

Kenyoncrest Limited

Caring Hands

Inspection report

Unit 8, Wiltell Works
Wiltell Road
Lichfield
Staffordshire
WS14 9ET

Tel: 01543420580

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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

Caring Hands is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger adults with a disability. At the time of our inspection 55 people were receiving personal care as part of their care package.

There was a registered manager at the service. 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.

At our last inspection we rated the service as Requires Improvement. We asked the provider to make improvements when they completed mental capacity assessments and how they audited the service. At this inspection we saw these improvements had been made, however we made a recommendation in relation to the recording of medicines.

The provider had improved their quality audits to ensure that all care plans and risk assessments were up to date in people's homes. Other quality systems were used to monitor that people received their calls on time and for the allocated time. People and their relatives were included in developing the service and found the registered manager approachable.

People received support with their medicine; however the reporting system were not in line with medical guidance. We have made a recommendation that the provider reviews their administration process to meet the current guidance in medicine management. The provider had recruited enough staff to meet the current needs of the people requiring the service. When people were recruited the necessary checks had been completed. People received assessments of their property and any identified risks and guidance provided to reduce these risks. Lessons were learnt from when things went wrong. This was reflected through supervisions of staff to support their practice, when observations identified further training was required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received training and support for their role and the care for people. Staff monitored people's health; and worked in partnership with other organisations when needed. Some people were supported to eat and drink and this was monitored and recorded.

People told us they had established positive relationships with the staff who were caring and treated people with respect and kindness. Staff knew them well and understood how to care for them in a personalised way. There were plans in place which detailed people's care and goals and these were regularly reviewed. People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints that they received.

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

People received their medicines as prescribed, however the recording of the medicine was not in line with current guidance.

Staff were available to support people in line with their agreement and needs. They had been recruited with the relevant checks.

Staff knew how to protect people from abuse and knew what to do if they suspected it had taken place.

Measures were taken to maintain infection control standards and lessons were learnt from events or incidents.

Is the service effective?

Good ●

The service was effective

People had capacity to make decisions about their care and staff sought people's consent when providing support.

Staff knew people well and had completed training so they could provide the support people required.

Where the agreed support included help at meal times, this was provided and food was prepared for people.

People's health care was supported and where this was needed staff provided support.

Is the service caring?

Good ●

The service was caring

People felt well cared for and they were treated with dignity and respect by kind and friendly staff.

Staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Is the service responsive?

Good ●

The service was responsive

Care plans were in place to ensure people received care which was personalised to meet their needs.

Where care needs changed, the support was reviewed to match what people wanted.

There was a complaints policy which was followed and comments acted upon.

Is the service well-led?

Good ●

The service was well led

Systems were in place to assess and monitor the quality of care and to identify where improvements could be made.

Staff were supported in their role and felt able to comment on the quality of service and raise any concerns.

The quality of service people received was regularly monitored.

Caring Hands

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.

This comprehensive inspection took place on 20 March 2018 and was announced. We gave the service five working days' notice of the inspection site visit so that we could organise to speak with and visit people who used the service. It 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.

The inspection site visit activity started on 19 March 2018 when the expert by experience called people on the telephone for their feedback. They spoke with five people who used the service and four relatives. It ended on 20 March 2018 when the inspector visited two people in their homes. Some of those people were able to give verbal feedback and we also saw the interaction between staff and the people they supported. On this date we also visited the office location to see the registered manager and office staff; and to review care records and policies and procedures.

The provider completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this and information we received from the provider through statutory notifications to plan the inspection visit.

We spoke with the registered manager, one care coordinator and three care staff. We reviewed care plans for four people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We reviewed audits and quality checks for medicines management, reviews of calls, and health and safety checks. We also looked at three staff recruitment files.

Is the service safe?

Our findings

People were supported to take their medicine and there was processes in place to ensure this was done safely.. One relative said, "[Name] is encouraged by the staff to take their tablets and I know they stay with them until they have taken them." Records used to record the administration of medicine were not in line with current guidance. The record should identify the medicine, the prescription administration details and identify the time and which medicine had been given. This should include any medicine which are provided on an as required basis.

We recommend that the service consider current guidance on the administration of medicines and take action to update their practice accordingly.

Lessons were learnt from audits of the daily records when these were reviewed. These were also linked to the staff observations. When concerns were raised these were addressed in supervision with staff and any learning shared with the team.

People were protected from abuse by staff who understood how to identify signs and report in line with procedures. One relative we spoke with said, "If I didn't feel my relative was safe I wouldn't be using Caring Hands, but I know they are in good hands." Staff told us how they would report any concerns to their line manager or the local authority. One staff member said, "I would report any concerns and feel confident it would be addressed." We reviewed safeguarding with the registered manager and saw that safeguarding notifications had been raised when required.

People's safety was protected. Many people had key safes. The provider had a system to store the key safe numbers on a separate system to the care plans. When any changes occurred these were communicated to the staff directly or through the on call telephone system. This meant people's information was protected.

People told us they received regular staff. One person said, "I think there are plenty of staff I have never had nobody come." We reviewed some schedules for people and noted that where possible there was a consistency with the staff providing the support. The care coordinator said, "We had a period last year when it was difficult, but we have recruited now and the staff team are more stable so we can be more consistent which is important."

An environmental risk assessment was completed for hazards in the home and whether staff were able to use any of the facilities. We saw when people required equipment this had been assessed by an occupational therapist. There was guidance of how the support should be delivered and the details of the equipment to be used. The provider had a staff member who was trained to provide advice when staff were supporting people to move. They were available to attend people's homes and provide guidance. One staff member told us on one occasion this staff member had provided guidance as the person kept leaning forward when receiving personal care. It was advised to get a different piece of equipment, this was obtained and the support provided now for the person is much safer.

Infection control had been considered including how staff were to reduce the risk of cross infection and to wear personal protective clothing. A relative said, "Staff always wears gloves whenever they do anything for my relative." Staff we spoke with confirmed they used gloves and aprons for personal care and the preparation of food. One member of staff told us, "There is always plenty of stock; you just collect what you need from the office."

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

Is the service effective?

Our findings

Our last inspection found whilst the provider was not in breach of any regulations there were aspects of care that could be improved in relation to when people were unable to make decisions. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. People told us, and we saw that staff assisted them to make their own decisions.

Since our last inspection visit all care staff had completed training in MCA. One care staff told us, "It provided us with the information so we can make sure we support people with their decision making." We saw that when people were unable to make decisions an assessment had been completed and decisions had been made through a best interest approach involving the relevant people.

When staff commenced their role they were supported with training and an induction. One staff member told us, "I had initial training here at the office and then four days at the head office to cover the care certificate." They added, "It was a good way to complete it as you got a lot of support and a team approach." The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. Staff also completed some shadowing with experienced staff before they commenced their role on their own.

Staff received ongoing training. One staff member told us about some recent training, "We learnt about the importance of putting on creams for people especially when they require personal care." This was to prevent sore skin. Another staff member had received training in dementia. They told us, "It provided some useful tips, like how to encourage people in different ways and if the persons demur seems different then you can change your approach."

People retained responsibility for their health care. However staff provided support when requested. For example, when a person required the GP, staff would make the call on their behalf and provide the information. Staff had also worked with health care professionals. For example, when a person required support with regular repositioning to reduce sore skin. This was agreed with the office and then the schedule adjusted to support these needs.

Some people received support with their meals. One person told us, "Staff prepare my meals ready so I can cook them at my own pace." When staff provided this support it was recorded in the daily notes. Staff told us, "We always give people options See what's in the fridge and then always record it in the daily logs."

Is the service caring?

Our findings

People told us they received care from staff that were kind courteous and nobody felt rushed during their calls. One person said, "No one has ever rushed me during my calls and or left early." People also told us staff chatted while working and if they had any spare time left at the end of the call they would sit and talk.

Staff told us they had made positive relationships with people. One staff member said, "I look for pictures or items which I can start the conversation with. I think that helps people relax." A relative told us, "We are very happy with the care that my relative receives it means we don't have to worry they are on their own."

People were supported to be independent and to remain in their own homes. One person told us, "I am very happy with the care I receive because if I didn't have the carers I couldn't manage myself."

People were respected and supported to maintain their dignity. One person told us, "I am treated with the utmost respect at times by every carer who comes into my home." Another person said, "Whenever I have my shower the curtains are drawn and I am covered to keep my modesty."

Staff felt they had enough time to support people and at their own pace. One staff member said, "I explain what I am doing and listen to what people want to do themselves." They added, "It's important to encourage people's independence."

Is the service responsive?

Our findings

We saw that care plans were person centred and all had been completed with their input of people or that of relatives and those important to them. People's information was documented which included their preference and choices. People told us they had been consulted on if they were happy with male or female carers and this was noted and respected.

Some people who had only used the service for a short period. These people had been contacted by the registered manager shortly after the service had commenced, to check that they were happy with the service. One relative told us, "I am very happy with my relatives care I have real confidence in the company they really seem to know what they needs and try to make sure they are happy."

People received a review of their care on a six monthly or annual basis. When these occurred those important to the person had been included. The manager told us, "The system flags up when someone is due a review." We saw reviews had been completed.

Staff told us that some people used different methods to communicate. For example, some people preferred to have information written down or visual choices. One staff member said, "Like when we offer the meals, we show some people two choices or items from the fridge so they can see the choice." Some people used jesters to communicate their needs and these had been documented in the care plan so that new care staff could access this information.

Some people were supported to access community events or groups. For example, one person attended the stroke club. Staff provided a call to the person before they attended the club and then one afterwards to support their personal needs on their return. The times of the calls had been adjusted to support the person being able to attend the club.

There was a complaints policy which was included in the 'service user's guide' which was discussed with people when they commence the service. A copy was kept in each person's folder at their home. One person said, "I would be happy to raise any concerns if I had any." We saw when complaints had been raised they were responded to in line with the policy and any concerns addressed.

Is the service well-led?

Our findings

Our last inspection found whilst the provider was not in breach of any regulations there were aspects of the quality monitoring that could be improved to reflect how audits were used to develop the service. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements.

Since our last inspection visit the provider had introduced a communication book. This covered all aspects of people's daily needs. For example, medicines, creams and daily support provided. One staff member told us, "The new books are really good, they have everything in and you don't have to worry about sheets of paper going missing." We saw these books were replaced each month and on return to the office the books had been audited. Any areas identified were addressed, for example, missed signatures on the medicine form were followed up with the staff member on duty.

Audits of the rotas were completed to reflect if people were receiving their call times as per their agreement. When people's times were different to the agreed arrangement, people were consulted and measure put in place to address the required call times. When a review was conducted the provider also completed quality assessments in relation to the service. If anything was raised on the review this was actioned. For example, one person required an updated risk assessment and this had been completed. The reviews we observed and the people we spoke with all identified positive feedback about the care they received.

People we spoke with said they were extremely happy with the service that was provided by Caring Hands. People felt able to contact the office. One person said, "If the phone is not answered straight away a return call is made as soon as possible."

Staff told us they felt supported. One staff said, "I get support and there is a nice atmosphere." They received annual appraisals and supervisions for their role. These included an observation of their practice. One staff said, "I feel I can trust the management, they will look into things and respond." Another staff member said, "They know their stuff, I feel I can confide in them and they would keep your confidence."

Partnerships had been developed with a range of health and social care professionals. This promoted people's wellbeing and referrals were made when required.

The manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the office home and on the provider's website in line with our requirements.