

Caring Hands East London Ltd

# Caring Hands East London Ltd

## 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

Caring Hands East London Ltd provides personal care to people living in their own homes. At the time of our visit, they were providing personal care to 74 people.

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

People and their relatives told us they were happy with the service and staff working there. They felt the service was managed well. However, we found the registered manager did not always notify us of concerns raised about their service.

People using the service told us they felt safe when staff visited them. Staff knew what action they should take and how to report any concerns they had. Risks to people were assessed and reviewed regularly. The provider undertook all necessary checks before new staff began work for the service. There was sufficient staff to provide people's care.

Systems were in place to make sure people received their medicines as prescribed, which included staff training. Staff had been trained in a variety of areas and were supported to maintain their skills through supervision, appraisals and refresher training. People had access to appropriate health professionals when required and staff monitored and responded when their health needs changed. People were supported to eat and drink sufficient amounts to meet their needs.

Staff understood the level of support people needed and were familiar with their care and support needs. They respected people's privacy and dignity and promoted their independence. Care plans were individualised and reflected each person's needs and preferences. People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice.

People and their representatives knew how to make a complaint and their views were listened to and acted upon. The management team had a positive culture and was committed to delivering effective care for people. The provider had a number of quality assurance systems in place to monitor the quality of the service, such as surveys, audits and spot checks.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

At the last inspection the service was rated requires improvement (published 13 June 2018).

Previous recommendations:

Following the last inspection, we recommended the provider follow best practice guidelines to ensure all incidents were reported to the appropriate bodies. During this visit we noted further improvements were required.

We also made recommendations about medicines and quality assurance. This was because quality assurance and monitoring systems were not operated effectively. We found improvements were required to the way in which medicines were recorded. At this inspection we found improvements had been made and the provider had acted on our recommendations.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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.

Requires Improvement ●

# Caring Hands East London 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. This inspection was planned to check 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:

The 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 homes. The service had a manager registered with the Care Quality Commission. This means that they and the provider 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 visit because we needed to be sure that the provider or registered manager would be in the office to support the inspection. The inspection took place on 12 June 2019.

#### What we did before inspection:

Before the inspection, we reviewed the information we held about the registered provider, including previous notifications and information about any complaints and safeguarding concerns received. A notification is information about important events which the registered provider is required to send to us by law.

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During our inspection:

We spoke with the registered manager, assistant manager and the provider. We reviewed a range of records. This included seven people's care records and medicine records. We looked at five staff files in relation to recruitment and staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed during and after the inspection.

After the inspection:

We continued to seek clarification from the provider to corroborate evidence found. We looked at training data and quality assurance records.

We spoke with four people using the service and seven relatives by telephone to obtain their views of the service. We also contacted five members of staff to ask them questions about their roles and to confirm information we had received about the service during our inspection.

Following our inspection, we also received some information of concerns from a relative of a person who used to use the service. We contacted the registered manager and provider to discuss the concerns that had been raised.

# 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. People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who visited them. One person said, "I feel 100% safe when the carers are here."
- The service had policies and procedures in place to inform staff how to deal with any allegations of abuse. Staff were trained in recognising the signs of abuse.
- A whistle blowing procedure was also in place and staff were confident to use it. A member of staff told us, "If I have any concerns, I would speak to the manager, if they don't do anything I will contact social services."
- We saw risk assessments had been carried out to identify any risks to people, when providing care and support. Where risks were noted there were plans in place to manage them and maintain people's safety. For example, we saw a risk assessment in place for one person who was at risk of having seizures.
- The environment where people lived, was also assessed prior to the service starting. The registered manager carried out checks in people's homes to ensure it was safe for themselves as well as for staff.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering medicines and act to update their practice. The provider had made improvements.

- We found people received their medicines as prescribed.
- People told us they felt staff administered their medicines when they needed them. One person said, "The carers make sure I take my medicines."
- The assistant manager checked the medicine administration records (MARs) on a regular basis to ensure people had received their medicines as needed.
- We found gaps on one MAR sheet where staff had not signed to say the person had taken their medicines. We discussed this with the registered manager who said they would take action to address the shortfalls. During our visit, the assistant manager contacted the relative of that person who confirmed the person had received their medicines, but staff had forgotten to sign. Following our visit, the registered manager sent us a comprehensive action plan on how they had dealt with this issue.

Staffing and recruitment

- People felt there were enough staff to support them with their needs. They commented they were visited by the same staff most of the time unless the staff were not well or were on leave. One person told us, "I have regular carers for a long time, they are always here on time."
- The provider had trialled a system in some people's homes to monitor when staff arrived and left for their visits. This helped to ensure people received their visits on time and the office staff could inform people if the staff were running late. They planned to introduce this in all people's homes by 1 July 2019.

- The provider had robust recruitment procedures. We saw evidence of identity checks, references being taken, and criminal records checks had been carried out before newly recruited staff started employment. The provider also checked staff member's entitlement to work in the United Kingdom.

#### Preventing and controlling infection

- The service had processes in place for the prevention and control of infection and people confirmed these were followed by staff.
- Staff had received training in infection control and were provided with personal protective equipment such as aprons, hand gels, shoe covers and gloves.

#### Learning lessons when things go wrong

- We saw accidents and incidents were recorded. These were regularly analysed by the registered manager. This helped to ensure that any patterns of accidents and incidents could be identified, and action taken to reduce any identified risks.
- Staff were encouraged to report any incident or accident straight away, so appropriate action would be taken promptly. A member of the management team was available 24 hours a day for people and staff to contact if there was any emergency.



# 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.

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

- Before people started to use the service, a comprehensive assessment of their needs was undertaken by the provider.
- Prospective new people and their representatives were given the opportunity to be involved fully in their assessments. The assessment covered areas of the person's physical, social and psychological needs.
- The management team obtained as much information as possible from people, their relatives as well as from the local authorities which paid for the care packages to ensure they had enough information to enable them to meet people's needs.

Staff support: induction, training, skills and experience

- People received care from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively.
- People and their relatives told us the staff knew how to support people. One person said, "They [staff] do a very good job."
- We saw staff had received appropriate training which gave them the skills and knowledge to carry out their roles and responsibilities.
- Staff commented positively about the standard of training. One staff member said, "The training courses are very good, they are very informative."
- Staff felt supported by management team. They told us, and records showed that they had regular supervision sessions with their line manager. They also received an annual appraisal where the registered manager looked at their performance and discussed any career development.
- People were cared for by staff who received an appropriate induction to their role. Staff were introduced to people they supported before they commenced their role and had the opportunity to shadow more experienced staff before they were allowed to work on their own.

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

- When requested, staff supported people with their meals. Staff ensured people had enough to eat and drink. One person told us, "The carers help me with my food, they make me sandwiches I like."

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support.

- The management team liaised with other healthcare professionals as required to ensure they met people's needs. Staff were encouraged to report any changes in people's needs and were aware of what actions they needed to take if a person was not well. For example, we saw a visit was carried out by an occupational therapist to a person's home following a referral made by the service.

#### 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.

We checked whether the service was working within the principles of the MCA and found them to be compliant.

- People were encouraged to make day to day decisions about their lives. They told us staff always involved them in making decisions and choices and asked them what they wanted help with each time. One person told us, "They [staff] do ask me what I will like to do, if I want a shower or what I would like to eat."
- Care records contained information about people's capacity and what support they required. Staff had completed training in MCA. This helped to ensure staff had the knowledge and understanding in this area.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives told us they were happy with the care they received and that the staff were very kind and caring. One person said, "Staff are very, very good."
- Staff ensured people had equal opportunities, regardless of their abilities, their background or their lifestyle. They were aware of people's beliefs and cultural needs and ensured these were met. For example, we noted staff took one person every Fridays to their place of worship.
- People told us the staff were always polite and spoke to them in a respectful way. One person said, "I am very lucky to have the carers I have, they treat me well and respect my wishes."

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

- Staff had a good knowledge of the people they supported. They were aware of their needs and their wishes and what was important to them.
- People told us that because they had regular staff they had got to know them well.
- People were supported by staff to make daily decisions about their care as far as possible, for example, what they wanted to do, or how they wanted to spend their time and what they would like to eat.
- People were able to change their visit time or cancel the visit without charge or change their plan of care as they wished or depending on their needs.

Respecting and promoting people's privacy, dignity and independence

- People told us staff ensured their privacy and dignity was maintained at all times. One relative told us, "The carers always make sure [person] is treated with dignity."
- Staff explained how they maintained people's privacy, such as closing the doors when providing people with personal care.
- People were encouraged to maintain their independence and undertake their own personal care where possible. One staff member said, "I encourage the service users [people] to do things that they can do by themselves." Staff were aware of how much each person was able to do for themselves and what assistance they needed.
- People and their relatives were happy with the way staff handled their confidential information. Staff were aware to whom they could share confidential information with. One member of staff told us, "We only share confidential information to people who have the right to know."

## 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.

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

- We saw people received personalised care and support that met their individual needs. People's care plans provided detailed information about their care and support needs. One person told us, "The carers are very caring and professional."
- Care plans also contained information about people's individual wishes, preferences, likes and dislikes and how they wanted their care was to be delivered.
- We saw evidence of people who used the service and their relatives had been involved in the care planning process.
- Care plans were reviewed every three months or earlier when needed to ensure staff continued to meet people's needs.
- Staff felt the care plans provided them with enough information to enable them to meet people's needs. They completed a daily log about the care they had provided during their visits. This helped to make sure staff were aware of any changes in people's needs.
- People were supported to access local communities to minimise the risk of the person becoming socially isolated. One member of staff told us they took one person out for a walk as they enjoyed being out.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information on how to communicate with people was included in their care plans. For example, there was guidance for staff to follow where people were unable to speak.
- The provider ensured people received care and support from staff who spoke their languages, including those people who did not speak English.

Improving care quality in response to complaints or concerns

- The provider had policies and procedures for dealing with any concerns or complaints. Information about how to make a complaint was made available to people and their representatives.
- People told us they would phone the service if they had any complaints. One person told us, "I will speak to [provider] if I have anything. They are very helpful."
- People were confident that if they raised any concerns, the registered manager would listen to them and

would act upon them promptly.

- We saw the service had received a number of compliments from people, their relatives and other professionals. One relative wrote, "I have found [staff] to be honest and hardworking." Another relative commented they found the carer to be very attentive, intelligent and good with seeking clarifications.

#### End of life care and support

- The registered manager informed us that none of the people using the service required end of life care at the time of our inspection. However, the staff had been trained to ensure they had the knowledge and skills to care for people who were approaching the end of their life.

# 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 Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we recommended the provider follow best practice guidelines to ensure all incidents were reported to the appropriate bodies. The provider had made some improvements regarding this; however further improvements were needed as they had not notified the CQC of certain events, which we were made aware of after the inspection. The registered manager told us these were overlooked. Our records showed the registered manager had been sending us other notifications since our last inspection in April 2018.

- The registered manager was reminded to ensure they notified us about certain events, so that we could see what actions they had taken or if we needed to follow up on any information they had sent us.
- We spoke to the registered manager/provider about the concerns we received and, they had provided us with a detailed explanation on how they had dealt with the situation.
- Staff were provided with information and guidance which covered a number of areas to do with their roles and responsibilities. They had a good understanding of what was expected of them and who they were accountable to. One member of staff told us, "It is a good agency."

Continuous learning and improving care

At our last inspection we recommended the provider follow best practice guidelines to ensure they had a robust quality system in place. The provider had made improvements.

- There were systems in place to ensure that a quality service was provided and to drive forward improvements. We saw that audits had been carried out of care records, people's support plans, medicines charts and staff training.
- The provider used surveys, phone calls, spot checks and care review meetings to gain people's views about the care and support they received. One person told us, "Someone from the agency contacts me regularly to check if I am ok. They do come and visit too."
- The provider had policies and procedures in place and the registered manager had reviewed and updated as necessary. Staff were kept informed of any changes in them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about the service. One person told us, "It is a good agency."
- The registered manager operated an open-door policy and people, relatives and staff were encouraged to

discuss any concerns or issues they might have.

- Staff also felt well supported by the registered manager in their role. One member of staff said, "The manager is always very supportive and helpful."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were regular meetings held for staff and these enabled them to raise any issues or concerns they had. We saw a number of areas were discussed during those meetings such as any changes in people's needs and training courses.
- The provider continually sought feedback from people, relatives, staff and other professionals. People and their representatives felt listened to and their views were taken into account.

Working in partnership with others

- The registered manager worked closely with other health and social care professionals to ensure the people received the care and support they needed. We saw records which showed people had been referred to other health services such as GPs, social workers and occupational therapists.
- The management team kept themselves up to date with best practice as far as health and social care was concerned.