

Caring Hands East London Ltd

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Inspection report

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Date of inspection visit:
25 June 2021

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03 August 2021

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

This was a targeted inspection to check on a specific concern we had about staff recruitment and quality assurance systems at the service.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service did not have a registered manager. However, there was an acting manager who had submitted their application to be registered with the CQC. A registered manager and the nominated individual are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a domiciliary service and we needed to be sure that a member of the management team was available to support us with the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We used all of this information to plan our inspection.

During the inspection

We spoke by telephone with one person using the service, the nominated individual, acting manager, human resources manager, an administrator and three care staff. We reviewed documents and records related to people's care and the management of the service. We also reviewed five people's files, which included risk assessments. We sampled 10 staff files to check the provider's staff recruitment and support processes. We looked at other documents such as quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence we found such as looking at action plans and the training matrix. We also spoke with five relatives of people and five staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

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Detailed findings

Background to this inspection

This was a targeted inspection to check on a specific concern we had about staff recruitment and quality assurance systems at the service.

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Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about staff recruitment. We will assess all of the key question at the next comprehensive inspection of the service.

Staffing and recruitment

- There were safe recruitment procedures in place. The nominated individual told us they allocated an officer to manage staff recruitment to ensure all staff were properly checked and had up-to-date documents.
- Records showed the provider followed their staff recruitment process. This included completing application forms, attending interviews, providing two references and proof of identity, and checking details of staff employment history and eligibility to work. This ensured staff were checked to ensure they were suitable to provide safe care to people.
- Where staff required permission to work in the UK or had conditions on their work permit, these were monitored, and appropriate action taken by the provider. This ensured only suitable staff worked at the service.
- The service had enough staff to ensure people received care all the times they needed. One person told us, "I have a regular carer who comes two times a day. [The carer] always arrives on time and sometimes stays more than the allowed time [to support me]. I am very happy."
- Care staff told us there were no problems with staffing numbers. They told us that if there were delays to their visits due to traffic or if they were unable to visit people, they would ring the managers to let them know to arrange covers. The provider told said, "We have more staff available to cover calls in case of emergency."
- There was an electronic system for monitoring attendance to calls. The provider told us that the system allowed them to monitor when staff arrived and left from calls. They told us that they were in the process of introducing a different improved electronic system for monitoring staff and care. Records showed there were no missed or late calls.
- Staff told us they were assigned to work at places they could easily travel to. A member of staff said, "I am lucky I do not have to travel far; I care for the same service users."

Assessing risk, safety monitoring and management

- Each person had a risk assessment which identified potential risks and actions staff needed to take to minimise the risks to keep people safe. The risk assessments related to each person and included personal and environmental risks.
- Staff told us the risk assessments were useful and contained information and guidance about how to minimise risks to people. One member of staff said, "The risk assessment give us information and guidance about how to support people. I follow the risk assessment when supporting service users."

- The nominated individual told us that the assessor completed the risk assessments in collaboration with the people using the service and their relatives. We noted the risk assessments were reviewed to reflect people's changing needs.

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.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about staff recruitment. We will assess all of the key question at the next comprehensive inspection of the service.

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

- The nominated individual was supported by an acting manager, care co-ordinators, assessors, a training supervisor, care monitoring officer and medicine auditor. Each of the senior staff had clear roles but worked as a team, sharing information through meetings and electronic communication platforms.
- Regular spot checks and quarterly monitoring visits were undertaken to people's homes to check staff provided effective care.
- Staff carried out various audits such as medicine records, daily care records and staff files. These ensured that the records were up-to-date, and people received safe care.
- Annual satisfaction surveys were used to ask people and relatives how they felt about aspects of the service. The last such survey was completed last year in July and the result indicated people and relatives were overall satisfied with the service provided.
- Staff were clear about their roles and responsibilities to provide care that met people's needs. One staff member said, "I know my responsibility. I had a lot of training. I am here to support service users without discrimination. Service users have different needs, but we have to support each person according to [their] without discrimination."
- People were satisfied with management of the service. One person told us, "I am very happy about management. I have their number."

Working in partnership with others

- The provider worked with health and social care professionals. Records showed the provider effectively liaised with district nurses, GPs, pharmacists, dietitians, social workers, hospitals and local authorities to provide effective care.
- The provider told us they managed the impact of the COVID-19 pandemic by working with different organisations to obtain training, advice and essential personal protective equipment such as face masks, gloves and hand sanitisers.

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

- Staff asked people and relatives' views about their care. Each person or relative was contacted by telephone every month to ask how they were and what they thought about their support. One relative said,

"The care coordinator calls once a week to ask how we feel about the service. We have no problems with this company."

- Staff surveys took place quarterly. The acting manager said, "We have to do this because we need to know what staff are thinking about the service."
- The management embedded equality and diversity in the provision of the service. Staff told us how they creatively used various means and devices to communicate with people who were non-verbal. We also noted that staff spoke other languages which people spoke.