

Caring Hands Solutions Ltd

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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?	Good ●

Summary of findings

Overall summary

About the service

Caring Hands Solutions (known as Caring Hands) is a small domiciliary care agency providing support for people in their own homes. The service was supporting nine people at the time of our inspection.

People's experience of using this service and what we found

Everyone we spoke with was very positive about the care and support provided by Caring Hands. They said they felt safe with the care staff who were kind and caring and always asked what people would like them to do at each visit. Support visits were not missed, and staff stayed the full length of the call and would stay longer if needed.

The registered manager and care staff were approachable, and people felt able to raise any concerns directly with them. The registered manager had weekly contact with staff and regularly phoned or visited people to ensure they were receiving the support they wanted. Staff said they felt well supported and received the training they needed for their role. Staff were safely recruited.

Care plans and risk assessments were in place to identify the support people wanted. People and relatives were involved in agreeing and reviewing their care plans. People were supported to meet their health and nutritional needs.

Staff prompted people with their medicines. We have made a recommendation with regard to following best practice for the prompting and recording of medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. All the people being supported by Caring Hands Solutions at the time of our inspection had the capacity to make their own decisions and agree to their care and support.

The registered manager had oversight of the service through regular contact with people, their families and staff to gain feedback on the service. Care plans were reviewed every six months and annual spot checks were formally recorded with staff. Daily records were reviewed by the registered manager each month. We have made a recommendation about following best practice for the retention of care records.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 27 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Caring Hands Solutions Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager, who was also the owner of the service, registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that someone would be in the office to support the inspection.

Inspection activity started on 1 October 2019 and ended on 4 October 2019. We visited the office location on 1 October 2019 and made telephone calls to relatives and staff after this visit.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

We visited, with permission, two people who used the service and spoke with the registered manager.

We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke by telephone with one relative, one family friend and three care staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People, the relative and family friend we spoke with said that they took their own medicines or were supported by their family. Staff would ask them if they had taken their medicines during their visit. Where people took their medicines during the support calls, staff recorded they had done so.
- Staff would assist some people to get their tablets from the medicines blister pack. We were told this was under the direction of the person and all people supported by Caring Hands had the capacity to make their own decisions about their medicines.
- However, speaking with one member of staff they did not make it clear that the person directed them as to which tablets they needed at each visit. Guidance states if the member of staff decides which tablets were needed to be taken at that visit then they are administering these medicines. The member of staff recorded the person had taken their medicines.

We recommend that the service follows best practice for medicines administration in care at home services, for example from National Institute for Health and Care Excellence (NICE).

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with was very positive about the support provided by Caring Hands and thought they were safe when being supported by Caring Hands staff.
- Staff knew the procedures for reporting any concerns they had and had completed training in safeguarding vulnerable adults.

Assessing risk, safety monitoring and management

- Risks, such as choking, moving and handling and infection control, were identified during the initial assessment of a person's needs. Guidance was provided for staff to manage the identified risk.
- An assessment of the environmental risks staff may face when supporting people in their own home was completed. For example, external lighting, the condition of house or flat and fire safety.

Staffing and recruitment

- Staff continued to be safely recruited. Any gaps in employment history were explained, although for one person it was stated that they had been self-employed but did not state the businesses they had prior to 2009.
- Everyone we spoke with said the staff never missed any calls and stayed for the full length of their calls. They also said that staff would stay longer than the scheduled visit to complete their support if needed.

Preventing and controlling infection

- Staff received training in infection control and food hygiene.
- Personal protective equipment (PPE) was available for staff to use.

Learning lessons when things go wrong

- Staff told us they would report any incidents or accidents directly to the registered manager and then record what had happened.
- Records showed there had been no accidents or incidents at the service since our last inspection, which was confirmed by the people and staff we spoke with.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- An initial assessment of people's needs and the support they wanted was completed prior to Caring Hands starting their visits.
- People and their relatives, where appropriate, were involved in the initial assessment. The local authority assessment of people's support needs was also used to identify the support required.
- Staff said they were always introduced to new people they would be supporting by the registered manager, so they could get to know the person and their needs before completing support visits on their own.

Staff support: induction, training, skills and experience

- Staff told us they felt well supported by the registered manager and felt they had enough training to carry out their role.
- Staff completed an induction booklet and undertook annual training with the registered manager.
- Staff had completed or been enrolled on nationally recognised health and social care qualifications at level two and three through a recognised training provider.

Supporting people to eat and drink enough to maintain a balanced diet

- Where agreed as part of the support visit, staff prepared meals for people. One person said, "They (staff) will do anything; they cook food for us and will always ask what we want."
- Staff ensured people had food and drinks available at the end of their visits. One person said, "They (staff) leave water out at night for me. They make sandwiches in a morning and put them in the fridge for our lunch. We can then help ourselves to this."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff explained that they monitored people's health at every visit and would contact the person's family, GP or ambulance if people were unwell. Staff would liaise with the registered manager to cover their calls if they had to stay with a person until the paramedics arrived.
- If required, the service worked alongside other professionals, for example district nurses or other care agencies.
- The times of people's support visits could be changed if people had to attend appointments at their usual support time.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- At the time of our inspection all the people supported by Caring Hands had the capacity to agree to their support visits. This was recorded in their care records and they had signed their agreement for the planned support visits.
- The registered manager was aware of the procedure to report any changes in people's mental capacity to the local authority social services if they were no longer able to consent to their support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All the people, relative and family friend we spoke with were very positive about the Caring Hands staff and the support they provided.
- We were told, "They're brilliant, I've no complaints. It's always the same staff so we know them," "They made a point to get to know [name's] individual needs" and "There's a real rapport between [name] and his carers."
- People said the staff would ask if there was anything else they wanted them to do before they left at the end of the visit. For example, one person said, "[Staff name] is chatty and will do owt you ask, even tidy round if need be or nip to shop or post a letter for me."
- Staff knew people's needs well and were able to describe the support people needed.
- People's care plans contained brief details about people's life history and family, to give staff some background information about the people they were supporting.
- Any cultural needs were identified during the initial assessment, including any religious observance or preferred language. People's preferred language was noted, and staff matched with people, so they could communicate freely.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in agreeing their support and were asked what support they wanted and what outcome they wanted.
- At the time of our inspection the people supported by the service could verbally communicate their needs and wishes. The initial assessment and care plans identified people's communication needs, for example if they had a preferred language.
- People, relatives and family friend said that the communication with the service was good. They were contacted regularly by the registered manager to check that they were happy with their support. One person said, "[Registered manager] is always ringing or coming round to ask if everything is okay."
- People said they were able to telephone the registered manager at any time if they needed to.

Respecting and promoting people's privacy, dignity and independence

- People said that the care staff respected their privacy and dignity.
- People were encouraged to complete things for themselves where they were able to do so. A family friend of one person said, "Staff support [name] to have a shower and prompt him to do it himself and only help where he needs help."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Brief details of people's support needs were recorded in people's care plans. These were written in a person-centred way and prompted staff to ask people what they wanted them to do at each visit.
- A task list of what was to be completed during each support visit had been written as a reminder for a new member of staff. People being supported were able to communicate what they wanted staff to support them with during each visit.
- Care plans were reviewed every six months or when people's needs changed.
- Staff told us they would inform the registered manager if people's needs changed. People also told us the registered manager regularly contacted them to check that they were receiving the support they needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some people who used the service did not always use English as their first language. The registered manager and some staff were fluent in Urdu and Punjabi and were able to communicate in these languages, as well as English, if people or families preferred.
- The registered manager had enabled one person to video call their relative using their own personal mobile phone. This had a positive effect for the person as they could see their relative as well as speaking with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the time of our inspection the staff did not support people with social activities. The registered manager told us that staff could support people to attend social activities if it was part of their agreed support.
- The registered manager showed us a white board, cards and dominoes pack they were providing people with. The white board was to record any appointments or general reminders, so people were reminded about things that were coming up. The cards were to provide alternative things people could do. One person told us they had recently got a white board from Caring Hands but had not started to use it at the time of our inspection.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. No formal complaints had been received since our last

inspection.

- People, relatives and family friend said they had no complaints. They had regular contact with the registered manager and felt able to raise any concerns or queries with them or directly with the care staff.

End of life care and support

- There was no one receiving end of life support at the time of our inspection.
- The registered manager explained they would work with other professionals, for example GPs, district nurses and MacMillan nurses, if they were supporting people at the end of their lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People, relatives and a family friend said there was very good communication with the care staff and the registered manager.
- Staff said they enjoyed working at the service and felt well supported by the registered manager. Staff said the registered manager was open and approachable.
- The registered manager knew the kind of incidents that needed to be notified to the Care Quality Commission. There had not been any incidents at the service that had needed to be notified.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had an overview of the service through regular contact with both people who used the service, their families or family friend if appropriate and the care staff. Everyone we spoke with said they were asked during phone calls or visits from the registered manager if they were happy with the support being provided and if any changes were needed.
- The registered manager completed annual spot checks with staff where they attended a support visit with them to observe how they interacted with and supported people. Staff said the registered manager regularly met them at their support visits but did not formally record all of these.
- Staff sent a text to the registered manager at the start and end of their support visit, so the registered manager knew if they were regularly late or had to stay longer to complete the support.
- The registered manager had assessed and agreed that people needed prompting to take their medicines. Staff we spoke with did not always make clear that people directed them to the tablets they needed from their blister pack.
- Staff made daily notes of the support they had provided. These were reviewed by the registered manager each month and, if required, care plans were reviewed. However, the registered manager told us they then destroyed the daily notes.

We recommend the provider follows current best practice guidance for how long records need to be kept.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives were involved in reviewing and agreeing their care and support plans.

- People and relatives said they were able to contact the registered manager if they needed to.
- Staff told us the registered manager was in at least weekly contact with them to ensure that they were okay and if there were any issues with any of the people they supported.
- The service worked with the local authority social workers on all new support packages and local authority reviews