this.

Staff told us they had received training on the MCA and understood the importance of obtaining someone's consent when they supported them. Staff explained that they knew the people they were supporting well and understood their behaviour. They understood when someone would prefer not to receive support or when the person may prefer to have the support at a later time in the call. The registered provider did not currently support anyone that had been referred to the Court of Protection.

People told us staff always asked them about which meals and drinks to prepare for them so that they were offered a choice. One person told us they always had the same breakfast each morning but that staff always double checked with them. Another person told us their family purchased oven ready meals and that staff

always asked which meal they wanted warmed up. Staff also worked with families to ensure people had access to enough food and drink. One relative told us they were concerned their family member was not eating enough and was losing weight and asked staff to keep a meal chart for the person. They told us staff completed this for the family to monitor their weight. People told us staff always ensured they had access to drinks.

Staff understood that some people may need additional medical help and understood what they needed to do. One staff member told us they had attended a call once and found a person collapsed and immediately called for an ambulance and alerted their family as well as notifying the administration office. Another staff member told us they had become concerned about the condition of a person's skin and contacted the district nurse so that the person received the additional support they needed. Staff told us they understood that some people did not have families involved in their care and where necessary they supported people to access the doctor or make appointments for them to attend the doctor's surgery.

Is the service caring?

Our findings

People spoke positively about the staff supporting them. One person told us, "My main carer is brilliant; I don't know what I'd do without her." Another person described staff as "Part of the family."

People we spoke with told us they had got to know staff well because it was regular staff that attended their calls. They told us this had helped them to forge friendships and an understanding. One person told us, "They've been coming to me a long time so they know what they're doing." People we spoke with told us that if their calls were not attended by regular staff, due to illness or annual leave, they were familiar with the covering staff. One person told us, staff usually explained to them when they were due to go on leave and who would be covering for them.

People described how staff had helped and supported them. One person told us staff "Helped them keep the place tidy" and that they appreciated the support. People explained they always chatted to staff and that staff would always check if there was anything specific they wanted help with. One person told us staff always asked them about what needed doing, but that they felt reassured that staff understood how they needed support.

Staff we spoke with told us they understood people's needs from reading about their background in care plans and from also speaking with any family members. One staff member told us that some people did not have relatives and that it was important they got to know their individual needs because it made supporting people easier and more comfortable for the person. Another staff member told us one person's family lived overseas and that they kept the family in touch with any important news they needed to be aware of.

Staff we spoke with confirmed that they always spoke with people to understand how to help support people. One staff member told us they always tried to make time to have a chat with people and that this helped people relax around them but also for the staff member to understand their needs.

People told us care staff supported them to maintain their dignity and independence. One person told us staff were "Always respectful." Another person told us, "They definitely treat me with respect." People we spoke with told us they felt comfortable with staff in their house and that staff were careful with their belongings and respected their home.

Staff spoke confidently about their understanding of treating someone with dignity and respect. One staff member explained it was about ensuring people were comfortable when they were having personal care so that they did not feel self-conscious. Another staff member told us about understanding the person and any health conditions they lived with and showing them respect for their circumstances.

Is the service responsive?

Our findings

People told us before staff attended calls to them; they had an assessment and discussed their care needs. They told us this gave them an opportunity to clarify what they needed staff to support them with and which they did not.

People we spoke with told us as their needs changed, they were able to discuss their needs and amend their care. One person told us, "I sometimes cancel my call when I go to my daughters and it's no problem. They sort it out." Another person told us they had changed the time of their call and added in an additional call and this had been arranged for them. Another person required support to attend hospital appointments and this was also arranged.

People we spoke with explained that when they discussed their care at review meetings they included discussions about timings and feedback on staff. People told us they felt comfortable sharing whether or not they would prefer to have the staff in future. One person told us they asked for the same staff member and that the staff member continued to attend their calls. Another person had asked for a same sex staff member and this had been provided. The Assessment Manager told us they tried to work with people and their families to ensure their needs were met. They told us they included information on meals services and specialist equipment for families to make it easier for families to plan their relative's care.

People we spoke with told us they regularly fed back any thoughts they had about the service when spot checks were completed and a member of the administration staff visited them. One person told us they "Pop in and check everything's ok – they do listen to what you say." We also reviewed questionnaires people and their families completed and saw that there was a positive response to the service and people were happy with the care they were receiving.

People told us they had not complained about the service because they had not felt the need to do so. One person told us they understood they could complain if they needed to. They told us, "I wouldn't be fearful, because they do listen." Another person told us they had not had "A reason to complain but I would if needed and if I didn't my daughter certainly would."

We reviewed the registered provider's complaints process and saw they had a system for handling complaints. We saw whilst they did not have any complaints, they had a process for acknowledging and responding to complaints. The manager told us they were "Proactive so that there were no complaints." They explained that they if they thought people were not happy with the care, they would send the Assessment Manager out to visit the person and understand how they could best meet the needs of the person.

Is the service well-led?

Our findings

There was not a registered manager in post at the time of our inspection which is a requirement for the registration of this service. The registered provider had previously managed the service but had stepped aside approximately three years ago and was working alongside the current manager to support them. We saw the provider and manager had taken steps to support people, so risks to their well-being and safety were reduced. We discussed this with the provider and were given assurances that the manager would initiate registration with the Care Quality Commission so that their obligation under the registration of the service could be fulfilled.

People we spoke with understood who the manager was and how they could be contacted. People told us they felt assured that if they called the administration office their queries would be resolved. People and their families told us they preferred to speak with the Assessment Manager as they had previously met with them and preferred the continuity of service this offered.

Staff told us they felt able to speak to the manager and clarify people's care. One person told us they regularly had meetings with their area team but would not wait for a meeting if they needed information because they knew they could call and speak with the manager. Another staff member told us they felt supported as they had made changes to their working hours for personal reasons and this had been responded to. One staff member described the manager as fair. Staff we spoke to understood what "Whistleblowing" was and how their concerns could be escalated. Staff we spoke with understood they could speak to either the manager or the registered provider if needed and felt assured that they would be listened to.

The registered provider used a number of different methods to ensure they communicated effectively with staff about their expectations of the quality of care they expected. We saw that the registered provider sent newsletters to staff which detailed important information. We saw one newsletter included a reminder about how people should be supported with their medication, whilst another newsletter included information about the Duty of Candour. The Duty of Candour refers to what is expected of the registered provider in how they conduct themselves and run the service. Staff we spoke with told us they read the newsletters and found them helpful. We also saw the registered provider used text messages as well as memos to ensure all necessary information was cascaded to staff.

The manager together with the registered provider undertook a number of regular checks to ensure people's care was regularly reviewed and monitored. We saw that daily records, medication administration records as well as staff attendance at calls were all monitored. We also saw that the registered provider was able to run reports on their electronic system to monitor whether there were any trends/issues emerging. The registered provider told us this could be broken down into area based teams to make it easier to understand any concerns.

The registered provider and manager told us they kept their knowledge up to date by being part of a Care Association which kept them updated about any changes in legislation. The manager had also recently

completed a management qualification in order to prepare herself for the role of registered manager.