

Care Hand Service Ltd

Care Hand Service Ltd

Inspection report

37 Woodlands
Harrow
Middlesex
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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

We undertook an announced inspection of Care Hand Service Ltd on 12 June 2017.

Care Hand Service Ltd is a small domiciliary care agency registered to provide personal care to people in their own homes. The service focuses on providing care to people who are registered deaf, those with multi-sensory needs and other disabilities. At the time of the inspection, the service provided personal care to three people.

At the time of the inspection there was no registered manager in post. The nominated individual explained that the previous manager who was in the process of registering with the CQC recently left the organisation. There was a new manager in post at the time of the inspection and she confirmed that she had started working for the service in May 2017. We were provided with evidence to confirm that the new manager had applied to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The service registered with the CQC in December 2015. This inspection on 12 June 2017 was the first inspection for the service.

People who used the service were registered deaf and therefore were unable to verbally communicate with us. We therefore spoke with their relatives. Relatives informed us that they were satisfied with the care and services provided. They said that people were treated with respect and people were safe when cared for by the service.

Individual risk assessments were completed for each person. However, the assessments contained limited information and some areas of potential risks to people had not been identified and included in the risk assessments. This could result in people receiving unsafe care and we found a breach of regulations in respect of this.

There were processes in place to help ensure people were protected from the risk of abuse.

During the inspection, we found the service was not completing Medication Administration Records (MARs) when administering medicines to people. People were therefore at risk of not receiving their medicines safely and we found a breach of regulation in respect of this.

People using the service experienced consistency in the care they received and had regular care staff. Relatives we spoke with confirmed this and said that they were happy about this.

Care workers told us that they felt supported by management. They told us that management were

approachable and they raised no concerns in respect of this. However, during this inspection we found that there was a lack of evidence to confirm that staff had received supervision sessions and further there was no evidence to confirm that three out of six members of staff had received further training other than the induction they received when they started working at the service. It was therefore not evident that all staff had been consistently supported to fulfil their roles and responsibilities and we found a breach of regulation in respect of this.

Care plans included information about peoples' mental health and their levels of capacity to make decisions and provide consent to their care.

Relatives told us that people were treated with respect and dignity. They told us that care staff were caring and helpful. Staff were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care.

Care plans were individualised and addressed areas such as people's personal care, what tasks needed to be done each day, time of visits, people's needs and how these needs were to be met. They also included details of people's preferences. However, we noted that there was a lack of consistency in the care records we looked at. We found that the quality of care documentation varied in each of the care plans we looked at and made a recommendation in respect of this.

The service had a formal complaints procedure in place. We noted that the service had not received any formal complaints since the service registered with the CQC.

Relatives and staff we spoke with were satisfied with the management at the service. They said that management were approachable and supportive. However, we found that the service did not have a system in place to monitor the quality of the service being provided to people using the service and to manage risk effectively. The service had failed to effectively check essential aspects of the care provided and did not have a quality and audit overview of the service. We found a breach of regulations in respect of this.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

There were aspects of the service that were not safe. Risk assessments did not clearly reflect all the potential risks to people.

The service was not recording medicines consistently and this was putting people at risk.

Relatives we spoke with told us that they were confident that people were safe around care staff and raised no concerns in respect of this.

There were processes in place to help ensure people were protected from the risk of abuse.

Requires Improvement ●

Is the service effective?

There were aspects of the service that were not effective. Care workers did not always receive consistent and regular training and supervision sessions.

Care workers felt well supported by their peers and the manager.

Care plans included information on people's mental health and their levels of capacity to make decisions and provide consent to their care.

Requires Improvement ●

Is the service caring?

This service was caring. Relatives told us that they were satisfied with the care and support provided by the service.

Staff were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care.

People were treated with respect and dignity.

Good ●

Is the service responsive?

One aspect of the service was not responsive. There was a lack of

Requires Improvement ●

consistency in the care records and the quality of care documentation varied.

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

There were aspects of the service that was not well led. The service did not have an effective system in place to monitor the quality of the service being provided to people using the service. The service had failed to effectively check care documentation and other aspects of the care they provided.

The service had a management structure in place with a team of care workers, the manager and the nominated individual.

Staff were supported by management and told us they felt able to have open and transparent discussions with them.

Requires Improvement 

Care Hand Service 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection on 12 June 2017 was carried out by an inspector and a British sign language (BSL) interpreter. A BSL interpreter assisted with this inspection because the nominated individual and manager in post were both registered as deaf. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

At the time of the inspection, the service provided personal care to three people.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people. The provider also completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

During our inspection we went to the provider's office. We reviewed three people's care plans, four staff files, training records and records relating to the management of the service such as audits, policies and procedures. People who used the service were registered deaf and were unable to verbally communicate with us. We therefore spoke with two relatives. We also spoke with one care worker, the manager and the nominated individual. Following the inspection, we obtained feedback from a further two care workers. We also spoke with one care professional who had contact with the service.

Is the service safe?

Our findings

Relatives of people who used the service told us that they thought people were safe around care staff and raised no concerns about the safety of people. One relative said, "[My relative] is definitely safe. I have no concerns."

Individual risk assessments were completed for each person using the service. Although there were some risk assessments in place, we noted the assessments contained limited information and some areas of potential risks to people had not been identified and included in the risk assessments.

There was also limited information about the safe practice and risks associated with using equipment and appropriate moving and handling techniques required by care workers. For example; one person's moving and handling risk assessment stated, "to use hoist for transfers/in and out of chair" and contained no further information. Another care plan detailed that the person used a walking frame but there were no further instructions to care workers detailing how to assist this person with their mobility. We found that there was no risk assessment in place for the prevention of falls, the potential risks inside and outside people's home and what precautions were being taken to ensure people were safe and protected from falls.

We also noted that some areas of potential risks to people had not been identified and included in the risk assessments. For example, one person used a wheelchair and another person used bed rails but there was no risk assessment in place to identify potential hazards and risks associated with this and no guidance for care workers.

We found that risk assessments were not person centred and individualised. The risk assessments in place did not meet people's individual needs and we found that they included generic statements. One person's risk assessment identified that the used a walking frame. However, under the risk assessment review section under each heading of toileting, standing and transfers it stated, "Carers to regular check that assistive equipment works well and report any issues with the walking frame." There was no further information with regards to how to mitigate this risk and instructions for care workers.

We observed that care records included a household safety hazard risk assessment which covered the environment that people lived in. However, we found that all three of these were incomplete and not dated. It was therefore not evident whether these had been carried out fully during the assessment process and what date they had been done.

We found that risk assessments did not clearly reflect the potential risks to people which could mean risks not being appropriately managed which could result in people receiving unsafe care.

The above evidence demonstrates that the assessment of risks to the health and safety of people using the service was not being carried out appropriately. All the potential risks were not being identified for people and their specific needs which meant risks were not being managed effectively and this could put people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

During this inspection we discussed the arrangements for managing medicines safely and appropriately. The nominated individual explained to us that care workers prompted people with their medicines. However, the manager explained that on a few occasions she had assisted a person with their medicines. She explained that this person's relative always assisted the person with their medicines but on two occasions she had assisted the person whilst the relative was present. We however observed that there was no completed medicines administration records (MARs) for these occasions when the manager had assisted the person with their medicines. The manager confirmed that she had not completed a MAR to document this. We raised this with the manager and nominated individual and discussed the importance of always completing MARs when administering medicines. The nominated individual said that in future this would be done.

Medicines administered to people were not consistently documented and there was no clear audit trail about the management of these medicines. The manager confirmed that the medicines she had assisted the person with were from a dosette box which was prepared by the relative.

The above evidence demonstrates that people were at risk of not receiving their medicines safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reported our findings to management at the service who said immediate action would be taken to improve the safe and proper management of medicines which included documenting medicine administration on MARs.

Safeguarding policies and procedures were in place to help protect people and help minimise the risks of abuse to people. We noted that the policy referred to the local authority, police and the CQC. The service had a whistleblowing policy and contact numbers to report issues were available.

Through our discussions with the nominated individual and manager, we found there were enough staff to meet the needs of people who used the service. The nominated individual explained that the staff rota on the whole remained the same as this ensured consistency for people who used the service which was an important aspect of the care provided. Relatives of people who used the service confirmed that they usually had the same care worker and raised no concerns in respect of this.

We asked the nominated individual how the service monitored care worker's timekeeping and whether they stayed for the duration of their visit. The nominated individual explained they currently used timesheets and a telephone system to monitor this. He explained that when care workers arrived for a visit, they texted the office to confirm they had arrived and texted the office when they finished. He explained that at present this system worked as the service was providing care to a small number of people. He explained that as the service grew he would implement an electronic system for monitoring this. We looked at a sample of timesheets that were kept in the office and found that these were consistently completed. We spoke with relatives about the punctuality of care workers. They told us that generally care workers were on time and they raised no concerns about this.

We asked the nominated individual and manager if there were any instances where care workers had failed to arrive for a scheduled visit. The manager explained that on 29 May 2017 a care worker was unable to make their shift and called the office to inform them of this. She explained that she then went to cover the shift to ensure the person concerned did not miss their visit.

We looked at the recruitment process to see if the required checks had been carried out before staff started working with people who used the service. We looked at the recruitment records for four members of staff and found that enhanced criminal record checks had been undertaken. We noted however, that one of the criminal record checks was from the person's previous employer from 2016. We discussed this with the nominated individual and he explained that they had requested an enhanced criminal record check and were currently waiting for this. In the meantime, they had the criminal record check from the previous employment. We noted that the service had a record of all people's criminal record check details. The service had obtained proof of care staff's identity and right to work in the United Kingdom. We observed that three out of the four staff files we looked at contained one written reference instead of two. We discussed this with the nominated individual who explained that they had difficulty obtaining a second reference for these members of staff but would make further attempts to obtain these. Following the inspection the service provided us with the outstanding references for three members of staff. We noted that these were character references. We discussed this with the nominated individual and the importance of verifying these references to ensure they were accurate and valid and he advised that they would do this in future.

Is the service effective?

Our findings

Relatives told us that they had confidence in care staff and the service. One relative said, "The great thing about the service is that the staff can use sign language. I am very pleased with the care." Another relative told us, "[My relative] likes the fact that the carer is a sign language user."

During the inspection, we spoke with the nominated individual and manager about training staff had completed. The manager explained that she had completed the Care Certificate and provided evidence to confirm this. The new 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. The nominated individual confirmed that one care worker had completed the Care Certificate and another member of staff was in the process of completing it. However, we noted there was no evidence to confirm that the other three members of staff had received training and we raised this with the nominated individual. He confirmed that they had received an induction when they commenced employment with the service and provided us with evidence to confirm this. However, he explained that these members of staff had not received any further training following the induction and explained that he had experienced difficulty arranging training because he required an interpreter and had difficulty obtaining one for training purposes.

The manager confirmed that since she had started working at the agency she had carried out supervision sessions with all staff but had not yet had the opportunity to write up the notes from these sessions. The nominated individual was unable to provide us with documented evidence that staff had received supervision sessions prior to the new manager starting at the agency. Care workers we spoke with advised that they had regular meetings with the manager. Care workers at the service had not yet worked for the agency for a year and therefore had not received an annual appraisal at the time of the inspection. The nominated individual confirmed that all care workers would receive an appraisal in due course.

During this inspection, we found that there was a lack of evidence to confirm that staff had received supervision sessions and further there was no evidence to confirm that three out of six members of staff had received further training other than the induction they received when they started working at the service. It was therefore not evident that all staff had been consistently supported to fulfil their roles and responsibilities through training and regular supervisions. This is a breach of regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The service had a Mental Capacity Act 2005 (MCA) policy in place. We found care plans included information on people's mental health and their levels of capacity to make decisions and provide consent to their care.

People that received care from the service were registered deaf and this information was included in the communication section in the care plan. There was also information about hearing equipment used by people detailed in this and details about how to communicate with them.

We noted that care plans we looked had not been signed by people and raised this with the nominated individual. He acknowledged this issue and advised that they had been making attempts to ensure these were signed. He confirmed that they would ensure care plans were signed by people or their representatives to indicate that they had agreed with the plan in place.

Care plans included details about people's nutritional needs and included details about people's preferences. We spoke with the nominated individual about how the service monitored people's health and nutrition. He confirmed that care workers did not prepare food from scratch for people but they did heat food and support people with their eating. The nominated individual explained that if care staff had concerns about people's weight they would contact the office immediately and inform management about this as covered was part of their induction. The service would then contact all relevant stakeholders, including the GP, social services, occupational therapist and next of kin.

Is the service caring?

Our findings

Relatives we spoke with told us that they felt the service was caring and spoke positively about care staff. One relative said, "[My relative] is happy with the care. [My relative] feels comfortable with the carers."

The nominated individual explained that the majority of their care workers were registered deaf and were able to communicate in BSL. Therefore care workers were able to easily communicate with people who received care and could better understand the needs of people. Relatives we spoke with spoke positively about this aspect of the care.

The nominated individual explained that the service aimed to provide high quality care. He explained that the service worked to ensure people received care that meets their needs and the focus was on providing care to those people registered as deaf or hard of hearing. The nominated individual explained that receiving care from care workers that were also registered deaf meant that people who used the service could relate to them.

Care workers were aware of the importance of ensuring people were given a choice and promoting their independence. They were also aware of the importance of respecting people's privacy and maintaining their dignity. One member of staff said, "I make sure I arrive on time, provide quality personal care support and ensure the service users are well cared for. I put service user at the centre of support I provide. I ensure the service users are listened too, respect their view and wishes." Another care worker told us, "I always talk to people and encourage people. I always find something to talk about."

The nominated individual explained to us that people's care was reviewed regularly with the involvement of people in order to give people an opportunity to review people's care to ensure people's needs were still being met and to assess and monitor whether there had been any changes. However, we saw no documented evidence of these meetings taking place. The manager confirmed that these meetings were not documented but told us that in future they would be recorded.

The service had a service user guide which was provided to people who used the service and they confirmed this. The guide provided useful and important information regarding the service and highlighted important procedures and contact numbers. It also included information about the ethos of the service which was to "provide the highest standards of care".

Is the service responsive?

Our findings

Relatives told us that they were satisfied with the care provided by the service and that the service was responsive.

We looked at three people's care plans as part of our inspection. Care plans consisted of a care needs assessment, a support plan and risk assessments. The care needs assessments provided information about people's medical background, details of medical diagnoses and social history. The care needs assessment also outlined what support people wanted and how they wanted the service to provide the support for them with various aspects of their daily life such as personal care, continence and mobility.

Individual care plans were in place and included information about what tasks needed to be done each day, time of visits, people's needs and how these needs were to be met. We found that these were individualised and specific to each person and their needs. These also included information about people's likes and dislikes. However, we noted that there was a lack of consistency in the care records we looked at. We found that the quality of care documentation varied in each of the care plans we looked at. For example; we observed that the communication records for one person on a particular date were poorly written. We noted that this care worker had identified issues but there was no documented evidence of what action had been taken and it was not evident that the care worker knew what action to take. Further, we found that detail in the communication record was unprofessional and not written appropriately. We raised this with the service and they advised that they had spoken with the member of staff in respect of this and taken appropriate action. However, we saw no documented evidence of this.

We recommend that the provider take advice and guidance from a reputable source about maintaining professional records.

The service had a complaints procedure and this was included in the service user guide. When we spoke with relatives they told us that they would not hesitate to raise concerns with management. The service had a system for recording complaints. We noted that the service had not received any complaints and raised this with the nominated individual who confirmed that this was correct.

The nominated individual explained that the service had not yet carried out a formal satisfaction survey as the service had been operating for less than a year. We were provided with evidence to confirm that the service had contacted people to obtain feedback from them in respect of their care. The manager explained that they were currently waiting to receive a response from people.

Is the service well-led?

Our findings

Relatives told us that the service was well managed and raised no concerns in respect of this. One relative said, "Management are approachable. I can talk to them and raise issues if I needed to."

Care workers spoke positively about management at the service. One member of staff said, "I feel well supported by management at Care Hand Service and I can contact them anytime to ask questions or for help. The management are so approachable and great people." Another member of staff told us, "I am happy working here. [The nominated individual] is really helpful. The management are really good people. Really understanding. [The nominated individual] is very approachable. He is very much part of the team."

Staff told us that they felt confident about approaching management if they had any queries or concerns. They felt matters would be taken seriously and management would seek to resolve the matter quickly. We noted that there was documentation to confirm that a staff meeting had taken place on 26 February 2017 and there was no further evidence to confirm that other meetings had occurred. We discussed this with the manager and nominated individual and they confirmed that meetings had taken place but had not been documented. They explained that in future all meetings would be documented.

There was a quality assurance policy which provided information on the systems in place for the provider to obtain feedback about the care provided at the service. However, we did not see evidence that the service carried out any regular audits and checks in relation to aspects of the care provided including care records and staff files. The service had failed to effectively check various aspects of the care provided and had failed to identify their own failings. For example, the service had failed to identify the lack of information and inconsistencies in risk assessments. They also failed to identify that they needed to complete MARs when administering medicines and lack of training and supervision sessions for staff. We discussed this with the manager and nominated individual and they confirmed that the service would implement audits and checks in relation to the care provided.

We did not see evidence that management reviewed people's care to discuss whether there were any changes in people's needs as well as give them an opportunity to discuss how satisfied they were with the care provided and raise any issues if needed. The nominated individual acknowledged this and confirmed that the service would ensure that this was carried out.

The service did not have effective systems and processes in place to assess, monitor and improve the quality of the services provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control, safeguarding and whistleblowing.

The service had a system in place for recording accidents and incidents.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Comprehensive risk assessments for people were not in place. This places people at risk of receiving care that was unsafe.</p> <p>Records for the administration and prompting of medicines were not properly maintained to show people had received their prescribed medicines. This places people at risk of not receiving their medicines safely.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems were in place to monitor, audit and improve the quality of the service.</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Some staff did not receive all the required training in order to help them support people. Regular supervision sessions had not been documented.</p>