Caring Hands (Care Services) Ltd

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Inspection report

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Date of inspection visit: 18 September 2015
Date of publication: 30/10/2015

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

Overall summary

Caring Hands (Care Services) Limited provide personal care and support to disabled adults who need care in their own homes. The service is run from an office in Tibshelf and they provide care to people in the surrounding villages. We carried out this inspection on 18 September 2015. It was an announced inspection, which meant the provider knew we would be visiting. This was because we wanted to make sure that the registered manager would be available to support our inspection, or someone who could act on their behalf.

At our last inspection of this service in July 2014, we found that the provider did not have appropriate arrangements for the management of medicines,

Summary of findings

safeguarding people and quality assurance monitoring. These were breaches of Regulations 18, 11 & 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond with Regulations 11, 12 and 17, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider told us about the action they were taking to address this and at this inspection we found that the required improvement had been made.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People spoke positively about the service they received. They told us they were well cared for and felt comfortable and safe with the staff who provided their support. One person told us "I'm much blessed with my carers and I wouldn't like to be without them."

Staff were appropriately recruited, trained and supported. They had all undergone a comprehensive induction programme and, where necessary, had received additional training specific to the needs of the people they were supporting. Communication was effective and regular meetings were held to discuss issues and share best practice. Staff understood their roles and responsibilities and spoke enthusiastically about the work they did and the people they cared for.

The provider had detailed policies and procedures relating to medicine management.

Staff understanding and competency regarding medication handling was subject to regular monitoring checks and medicine training was updated appropriately.

Staff knew the people they were supporting and provided a personalised service. Individual care plans, based on a full assessment of need, were in place detailing how people wished to be supported. This helped ensure that personal care was provided in a structured and consistent manner. Risk assessments were also in place to effectively identify and manage potential risks.

Systems were in place to effectively monitor the safety and quality of the service and to gather the views and experiences of people and their relatives. The service was flexible and responded positively to any issues or concerns raised. People and their relatives told us they were confident that any concerns they might have would be listened to, taken seriously and acted upon.

Summary of findings

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.

There were effective processes in place to help ensure people were protected from the risk of abuse and staff were aware of their responsibilities under the safeguarding procedures.

Staff were appropriately trained and knowledgeable about people's identified care and support needs.

Medicines were managed appropriately by staff who had received the necessary training to help ensure safe practice.

There were safe and robust recruitment procedures to help ensure that people received their support from suitable staff. People had confidence in the staff and felt safe when they received personal care.

Is the service effective?

Good

The service was effective.

People and their relatives were involved in the planning and reviewing of their personalised care. People said staff knew them well and understood how they wanted their personal care to be given.

Staff had a good understanding of people's identified care and support needs. Individual care plans detailed how people wished to be supported and their care reflected their current needs, preferences and choices.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).This meant there were safeguards in place for people who may be unable to make decisions about their care.

Is the service caring?

Good

The service was caring.

Staff were kind, patient and compassionate and treated people with dignity and respect.

People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Is the service responsive?

Good

The service was responsive.

Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received. Personalised care and support reflected their identified wishes and preferences.

A complaints procedure was in place and people told us that they felt able to raise any issues or concerns. They were also confident they would be listened to and any issues raised would be taken seriously and acted upon.

Summary of findings

Satisfactions surveys were carried out and meetings held to obtain the views and experiences of people and their relatives.

Is the service well-led?

Good

The service was well led.

Staff said they felt valued and supported by the management. They were aware of their responsibilities and competent and confident in their individual roles.

Regular audits were undertaken. The registered manager monitored incidents and risks to ensure lessons were learned and used to drive improvements in care provision.

The management also regularly checked and audited the quality of service provided to help drive improvement and ensure people were satisfied with the service and support they received.

Caring Hands (Care Services) Limited

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

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we checked the information that we held about the service and the service provider. We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

During the inspection, we spoke with three care workers, two care coordinators, the deputy manager and the registered manager. As part of the inspection process we also spoke, by telephone, with three people who used the service and seven relatives. We looked at documentation, which included four people's care plans, including risk assessments, staff training files and records relating to the management of the service.

As part of the inspection process, we also contacted a manager from the local authority, with responsibility for contracting and commissioning services.

The previous inspection was on 29 July 2014 when the service was found to be 'non-compliant' in several areas, including care and welfare, safeguarding people, consent to care and treatment, the management of medicines and quality assurance monitoring.

Good

Is the service safe?

Our findings

People had no concerns about the service they received. They said they were well cared for and felt safe with the staff who provided their support and personal care. People also said they felt they had control over their own care and were able to make choices about their care. They told us that, as far as possible, staff came at a time that suited the individual and "They will do whatever I ask of them." One person told us, "They're very good – excellent." Another person said, "I'm much blessed with my carers and I wouldn't like to be without them."

Relatives spoke very positively about the service, they had no concerns about the way their family members were treated and felt that they were safe. They also said that their family member made decisions such as what time they get up, how they wished to be supported and generally about the way they liked things to be done. One relative told us "We've all discussed it together; what care she needs and what time the carers come." Another relative described the care as "not excellent – but good" but said they were "reassured" that their mother was safe and her needs were being met.

People said that staff usually arrived on time to support them. One person said they had asked that carers phone their relative to prevent them getting agitated if they were going to be late. Some people told us the time can vary slightly, however, "if they are going to be late, staff will always phone to let us know." One person told us, "More often than not they do come on time. There might be the odd time but nothing to worry about. Another person did not have call times specified but were clearly satisfied with the arrangement. They told us, "They know they can come at any time really, morning and night – and they've never missed me yet." People and their relatives also confirmed they had been supplied with on-call and emergency contact numbers for the office.

At our last inspection of this service in July 2014, we found that the provider did not have appropriate arrangements for the management of medicines and safeguarding people. These were breaches of Regulations 18 and 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond with Regulations 11 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider told us about the action they were taking to address this and at this inspection we found that the required improvement had been made.

Since the previous inspection, the provider had reviewed their safeguarding policies and procedures, including whistleblowing. We saw documentation was in place for identifying and dealing with allegations of abuse. The whistleblowing policy meant staff could report any risks or concerns about practice in confidence with the provider. Staff had received relevant training and had a good understanding of what constituted abuse and their responsibilities in relation to reporting such abuse. They told us that because of their training they were aware of the different forms of abuse and were able to describe them to us. They also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon.

Staff told us they had received training in handling medicines. They said this was updated regularly and checks were carried out by the care coordinators. This was supported by training records we were shown. Individual care records contained clear information about each person's medicines and the support they required. The deputy manager told us that as part of the initial needs assessment people were asked to sign a consent form, confirming their agreement to staff assisting or administering medicines. We saw completed client consent forms to support this.

Some people received support with their medicines, including having creams applied. People we spoke with confirmed that this was always recorded. A relative told us that arrangements had been made to ensure their family member's safety, as they were not able to take their medicine in a safe manner, independently. They had a medicine safe which was opened by the same key that opened the key safe to get in. Staff confirmed that medicines were supplied from the pharmacy in blister packs, in accordance with the individual's prescribed daily dose. They told us that they would then administer the medicine or prompt the individual, where appropriate, in accordance with the care plan. One relative told us, "I'm

Good

Is the service safe?

confident with the carers with the morning call because they know about the medication." This helped ensure people's medicines were administered and managed safely.

Potential risks to people were appropriately assessed and reviewed. Care records contained up to date risk assessments which included personal care, moving and handling and supporting people to access their community. Staff told us they read the care plans before providing care to people to ensure they knew how to support the person safely. Staff also had access to a 24 hour on-call system, should an emergency arise out of office hours.

The registered manager told us that travel time between calls was factored in to the rota and staff were also paid for this time. This was confirmed by staff who told us they had sufficient time allocated to travel from one call to another. They said where two staff were required this level of support was always provided. They told us that sickness and annual leave was generally covered by staff working additional hours and this worked well. One of the care co-ordinators told us, "As far as possible, people get regular carers, who they know – and who know them."

People were also protected by staff following infection control procedures. People spoke about carers using protective clothing, such as gloves and aprons, when they were being supported with their personal care. One relative told us, "They always wear gloves and they've got aprons if they're going to do any washing."

The registered manager told us any accidents and incidents were reviewed and monitored monthly. This was to identify potential trends and to prevent reoccurrences. They also said that care plans and risk assessments were regularly reviewed to reflect changing needs and help ensure people were kept safe. We saw documentation, including care plans and risk assessments to support this.

People were protected by a safe and robust recruitment process. We looked at four staff files and saw people were cared for by suitably qualified and experienced staff because the provider had undertaken all necessary checks before the individual had started work. We saw that all staff had completed an application form and provided proof of identity. Each staff file also contained two satisfactory references and evidence that Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and relevant skills to carry out their roles and responsibilities effectively but there was a lack of consistency in the level of care and support provided. People and their relatives spoke positively about the service, the staff and the care and support provided. One person told us "It's nice to have someone to talk to." One relative was very pleased with the level of care their mother received. They described the specific care provided as "competent" and "always well managed."

People felt that staff were adequately trained and had the necessary skills to support them effectively. They said they were confident that carers always knew what they were doing. One person told us, "This is the benefit of this system and that's what I like." This was supported by comments from relatives we spoke with. One relative was clearly satisfied with the carers who supported their father. They told us, "I can see they go on these courses. They always explain in detail what they are going to do for him and tell him when they have done it." Another relative told us, "They just seem to know what they're doing. They're quite confident, very caring and very understanding and they seem to have the skills."

Staff confirmed they received appropriate support and the necessary training to undertake their roles and responsibilities. They also described how they 'shadowed' more experienced colleagues, when they first started work, until they felt confident and had been assessed as competent to work independently. One member of staff told us, "This is the best agency I've worked for. We're like one big family, communication is good and everyone here is so supportive." As well as a comprehensive induction programme staff received essential training both 'in-house' and from external providers. The registered manager confirmed that regular supervision sessions and annual appraisals were carried out for all staff and we saw appropriate records to demonstrate this. This helped ensure that staff were effectively supported to carry out their roles and responsibilities.

People experienced positive outcomes regarding their healthcare needs. Staff had developed effective working relationships with people. They were aware of - and closely monitored - their routine health needs and individual preferences. Staff we spoke with also understood the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow appropriate procedures in practice. Staff were aware decisions made for people who lacked capacity needed to be in their best interests. Mental capacity assessments had been undertaken where people were unable to make specific decisions about their personal care and support. We saw, where appropriate, family members and health and social care professionals were involved in these decisions. We saw that there was a record of meetings held and decisions made in the best interests of the individual.

Following the previous inspection, the registered manager confirmed that all care plans, including risk assessments had been "revisited" and "redesigned" making them more comprehensive and concise. Care plans we looked at contained a signed client services agreement and an individual contract that identified which services the person had consented to and received. The plans now also included the person's likes and dislikes. Staff told us they always read care plans before supporting people. We saw that people had signed to confirm their plan had been discussed with them and they agreed with the content.

Good

Is the service caring?

Our findings

People and relatives spoke positively about the support they received and the caring and compassionate nature of the staff. People told us that their carers were, "kind and caring". They said that staff would often take time to "chat" with them and one person told us that their carer would do, "whatever she is asked". People clearly welcomed and appreciated the social element of the care and support they received. One person told us, 'I think 'how nice I've had someone to chat to.'' Another person told us, "They'll sit and chat to me and ask if there's anything else they can do for me." Relatives said that carers were polite to their loved ones and some would spend time talking with them. One relative told us, "They always ask him if he's comfortable. If he's not, they make sure he is before they leave." Another relative told us, "They're very kind to him in the fact that they treat him with respect."

Staff were knowledgeable and showed a good awareness and understanding of the individual preferences and care needs of people they supported. Communication was effective and regular formal and informal meetings took place to enable staff to discuss issues, including ongoing support packages. This meant people receiving the service could be supported in a structured and consistent manner by staff who were fully aware of their current care needs. People told us they were involved in making decisions about their care, treatment and support. Staff emphasised the importance of developing close working relationships with individuals and being aware of any subtle changes in their mood or condition. Consequently they were able to respond appropriately to how individuals were feeling. This meant they were able to provide care and support to individuals and meet their assessed needs in a structured and consistent manner.

People felt 'in control' of their care and support and confirmed they had been included and "fully involved" in the writing of their care plan. This was supported by plans that we saw, which clearly demonstrated that people's preferences, likes and dislikes had been taken into consideration.' People and their relatives also told us they were consulted regarding any changes to the care plan and were directly involved in reviews. They told us they felt confident their views were listened to, valued and acted upon where appropriate. A relative described being present in the room during an assessment and remembered her mother being asked "what she wanted, when and how."

People said that carers were respectful towards them and ensured their privacy and dignity was maintained. They told us staff provided their personal care and support in a respectful and dignified manner. They described how, during personal care, towels were used "for modesty" and told us that carers would leave the room whilst they washed themselves intimately and they "always ask first before doing anything." One person described how carers ensured they put a 'modesty blanket' over her father when he used the commode. Another family member said they covered their relative with a towel before changing his pad. People also said that carers would routinely close doors and curtains, if necessary, before carrying out personal care. This helped ensure that people's privacy and dignity were respected.

We spoke to people regarding how the service enabled them to maintain their independence. People felt that, wherever possible, carers encouraged and supported them in being as independent as they were able to be. For some, this meant making more of their own choices, whereas other people were encouraged to physically do things for themselves. This was supported by relatives we spoke with. One told us, "I have seen them hand him the flannel and ask him to wash his face." Another said, "They do try to, but sometimes if you say 'do something' it's a bit hard for him but it depends what mood his in. He' will often try to lean over and move to help carers." One person described how they worked with carers to ensure they maintained some independence. They said they asked carers to put their ironing in a certain place so that they can then put it away themselves, rather than the carer. Another person who we spoke with explained that they now required less support than before, as they were recovering after an accident. They told us, "It's good because as I feel better, the carers do less for me." A family member gave us an example of how effectively their relative and their carer worked together. They told us, "I ask them to assist rather than always do it for him. He can strip a bed, but he can't make it up."

Good

Is the service responsive?

Our findings

People told us they felt listened to and spoke of staff knowing them well and being aware of and sensitive to their preferences and how they liked things to be done. They and their relatives also spoke of a thorough assessment process which they had been involved with, to identify and discuss what care was needed. One person told us, "We have a discussion over tea or coffee when the carers arrive and sort out the day's activities." Another person told us, "They'll ask me first then they say is there anything else you'd like us to do before we go." One relative spoke about the flexibility of the service and the willingness of the carers to meet individual needs. They described how they had tried carers' visits at different times of the day "to find the time that suits."

The registered manager informed us that before anyone received a service with Caring Hands, a comprehensive initial assessment of their personal circumstances was carried out, with the full and active involvement of the individual. The assessment established what specific care and support needs the person had and incorporated personal and environmental risk assessments. This was supported by completed assessments we saw and confirmed through discussions with people and their relatives.

From this initial assessment a personalised care plan was developed, again with the active involvement and full agreement of the individual. The plan specified what care and support the person required and detailed just how they wished that support to be provided, in accordance with their identified preferences. We saw samples of completed plans and spoke with people regarding their personal experience of the care planning process. This demonstrated that, as far as practicable, people were directly involved in their individual care planning.

People said they were fully involved in drawing up their personal care plan and confirmed that the plan accurately reflected their individual support needs. Family members confirmed that the support provided was personalised and met their relative's needs They said individual care requirements were recorded in their personal folder and were read and updated by carers. One person described how her daughter had contacted the service to request additional care for her and this had now been arranged.

One family member said they had been involved in reviewing specific aspects of their relative's care plan. They described how a review had been held when their relative's condition had changed and she was at risk of falling. They said following the review, their relative's care plan was changed to provide additional support for them "when moving from their wheelchair to an armchair, without slipping." Another relative told us about the communication between carers and the progress notes that were maintained. They told us, "They've got a log book and they write in it every time they come so the next carer coming in knows what's been happening."

We asked people whether they had been contacted by anyone from the office to make sure they were satisfied with the level of care and support they received. Some people said they had been telephoned and asked about their views on the service provided. One person told us, "The manager of Caring Hands rings on rare occasions to see if I'm really happy about the service I'm getting." People had not been asked if they had a preference regarding the gender of their carer, although one relative said they had specified a female and that the carers that came had always been female. This helped ensure that people's individual needs were met.

There was a clear complaints procedure in place to be followed should a concern be raised. The manager confirmed that any concerns or complaints were taken seriously and acted upon. People were confident that they could make a complaint or raise an issue if they needed and said they had contact numbers for the service. A number of people said they were happy with the way the service supported them or their relatives and had no cause for complaint. One relative said, "There's nothing to complain about." Another relative said they had raised an issue about one carer, towards whom their loved one had reacted negatively. They said "We did ask for this carer not to come any more, because of this." They went on to say "It was just one of those things but after that, the carer was not sent here again." This demonstrated how the service listened to people and responded to their concerns.

Good

Is the service well-led?

Our findings

People consistently told us they could get in touch with the office and that staff were easy to get on with. Relatives confirmed taking part in reviews and spoke of the professionalism of the care staff and manager. One relative told us, "They usually review it every so often -usually once a year." Another relative told us, "They come every so often to do a review."

Caring Hands had a positive ethos and clear set of principles and values. Care staff we spoke with were open and helpful and clearly shared the provider's vision and values for the service. These included choice, involvement, dignity, respect, equality and independence for people. We found a positive culture which centred on the needs of people who used the service. People we spoke with, without exception, told us how valuable the service was. People said that the motivated staff were clear about the support they needed.

We spoke with several members of staff during our inspection and they answered our questions in an open and helpful manner. They said the values of the service were clear and they demonstrated a thorough understanding of these values and the positive outcomes for people in their own homes. They were able to give examples of these behaviours in practice. One staff member told us about how they always respected people's dignity when delivering personal care. Another described how they always gained consent before undertaking any task and they told us they always respected people's wishes.

The registered manager had organisational policies and procedures which also set out what was expected of staff when supporting people. Staff had access to these and were given key policies as part of their induction. The registered manager's whistleblowing policy supported staff to question practice. It defined how staff that raised concerns would be protected. Staff confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action.

There were effective and robust systems in place to monitor and improve the quality of the service provided. The registered manager told us that computerised records were kept which showed staff attendance at visits. These records meant managers were able to confirm people received their calls in a timely manner to meet their assessed needs.

At our last inspection of this service in July 2014, we found that the provider did not have appropriate arrangements in place for quality assurance monitoring. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond with Regulation 17, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider told us about the action they were taking to address this and at this inspection we found that the required improvement had been made.

We also saw that audits had been completed to seek feedback from people who used the service and their relatives. This included sending out surveys and telephoning people who used the service and their relatives. We saw that matters identified through the quality assurance processes had been documented and had been actioned by the provider. The provider's quality assurance system included unannounced visits at people's homes to check that people received care according to their care plan. Care coordinators conducted observations to monitor how staff delivered care and support to people who used the service. We looked at records completed following those checks. The records showed staff were assessed on how they delivered their support, health and safety, maintaining privacy and being respectful. Staff received feedback following the observations which included things they did well and areas for improvement.

We found there was a robust system in place at the office that ensured prompt action was taken to address changes in people's needs. The recording system was electronic and detailed what change was required, action taken, completion date and by whom. For example, the case manager told us about a person who had been ill and the GP prescribed medication. This was arranged immediately and the case manager collected the medication from the chemist [in a monitored dosage system] and the person received the medication without any delay.

We asked how the service worked in partnership with other health and social care organisations and the registered manager gave examples of working with other providers of care to ensure the person's whole care package helped them to remain living in their own home.