

Comforting Hands Recruitment Ltd

Comforting Hands Recruitment

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

Comforting Hands Recruitment is a domiciliary care agency which is registered with the Care Quality Commission (CQC) to provide the regulated activities of personal care to older people and younger adults, some of whom may live with dementia, physical disability and/or learning disabilities or autistic spectrum disorder in their own homes. At the time of the inspection regulated activity was provided to 38 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People told us they felt safe with the staff who supported them. Staff were clear on types of abuse to look out for and how to raise their concerns when required. Processes ensured any incidents were routinely investigated with outcomes and actions implemented to help keep people safe

Staff had access to recorded information in a way they understood. Staff understood the importance of communicating with people. For example, to support them with their abilities and to respond to their wishes and preferences.

Staff had good access to personal protective equipment to manage the risks associated with the spread of infection including COVID-19 and adhered to government guidance to protect people.

Where people required support to take their medicines, this was done safely as prescribed.

Staff told us they didn't always feel supported by management and that communication could be improved. The provider showed us a process was in place to improve communication and commence staff supervisions following staff probationary employment periods; to support them in their role. Staff told us they would welcome the opportunity to confidentially discuss their roles and responsibilities on an individual one to one basis.

Staff received appropriate induction, training, professional development to enable them to carry out the duties they were employed to perform.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for an autistic person or anyone with a learning disability. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right support: Model of care and setting maximised people's choice, control and independence; People were supported to make choices about their care and support. People were supported to make adaptations to their homes to remain as independent as possible. Care plans included information for staff to use to help people to live their best lives as independently as possible. Support was provided which promoted daily living skills and access to a range of activities and events. People told us they received care and support from staff who they knew and had their preferences respected.

Right care: Care was person-centred and promoted people's dignity, privacy and human rights; People and their relatives were involved in planning their care. Care records included information to support people's wishes and preferences. Information was regularly reviewed to ensure it remained up to date for staff to follow. People told us staff were respectful, caring and understanding around their emotional and physical needs.

Right culture: The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive and empowered lives;

The culture of the service was open and empowered individuals to express their views. People spoke positively about the service they received and the way the service was managed. The new manager was passionate about providing people with a personalised service which promoted their independence

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

Rating at last inspection

This service was registered with us on 26 November 2020 and commenced regulated activity in June 2022. This was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Comforting Hands Recruitment

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was completed by one 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 care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The Nominated Individual had applied to register. We are currently assessing this application.

Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure the provider or manager would be in the office to support the inspection. Inspection activity started on

22 August 2022 and ended on 10 October 2022. We visited the location's service on 22 August 2022 and the 07 September 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the office and spoke with the nominated individual about the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed the systems and processes in place to manage people's care and support.

After the inspection

We spoke with four people receiving a service, seven family members, and one friend of a person using the service. We spoke with five staff members.

We used electronic file sharing to enable us to review documentation. We reviewed three care plans, medication records and four staff files. We reviewed records associated with the management of the service, which included policies, procedures, and quality assurance checks.

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 of 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

- People were safeguarded from the risk of abuse. Staff had received safeguarding training and understood the actions required if they suspected abuse was taking place.
- Processes in place were used to ensure any safeguarding concerns were appropriately reported to the local authority.
- People told us they received a safe service. One relative said, "I feel staff are trained so yes they are safe."

Assessing risk, safety monitoring and management

- Assessments of people's needs ensured any known risks were identified and planned for.
- Care plans included information for staff to follow to provide safe care.
- Risks to people were regularly reviewed to ensure they remained up to date and relevant.

Staffing and recruitment

- People told us they received consistent care and support from care staff who they knew. One person said, "At the beginning there was quite a few different carers, but it has settled down now and we have regular carers who are always on time and always come. They never miss a call."
- Policies were followed to ensure staff recruited were safe to work with vulnerable people.

Using medicines safely

- Medicines were managed and administered safely as prescribed.
- Due to some manual recording errors the provider had implemented an electronic system which provided live data to allow office staff to identify and respond to any medicine concerns in a timely manner.
- Staff received medicines training as part of their induction. Plans were in place to visually check and feedback on their competencies to ensure they continued to follow best practice.

Preventing and controlling infection

- Care plans included an assessment of people's home environments to ensure appropriate infection prevention and control (IPC) measures were in place.
- Best practice guidance in relation to IPC was followed by staff. Staff had completed IPC training and were aware of the current government guidance in relation to Covid19 management.

Learning lessons when things go wrong

- The nominated individual told us that despite the short period of providing regulated activity, they had

systems and processes in place to review and monitor the service. Where problems were found, remedial actions were implemented as part of lessons learnt and to improve the service. For example, electronic medicines management systems were implemented to ensure accurate and timely record keeping.

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.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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

- During this inspection the service was not supporting anyone who was deprived of their liberty.
- Principles of the MCA were followed. For example, where people had capacity to understand and agree to their care and support this was recorded.
- Staff understood the requirement to offer people choices and to promote their independence.
- Staff understood how to seek consent from people regarding their care and support needs.

Staff support: induction, training, skills and experience

- Staff were supported through their induction period. The provider had plans to extend this support with regular supervisions where they could discuss any issues with employees on a one to one confidential basis. Staff told us they would welcome supervisions as an opportunity to discuss their roles and share any concerns.
- Spot checks were planned to monitor staff performance and competence in their roles. The provider told us the checks would be recorded with feedback used to improve practice.
- Staff had completed an induction and training relevant to their roles. This included safeguarding, moving and handling, and where required training to meet specific individual needs.
- Staff felt there was lots of training on offer and the training was good.

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

- Assessment of people's dietary needs along with food and fluid intake was recorded to assist people to eat and drink enough and remain healthy.
- Staff confirmed they worked with other health professionals for example, dieticians to ensure people maintained a balanced diet.
- Care plans recorded any allergies people had and staff had access to information to support people with any dietary requirements where required.

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

- People had good support to access other health professionals to maintain and improve their wellbeing. Care plans were updated with any feedback for staff to follow.
- Staff understood how to ensure people received timely access to health professionals.
- Staff ensured any health advice for people was recorded and staff made time to encourage and support people with daily living skills and ongoing reablement.

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.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were actively involved in the planning of their care and were supported to express their views. One person said, "They came in and had a chat about what help I needed. The carers came in to introduce themselves at the same time. It was very good, they were polite."
- People and their relatives told us they were treated with respect and dignity by staff.
- Staff understood the importance of maintaining people's dignity and supporting them to be as independent as possible. A relative told us, "They appear to be polite and if there were any issues around the personal care, I am sure, and I hope [person] would say."

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

- Care plans were written with consideration of people's cultural backgrounds and supported any personal choices. For example, where people had specified a male or female carer this was recorded.
- Staff understood the importance of recognising people's diverse needs. Staff told us that people had preferences and some of the male staff we spoke with hadn't supported certain people as they had requested female only staff.
- People told us staff were kind and caring. A relative said, "They are very good he really likes one carer whom he has a laugh and a chat with."
- People benefited from a small group of regular staff who understood their individual needs.

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.

This meant people's needs were met through good organisation and delivery.

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

- People's views and preferences were always supported, recorded and/or evaluated through relevant decisions making processes.
- Staff had access to up to date person centred information to provide people with personalised care and support.
- Care plans included reviews of people's care with adjustments made as required to meet their personal outcomes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carer's, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in care plans for staff to follow. This included information for staff to ensure they were aware of any hearing or sight difficulties.
- The provider told us information was available in a variety of formats and different languages to ensure people had access to information they required.

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

- The service actively supported people to follow their interests and encouraged people to take part in social activities relevant to their interests.
- The provider understood the importance of good personal relationships with people. This information was recorded in care plans and helped staff to focus on areas where support was not available. For example, staff followed guidance where relatives supported people with their mealtime arrangements to ensure they remained healthy.

Improving care quality in response to complaints or concerns

- Policy with guidance was available for people and their relatives to raise any concerns including complaints.
- Staff supported people to raise concerns or complaints.

- People and their relatives had clear expectations on the quality of the service they received and understood how to share any concerns. One relative said, "I would speak with the manager if I had any concerns."
- Processes were in place to investigate and respond to any complaints or concerns which included details of actions to help prevent similar events.

Is the service well-led?

Our findings

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

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.

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

- Staff told us they didn't always feel supported by management and that communication could be improved. The provider evidenced a process was in place to improve communication and commence staff supervisions following staff probationary employment periods; to support them in their role.
- A staff satisfaction survey had been completed with an evaluation of the feedback and details of any required actions were in progress.
- People were given the opportunity to feed back on the service and told us the staff were approachable.
- People and their relatives were involved in discussions about the service, their home and who they lived with.
- Management and staff discussed their passion for their roles and the supportive team approach to providing people with consistent care. They told us this promoted people's independence to remain in their own homes.

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

- People and their relatives told us the service was managed well with caring staff. One person said, "It appears to be accommodating and well managed. We cut down on calls, changed the time of the morning call and it was all fine. They could have said no, or dropped us, but no, it's all been good."
- People and their relatives were clear about the improvements the service had provided to their daily needs. One person said, "It took a while to get into routine, but I would say now it's very good. I would not change anything."

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

- Processes were in place to ensure any incidents, concerns and complaints were investigated and responded to.
- Staff were confident they would be supported with any enquiries and that along with any required actions, they would be included in feedback

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

- The nominated individual understood the requirement to have a manager registered with the CQC. We are reviewing a recently submitted application following the recent departure of the previous manager.
- Where risks were identified supporting information was in place with actions to mitigate further similar events.
- A detailed service improvement plan with recorded actions and evaluated progress was used to maintain continued compliance and oversight of the business.
- The nominated individual was aware of their responsibility to notify the relevant authorities including the CQC of important events that happen in the service. For example, any safeguarding concerns, service changes and serious incidents.

Working in partnership with others

- The provider worked closely with the local authority and other health professionals for the benefit of people using the service. A relative told us, "The house was checked if grab rails were needed. A hospital bed, riser for the toilet, and grab handle in the shower have been provided. I think eventually they will get [person] to be more independent and now the physiotherapist is working on [person] going upstairs."