In Caring Hands Limited

In Caring Hands St Austell

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
In Caring Hands is a care home that provides short-term respite care for up to four younger adults who live with their families in the community, as well as short-term care to support people who are transitioning from children to adult care services. The building is a bungalow in a residential street in St Austell, close to local amenities and shops. People using the service have a diagnosis of a profound and multiple learning disability. This includes sensory or physical disability and complex health needs.

The service is also a domiciliary care service that provides personal care and support to some people, who use the respite service, when they are living at home in the community. At the time of this inspection three people were using the respite service and two people the domiciliary care service.

People's experience of using this service and what we found
People were supported to be as independent as possible and have control over their lives. People's dignity was respected, and staff encouraged and supported people to make decisions and choices about how they spent their time.

Care plans were accurate and kept under regular review, with the involvement of the person and their family. They provided staff with comprehensive guidance to ensure people's needs were met. Risks were identified and staff had clear instructions to help them support people to reduce the risk of avoidable harm.

Staff were recruited safely. The service had continued to recruit throughout the COVID-19 pandemic, to ensure there were enough staff to cover for sickness or for staff who needed to shield or self-isolate. Staff were supported by a system of induction, training, supervisions, appraisals and staff meetings. Staff were appropriately trained, and their competency regularly checked, to administer people's medicines and carry out specific tasks to ensure people's complex health needs were met.

Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. Bedrooms were deep cleaned between each respite stay. Government guidance about COVID-19 testing for people, staff and visitors was being followed.

People's relatives and staff told us management were approachable and they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

The Right support:
The model of care and setting maximised people's choice, control and independence. Staff supported people to make choices about their daily lives and engage in activities that they enjoyed and promoted their independence.

Right care:
People received good quality person-centred care that promoted their dignity, privacy and human rights. Each person had a member of staff specifically allocated to support them for each shift during their respite stay. Staff knew people well and understood their individual ways of communicating which meant people received care that was individualised to their needs and wishes.

Right culture:
While on respite stay people lived in a service where the ethos, values, attitudes of the management team and care staff ensured people led confident, inclusive and empowered lives. Staff created an environment that inspired people to understand and achieve their goals and ambitions.

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

Rating at last inspection and update
This service was registered with us on 29/04/2019 and this is the first inspection.

Why we inspected
This was a planned inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Good

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

In Caring Hands St Austell

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection team consisted of one inspector.

Service and service type
In Caring Hands is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection. This service is also a domiciliary care agency and provides personal care to people living in their own houses and flats.

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. 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. We used all of this information to plan our inspection.

During the inspection
We met briefly with two people who used the service. We spoke with the registered and assistant managers and two care staff.

We reviewed three people's care records. We looked at a variety of records relating to the management of the service, including policies, procedures and staff training and recruitment records.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We reviewed the additional documentation we had requested from the registered manager. We spoke with eight healthcare professionals who worked with the service and six relatives.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm.
- Staff knew how to report and escalate any safeguarding concerns. Safeguarding processes and concerns were discussed at regular staff meetings.
- Relatives told us they felt people were safe using the service. As one commented, "Staff have obviously made [person] feel safe and secure, [person] is full of smiles and laughter when they are staying there."

Assessing risk, safety monitoring and management

- Risks, in relation to people's care and support, had been appropriately identified, assessed, monitored and reviewed. Where people received care in their own homes, risk assessments of the environment had been completed. These assessments contained guidance for staff on how to protect people from known risks and reduce the risk of avoidable harm.
- Individual COVID-19 risk assessments had been carried out for each person who used the service, in conjunction with their families. This was to determine if there was a risk to them, or others, from them continuing to use the respite service, due to the other people or activities they had contact with. Some people decided not to use the service during the pandemic and others choose to limit their contacts to enable them to continue to have their regular respite stays safely.
- Staff knew what to do in the event of a fire and training records confirmed they had received training in fire safety. All equipment was regularly serviced and staff understood how to support people to move around safely.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Staffing and recruitment

- People's relatives and staff all told us they felt there were enough staff on duty to meet people's needs. Each person had a member of staff specifically allocated to support them for each shift during their respite stay. In addition, to a member of staff for each person, there was another care worker on the day and night shift. During the day shift there was usually a manager working as well.
- The service did not use agency staff. Staff absences were covered by existing staff and management. This meant people always received care and support from staff they knew and trusted.
- Staff were recruited safely using a robust process that included interviews, police record checks, employment history and references to check whether potential staff were safe to work with people.

Using medicines safely

● Medicines were managed safely. People received their medicines safely and on time. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.

● Staff had been trained, by a suitably qualified clinician, to administer insulin for people with diabetes and rescue medicines for people with epilepsy. A healthcare professional told us, "The team has gained good knowledge, experience, and expertise in supporting people with epilepsy."

● There were systems in place for the storage, ordering, administering, and disposal of medicines.

● Medicines were audited regularly with action taken to make ongoing improvements.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

● There was a system in place to record any accidents and incidents and analyse the incidents so any trends or patterns could be highlighted.

Good

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 manager visited them, in their own home, to assess their needs. This helped ensure their wishes and expectations could be met, when using the respite and the domiciliary service.
- From these initial assessments care plans were devised to give staff guidance about how to meet people's needs. Staff knew people well and were able to provide care and support which met their needs and wishes.
- Management and staff worked with external healthcare professionals to deliver care in line with best practice.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. This included staff being trained in epilepsy and diabetes awareness.
- Staff were appropriately trained, and their competency regularly checked, to carry out specific tasks such as using feed pumps, cough assist machines and machines to monitor people's breathing at night.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice.
- New staff received an induction to ensure they had the required skills and competence to meet people's needs. They also shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently.
- Staff were provided with opportunities to discuss their individual work and development needs. One to one meetings took place regularly, as well as group staff meetings, where staff could discuss any concerns and share ideas. Staff feedback about training and management support was positive.

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

- Staff were aware of people's needs and preferences in relation to what they ate and drank. People were encouraged to eat a varied and healthy diet.
- Some people had specific guidelines in place to support them in this area. Staff were able to describe the support people needed and understood why this was important.
- Where people received their food via a percutaneous endoscopic gastrostomy (PEG) tube, into their stomach, appropriate procedures were in place to ensure people received the prescribed amounts.
- There were clear guidelines in place outlining the action staff should take, and when, if they were concerned about people's food and fluid intake.

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

● People's health conditions were well managed and staff engaged with other organisations to help provide consistent care. Healthcare professionals told us, "I feel the team has gained good knowledge, experience, and expertise in supporting people with epilepsy. They email me with any concerns and are responsive when I ask them questions" and "I have found them to be knowledgeable about the clients I am involved with, who have complex physical conditions and a learning disability."

● People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.

● Care plans for oral care had been developed for each person to identify their needs.

Adapting service, design, decoration to meet people's needs

● The premises had been adapted to provide people with privacy and support their independence.

● Access to the building was suitable for people with reduced mobility and wheelchairs. Corridors were wide and free from clutter. There was an appropriate range of equipment and adaptations to support the needs of people using 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 decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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.

● Capacity assessments were completed to assess if people were able to make specific decisions independently.

● For people who lacked mental capacity, appropriate action had been taken, when restrictions or the monitoring of people's movements were in place. The service had sought advice from the Local Authority about whether or not DoLS authorisations needed to be made. Due to people's main residence being their own home, the service was advised that DoLS were not required.

● Staff had received specific training which had led to staff having an understanding of the requirements of the Mental Capacity Act 2005.

● Records were held showing which people, living at the service, had appointed Lasting Powers of Attorney (LPA's). This was clearly recorded in people's care plans. Families were encouraged to be involved in people's care plan reviews.

● Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.

Good

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- There was a relaxed atmosphere in the service and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded promptly to their needs.
- Relatives spoke positively about staff, when people used the respite and the domiciliary service. Commenting, "I can't praise them enough, they have gone above and beyond", "Staff are like family members", "There is a lovely family feel about In Caring Hands and [person] has settled brilliantly" and "[Person] has developed a lovely rapport with several members of staff and in his words calls them his 'best friends."
- The way staff spoke about people showed they genuinely cared for the people they supported. They spoke about people's wellbeing and were focused on providing the right support to improve people's lives. Staff told us, "We have a holistic approach to caring for people" and "I am really proud of the way we support people."
- Staff respected people's individuality and supported them in a non-discriminatory way. All staff had received training in equality and diversity and knew how to support people in a way that took account of their abilities and lifestyle choices.

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

- People were involved in day to day decisions and had control over their daily routines. People were able to choose how they spent their time and which activities they engaged with. We saw staff support people to spend time in their own rooms or in the shared lounge.
- Each time people stayed at the service, for respite, they used the same room. The service kept some of their personal possessions, that they liked to have in the room, and these were put out for them before they arrived for their stay each time.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. Staff described people's communication needs and what support individuals required to understand and communicate effectively.
- Care plans also contained background information about people's personal history and their routines at home. This meant staff were able to gain an understanding of people and engage in meaningful interactions with them.

Respecting and promoting people's privacy, dignity and independence

- Staff clearly understood the importance of protecting people's privacy, dignity and independence. We observed staff respecting people's privacy, dignity and independence throughout the inspection. For

example, supporting people to use equipment and ensuring, at all times, that doors were closed when providing personal care.

- Staff respected people's privacy and dignity, and described different ways they did this for people.
- People's confidential information was kept securely.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

● People's care plans were person-centred and reflected their individual needs and preferences. People and their relatives were involved in the development and reviewing of their care plans.

● Staff had a good understanding of people's individual needs and provided personalised care. Staff told us care plans were informative and gave them the guidance they needed to care for people. Each person had a key worker, as their single point of contact, to help ensure people received consistent care and support.

● Daily notes detailed what people had done during their respite stay, or home care visit, and information about their physical and emotional well-being. There was good communication within the staff team and staff shared information appropriately, about people's needs, at shift handovers.

● Staff also kept communication books for people's families, which went home with the person, to enable relatives to see how the person had been during their respite stay.

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.

● People's communication needs were identified, recorded and highlighted in care plans. For example, about any visual problems or hearing loss and instructions for staff about how to help people communicate effectively.

●Care plans detailed what support people might need to access and understand information, such as how to phrase sentences or what manner staff should use to ensure people understood. Hospital passports had been developed for each person, to share with hospital staff, to help ensure their communication needs would be known if they needed to go to hospital.

● Staff knew how to communicate effectively with people in accordance with their known preferences.

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

● Care plans recorded information about people's interests, past hobbies and what they enjoyed doing with their time.

● There were a range of activities on offer including music, games, quizzes, exercises, pamper sessions and ball games.

● Some people spent their time in their room or in bed because of their health needs or personal preferences. Staff spent one-to-one time with people, in their rooms, to help prevent them from becoming

socially isolated.
● Birthdays, cultural and religious festivities were celebrated. For example, birthday parties were arranged for people and their family and friends were invited.

Improving care quality in response to complaints or concerns
● There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
● People told us they would be confident to speak to the management or a member of staff if they were unhappy.

End of life care and support
● The service was not providing end of life care to anyone at the time of our inspection.
● The service had policies and procedures in place in the event that people needed end of life care, to help ensure care would be person-centred and support the person to be comfortable.

Good

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- There was a strong emphasis, within the staff team, on meeting people's individual needs and staff demonstrated a thorough understanding of people's differences and individual preferences.
- We observed that staff had good relationships with people, and they were treated well. Staff were committed to providing the best possible care and support for people.
- Relatives told us they thought the service was well managed and communication with the management was good. Comments included, "I feel very safe in the knowledge that [person] is receiving exceptional care", "The staff have been very approachable and flexible" and "I have had all positive experiences to date."
- Healthcare professionals were also positive about the service. Commenting, "They are a very positive, forward thinking organisation, who strive to offer the best support possible for individuals to lead the best life they can", "We have always found the staff very easy to talk to and very receptive to ideas and ways of working", "They are open, honest and very professional in any contact I have had with them" and "They are really good at learning about the people before they come into the service and that knowledge is shared really well within the support teams."
- The service's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures.

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

- The registered manager/provider understood their responsibilities under the duty of candour. Relatives were kept well informed of any events or incidents that occurred during people's respite stays.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.
- The provider had notified CQC of any incidents in line with the regulations.

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

- The management structure at the service provided clear lines of responsibility and accountability across the staff team. The registered and deputy managers had comprehensive oversight of the service and understood the needs of people they supported. Managers provided effective leadership to the staff team and their individual roles and responsibilities were well understood.

● Staff spoke positively about managers and the way they ran the service. They told us they felt valued and were well supported. Comments from staff included, "Management decisions are good" and "I like the ethos of the management team and being a small company makes it much more personal."
● The management team carried out regular audits of care plans, medicines and observations of staff practice. Where any issues were identified appropriate action was taken to ensure they were addressed and the service's performance improved.
● Important information about changes in people's care needs was communicated at staff shift handover meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Relatives were regularly asked for feedback on the service's performance through informal conversations and meetings. Questionnaires were regularly given to people's families. The responses from the most recent survey were all positive.
● Relatives were invited to care plan reviews to help ensure people's voices were heard when discussions took place about the organisation of their care.
● Staff team meetings were held regularly and provided opportunities for staff and managers to discuss any issues or proposed changes within the service. Staff told us if they made any suggestions about improvements to the service these were listened to and acted upon. Comments from staff included, "Managers are always open to suggestions. We are listened to " and "I feel involved with the running of the service."
● Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by managers.

Continuous learning and improving care
● The registered manager/provider was keen to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
● Systems used to assess and monitor the service provided were continuously evaluated and improved. This helped to ensure the provider had a comprehensive overview of the service and knew where improvements could be made.

Working in partnership with others
● The service worked collaboratively with professional's and commissioners to ensure people's needs were met.
● Healthcare professionals told us the service had built excellent working relationships with them, which had helped to ensure people using the service received the best possible care and support. One professional told us, "We have found the staff we have dealt with to be enthusiastic and committed to working with us in order to provide a smooth transition from our service to theirs. They have spent time with our young people in our short-breaks home on several occasions in order to get to know the young person. They have also thought outside of the box and implemented home-care packages with these young people prior to them turning 18."