

Caring Hands Cheshire Ltd

# Caring Hands Cheshire Ltd

## Inspection report

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Church Street  
Runcorn  
Cheshire  
WA7 1LX

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03 May 2016

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### 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?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection was announced and took place on the 03 May 2016.

The agency was previously inspected in September 2013 when it was found to be meeting all the regulatory requirements which were inspected at that time.

Caring Hands Cheshire is a domiciliary care agency provided by Caring Hands Cheshire Ltd. The service is coordinated from premises in Church Street, Runcorn and operates across the Halton, Runcorn, Warrington and Cheshire areas. The service was providing the regulated activity 'personal care' to approximately 19 people with a broad spectrum of needs at the time of our inspection.

At the time of the inspection there was a registered manager at Caring Hands Cheshire Limited. 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.

The registered manager was present during the day of our inspection and engaged positively in the inspection process, together with another member of the office management team.

During this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take as the back of the full version of the report.

We found that records relating to accidents and incidents and missed visits could not be located to enable the inspection team to obtain an overview of this key information.

We also found no evidence that assessment of needs had been undertaken by the provider for people using the service.

People spoken with confirmed the service they received was caring and that they were treated with respect and dignity by the agency's staff.

Systems had been developed to seek the views of people using the service, ensure complaints were listened to and acted upon and to safeguard vulnerable people from abuse. No formal complaints were received from the people using the service during our visit however some people raised concern regarding the arrival times of staff.

Recruitment procedures had been established to help protect people using the service against the risks of unsuitable staff gaining access to work with vulnerable adults.

Staff had access to training relevant to their roles and responsibilities and to supervision and team meetings. This helped to ensure they received the necessary support and direction in their roles.

## 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.

Management information regarding accidents and incidents and missed visits could not be located to enable an analysis of incidents.

People were not adequately protected from the risks associated with unsafe medicines management as staff did not have access to a list of prescribed medicines prescribed to each person.

Policies and procedures were in place to inform staff about safeguarding adults and whistle blowing. Staff had received training in regard to safeguarding vulnerable adults and were aware of the procedures to follow if abuse was suspected.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by staff that were suitable to work with vulnerable people.

### Is the service effective?

**Good** 

The service was effective.

Staff had access to supervision, induction and other training that was relevant to their roles and responsibilities.

Staff were aware of the need to promote people using the service to have a healthy lifestyle and to maintain hydration and good nutritional intake.

Systems were also in place to liaise with GP's and to involve other health and social care professionals when necessary.

### Is the service caring?

**Good** 

The service was caring.

Staff understood the importance of working in a person centred way and the importance of treating people with privacy, respect and dignity.

### Is the service responsive?

The service was not always responsive.

We found that people using the service had not had their needs assessed and care plans lacked detailed information to guide staff on how to meet people's individual needs.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

Quality assurance systems and the safe storage of records were in need of review to provide evidence that management information systems were robust, reliable and accessible.

There were arrangements for people using the service and / or their relatives to be consulted about their experience of the service.

The service had a registered manager who provided leadership and direction.

**Requires Improvement** ●

# Caring Hands Cheshire 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 checked whether the provider was 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 03 May 2016 and was announced. The provider was given 48 hours' notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies.

The inspection was undertaken by two adult social care inspectors.

Before the inspection the provider completed a Provider Information Return (PIR) which we reviewed in order to prepare for the inspection. This is a form that asks the provider to give some key information about Caring Hands Cheshire Limited. We also looked at all the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. We also invited the local authority's contract monitoring team to provide us with any information they held about the service. We took any information provided to us into account.

During the site visit we spoke with the registered manager and administrator. We also attempted to contact all staff and people using the service or their representatives.

We managed to speak with four people who used the service and seven relatives by telephone. We undertook home visits by invitation to speak with two more service users and spoke with seven staff. Prior to the inspection we sent surveys to an additional 17 people who used the service; 17 relatives and four health care professionals to seek more feedback on the service. Four questionnaires were received from people using the service, two from relatives and none from community professionals. Overall feedback was positive.

We looked at a range of records including four care files belonging to people who used the service. This process is called pathway tracking and enables us to judge how well the service understand and plan to meet people's care needs and manage any risks to people's health and well-being. Examples of other

records viewed included; policies and procedures; four staff files; minutes of meetings; complaint and safeguarding records; rotas and / or visit schedules; staff training and audit documentation.

# Is the service safe?

## Our findings

We asked people who used the service or their relatives if they found the service provided by provided by the Caring Hands Cheshire Limited to be safe. People spoken with confirmed that they felt safe. No direct comments were received.

We looked at the files of four people who were supported by Caring Hands Cheshire. We noted that a moving and handling risk assessment had been completed for each person using the service (which included an environmental and medication risk assessment).

A basic 'contingency plan' had been produced to outline the action that would be taken in the event of an incident affecting the operation of the service. Furthermore, an out of hours on call service was in operation and employers and public liability insurance was in place.

We asked the registered manager for information on any accidents and incidents that had occurred within the service. The manager was unable to locate the records or any supporting management information to analyse during our inspection. We asked for this information to be forwarded to us following the inspection however no information was received..

At the time of our inspection Caring Hands Cheshire was providing personal care to 19 people who were living within Halton, Runcorn, Warrington and Cheshire. The service employed one registered manager; a part-time administrator and 10 staff who worked variable hours subject to the needs of the people using the service.

The registered manager confirmed that the agency had sufficient capacity to meet the needs of the people using the service and that contingency plans were in place to cover vacancies and staff absences. We were unable to assess the reliability of the service as information on missed visits could not be located.

The service used an electronic database developed by Integrated Solutions to plan rotas and store client and staff information.

We looked at the system and sampled some schedules undertaken by staff. We found that the rotas did not display the travelling time in-between appointments. The registered manager told us that the rotas are approximate call times and that she was in the process of reviewing how data is recorded, to include travelling time.

This was breach of Regulation 17 (1) (2) (c) & (d) of the HSCA 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to ensure that effective systems were in place to assess, monitor and improve the quality of the service.

The management team acknowledged that if travelling time was not included within staff scheduling, the only way to get to appointments on time was to leave early or arrive at the next visit late, unless the next visit



was within close proximity. We received assurances that this matter would be addressed to ensure best working practice.

Packages of care varied according to each individual's need. The registered manager informed us that wherever possible the service endeavoured to deploy the same staff to support people using the service however this could sometimes change due to annual leave, sickness, staff training or when staff had moved on to new jobs.

The registered provider had developed a recruitment and selection policy to provide guidance for management and staff responsible for recruiting new employees.

We looked at a sample of four staff files. Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. In all four files we found that there were application forms; two references; disclosure and barring service (DBS) checks; proof of identity including photographs and health declarations.

All the staff files we reviewed provided evidence that the checks had been completed before people were employed to work at Caring Hands Cheshire. This helped protect people using the service against the risks of unsuitable staff gaining access to work with vulnerable adults.

The registered provider had developed a policy on 'safeguarding vulnerable service users from abuse' to provide guidance to staff on how to protect people from abuse. A copy of the local authority's safeguarding procedure was also available for reference together with a basic whistleblowing procedure. The whistleblowing procedure was in need of review as it made reference to out-of date guidance.

The Care Quality Commission (CQC) had received no whistleblowing concerns in the last 12 months. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right.

Discussion with the registered manager and staff, together with a review of training records confirmed staff working within the service had access to 'Safeguarding of vulnerable adults' training which had been refreshed periodically.

We viewed the safeguarding records for Caring Hands Cheshire. A log record had been developed to enable the manager to maintain an overview of any incidents which outlined: date; action / incident and outcomes. The log was blank and we were informed that there had been no safeguarding incidents in the last 12 months. Likewise, no safeguarding information had been received by CQC.

Management and staff spoken with demonstrated an awareness of the different types of abuse and the action they should take in response to suspicion or evidence of abuse. Staff spoken with also demonstrated a sound awareness of how to whistle blow, should the need arise.

The provider had developed a medication policy to provide guidance for staff responsible for administering medication. Staff confirmed they had had received medication training but this was not included on the training matrix. Likewise, we saw no evidence that medication competency assessments had been completed by staff prior to administering medication and periodically thereafter.

We noted that personal files contained a basic medication risk assessment which was included within the

agency's manual handling risk assessment.

The registered manager told us that the agency administered medication to 10 people. We noted that medication administration records were not in use and that staff were only recording that they had prompted and observed the administration of medication contained within a blister pack and there was no corresponding record to say what was contained in the blister pack.

At the time of our inspection there was also no evidence that medication records and practice was being routinely monitored and audited as the role of the quality assurance officer was vacant.

This was breach of Regulation 12 (1) (2) (g) of the HSCA 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to ensure effective systems for the safe management of medicines.

The provider had developed an infection control policy for staff to reference. Staff spoken also reported that they had access to personal protective equipment for the provision of personal care and had received training in this subject to help them understand their role and responsibilities.

# Is the service effective?

## Our findings

We asked people who used the service or their relatives if they found the service provided by Caring Hands Cheshire Limited to be effective. People spoken with were of the opinion that their care needs were met by the provider.

Comments received from people using the service or their representatives included: "They have a change of staff but they mostly remain the same and are all nice and caring"; "I find the staff very good and reliable" and "Experienced carers is what I need and I feel they are excellent in this department."

Caring Hands Cheshire is coordinated from premises in Church Street, Runcorn and operates across the Halton, Runcorn, Warrington and Cheshire areas. Parking is available off the main high street and the building has disabled access with the provision of a stair lift to the first floor.

The registered manager told us that staff working for the agency completed the majority of their training on-line via Interactive Healthcare. Additionally, moving and handling training was delivered via the health and safety group or the registered manager who was a qualified trainer.

We asked the registered manager for information on the training completed by staff. At the time of our inspection, the agency's training matrix was not up-to-date. A copy was sent to us 10 days following our inspection.

The matrix indicated that staff had access to a range of training including: induction, mandatory, safeguarding, Mental Capacity Act and national vocational / diploma level qualifications. Furthermore, training on the needs of people using the service such as dementia training was also completed.

The matrix indicated that all staff had recently completed 'The Care Certificate' training. We noted that the dates of individual modules had not been recorded although the overall completion date had. Furthermore, the details of medication training had not been included however staff spoken with confirmed they had received this training.

The majority of staff spoken with confirmed that they felt supported in their roles and confirmed they had attended team meetings and received formal supervisions periodically. We sampled a selection of records and a tracking tool which confirmed staff had access to regular supervisions and meetings.

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 Caring Hands Cheshire was working within the principles of the MCA. We noted that the

provider had developed corporate policies and procedures to provide guidance for staff on the MCA 2005, Deprivation of Liberty Safeguarding and Human Rights and Mental Capacity Rights.

Furthermore, training records indicated that staff had completed training in the MCA and Human Rights Act. The registered manager demonstrated an awareness of the need to liaise closely with care management teams, formal appointees and relatives in the event a mental capacity assessment was required for a person using the service.

We spoke with the management team and staff regarding the promotion of healthcare, hydration and good nutritional intake within the context of person-centred care and respecting people's rights to choose what they eat and drink.

We noted that guidance had been developed for staff responsible for preparing and supporting people to eat and drink and that staff had completed food safety and hygiene training.

Staff spoken with confirmed they promoted healthy eating and monitored any changes in the wellbeing and needs of people they cared for on an on-going basis. Daily care plans were used to record a description of food and fluid intake during visits and systems were also in place to liaise with family members and to arrange GP call outs and initiate referrals to health and social care professionals when necessary.

# Is the service caring?

## Our findings

We asked people who used the service or their relatives if they found the service provided by Caring Hands Cheshire Limited to be caring. People spoken with confirmed the service they received was caring.

Comments received from people using the service or their representatives included: "The carers are excellent. They are superb. They treat me with dignity and respect"; "The staff are very caring"; "The carers are wonderful people"; "The carers are always respectful to my mum" and "The carers will always say hello before asking to enter my home."

Due to the service being a domiciliary care agency we were unable to undertake observations of the standard of care provided to people using the service. However, people spoken with told us that the staff understood how to help them and confirmed they were treated with dignity, respect and privacy.

People told us that the service they received was generally reliable and that staff were friendly and polite. People also told us that staff were caring and their interactions were thoughtful and responsive to individual needs. People confirmed that they were encouraged to maintain their independence and daily living skills and that staff respected their preferred routines and choices.

Staff also told us that they had been given opportunities to read key information on the people they supported such as care plans and risk assessments in order to acquire knowledge of the needs of people using the service.

We asked staff how they promoted dignity and privacy when providing care to people using the service. Staff told us they had completed training to help them understand the importance of working in a person centred way and the importance of treating people with privacy, respect and dignity.

Staff were able to give examples of how they promoted good care practice such as knocking on doors and waiting for permission before entering people's homes; speaking to people using their preferred name; asking people how they wished for care and support to be delivered before offering assistance and to support their health and wellbeing.

Information about people receiving care provided by Caring Hands Cheshire Limited was kept securely to ensure confidentiality.

## Is the service responsive?

### Our findings

We asked people who used the service or their relatives if they found the service provided by Caring Hands Cheshire Limited to be responsive to their needs. People spoken with confirmed the service was responsive to their individual needs but some people highlighted concerns regarding the arrival times of staff.

For example, comments received from people using the service or their representatives included: "I am generally happy with the level of care but the call times could be improved"; "We have had issues with the bed time calls. They are calling at 7.30 pm not at 9.00pm. I have phoned and mentioned it but it's still going on"; "Call times have drifted in the last couple of months. For example this morning the carers should have arrived at 8.15 am but they arrived at 09.30 am"; "You don't get a consistent approach really" and "I haven't decided to complain about call times as the care is good and I appreciate they are busy caring for other clients. I just hope it gets better. At times it can be frustrating waiting for them."

We requested permission to view four care service files (a file stored at the office or kept within each service user's home) which contained a range of information relevant to the service provided to each individual by the agency.

Files viewed contained minimal information on the needs of people using the service and the support they required from staff.

For example, there was no evidence that assessment of needs had been undertaken by the provider for people using the service. Furthermore, care plans viewed listed bullet pointed tasks to be completed during visits, but did not describe in detail how the care should be delivered. This meant staff had very basic information on the needs of the people using the service and how to deliver person centred care.

This was a breach of Regulation 9 (1) (3) (a) & (b) of the HSCA 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to carry out an assessment of the needs of people using the service.

Supporting documentation such as: personal profiles; moving and handling risk assessments (which included an environmental and medication risk assessment); client information contact sheets; service user information sheets and daily care plan records (a summary of the care provided during each visit) were also available for reference. We noted that the agency used a tick box system to record tasks completed following a visit on this form. Information on any meals and refreshments provided was also recorded.

We noted that records had been kept under review and that people using the service or their representatives had been involved agreeing care plans (where possible).

We discussed the findings with the management team who assured us that they would take action to introduce a robust assessment and develop care plans to ensure more detailed person-centred information was developed for staff to reference.

The registered provider had developed a complaints procedure to provide guidance to people using the service or their representatives on how to make a complaint.

We viewed the complaints log and records for the service. The complaint log outlined: the date of complaint; source; actions taken and final outcome. Records detailed that there had been one complaint in the last 12 months which was in the process of being investigated at the time of our inspection. The last recorded complaint prior to the most recent one had been received in December 2014. Appropriate action had been taken by the provider in response to the complaint. This confirmed that complaints were addressed in a timely manner by the service.

No complaints, concerns or allegations were received from the people using the service during our visit however some people raised concern regarding the arrival times of staff.

People using the service and / or their representatives spoken with told us that in the event they needed to raise a concern they were confident they would be listened to.

## Is the service well-led?

### Our findings

We asked people who used the service or their relatives if they found the service provided by Caring Hands Cheshire Limited to be well led. People spoken with confirmed they were happy with the way the service was managed.

Comments received from people using the service or their representatives included: "They are approachable and helpful"; "The management seem nice"; "I have never mentioned it but I can't get through to the office staff easily"; "I don't like to criticise but it could be better in regards to the management and timekeeping" and "The manager actually comes out to provide the care."

Feedback received from staff included: "The management are really good. They are easy to talk to and will deal with any issues that may arise"; "The management team are good. I don't have any queries whatsoever"; and "We have a very helpful management team. I can always contact them if I have a problem" and "Very helpful management who will listen to your concerns."

Caring Hands Cheshire Limited had a manager in post that had been registered with the Care Quality Commission since June 2011. The registered manager informed us that she had been working for the agency since February 2005 and had completed the level 4 Registered Manager Award.

The registered manager was present during the day of our inspection and engaged positively in the inspection process, together with another member of the office management team.

We asked the registered manager to share with us information on the organisation's quality assurance processes and systems.

We were informed that the agency had previously employed a quality assurance officer who had resigned from post during January 2016. Consequently there was a vacancy for this role which involved undertaking monthly visits to people using the service; updating home files and dealing with concerns, compliments and complaints. Some aspects of the work undertaken by the previous quality assurance office had not been completed since the post became vacant.

We viewed the template for home checks and noted that this was a tick box form used to check the contents of files; standard of paperwork and identify significant issues. We noted that minimal information had been recorded on copies sampled.

An annual customer survey was undertaken to obtain feedback from people using the service or their representatives. We were informed that the surveys were last distributed in July 2015 and that 11 people had responded. The questions focussed on a range of areas such as whether the carers were: friendly, polite and respectful; provided the services required; kept people informed of any changes or difficulties they might experience in the provision of care; ensured people's comfort and safety and worked in partnership with them and their representatives. Additional questions on whether people were satisfied with the overall



quality of the service and if they would recommend the service were also asked.

The survey indicated the overall, feedback received was positive. We noted that one person had raised concerns regarding the need to be informed at the earliest possible opportunity in the event a visit could not be completed at the scheduled time. The summary report detailed that: "a robust procedure has been trained out to all staff to ensure if for any reason a call will not be to the scheduled time, the client and all other relevant people will be informed at the earliest possible opportunity."

We asked whether there were any other management information systems or audits in place to monitor other aspects of the service such as missed visits; incidents / accidents or medication checks. At the time of our visits no other auditing systems had been established or available for reference.

This was a further breach of Regulation 17 (1) (2) (a) of the HSCA 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to ensure that effective systems were in place to assess, monitor and improve the quality and safety of the service or to maintain securely records necessary for the management of the regulated activity.

Periodic monitoring of the service is also undertaken by Halton Borough Council's contract monitoring team (this is an external monitoring process to ensure the service meets its contractual obligations).

The manager of Caring Hands Cheshire is required to notify the CQC of certain significant events that may occur. Although we had not received any recent statutory notifications, the manager confirmed her awareness of her duty to notify CQC of any reportable incidents.

Information on Caring Hands Cheshire Ltd had been produced in the form of a combined Service User Guide and Statement of purpose to provide people using the service and their representatives with key information on the service. A copy of the document had been stored within each person's home file.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The registered provider had failed to carry out an assessment of the needs of people using the service.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered provider had failed to ensure effective systems for the safe management of medicines
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider had failed to ensure that effective systems were in place to assess, monitor and improve the quality and safety of the service or to maintain securely records necessary for the management of the regulated activity.