Caring Hands (Domiciliary Care) Ltd

# Caring Hands E M Limited

**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 |

## Overall summary

The service was inspected on 9 November 2015. The provider was given 48 hours' notice of the inspection.

The service is a home care agency providing personal care to people living in their own homes. At the time of our inspection 367 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People using the service were safe because staff understood their responsibilities to protect people from avoidable harm and abuse. Staff received training to use equipment safely and how to support people with their medicines.

People's care plans included risk assessments of risks associated with their personal care routines.

The provider had effective recruitment procedures and ensured that all legally required pre-employment checks were carried out. New staff were not allowed to work

# Summary of findings

unsupervised. Enough suitably skilled and experienced staff were deployed to meet the needs of people using the service. This included trying to ensure that people received home care visits at times they expected by care workers that were known to them.

The provider implemented disciplinary procedures when care worker's conduct fell below the standards expected of them.

Care workers received training that was relevant to the needs of the people they supported. Care workers and other staff were supported through induction, training, appraisal and supervision.

Care workers sought people's consent before they provided care and support. They understood their responsibilities under the Mental Capacity Act 2005.

People were supported with their meals. Care workers either helped people prepare meals or heated prepared meals for people. People were supported to access health and social care services when they needed them.

The service sought to ensure that people were cared for and supported by a team of core care workers. This enabled people using the service and care workers to develop caring relationships. It also helped care workers develop a better understanding of people's needs and preferences.

People were involved in decisions about their care and support, including decisions about times of home care visits, which care workers, supported them and how they were supported.

People's care plans were person centred and focused on their individual needs. People were involved in reviews of their care plans.

The provider sought people's feedback about their experience of the service. Complaints were investigated and responded to. The provider took action in response to people's feedback and complaints.

The provider had a `mission statement' that was shared with people using the service and understood by staff. They had procedures for monitoring that staff practiced the standards expected of them.

The service was well-led and organised. Teams with specific responsibilities coordinated their efforts towards ensuring that the needs of the people using the service were met.

The provider had effective procedures for monitoring and assessing the quality of the service. When areas requiring improvement were identified action was taken to bring about improvement.

# 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?**
The service was safe.

People using the service told us they felt safe.

Staff understood and practised their responsibilities for keeping people safe and protecting them from avoidable harm and abuse.

The provider deployed enough suitably skilled staff to meet the needs of people using the service.

People were supported to receive their medicines safely.

Good

**Is the service effective?**
The service was effective.

People using the service were cared for by staff who had the necessary skills, knowledge and training.

Staff understood their responsibilities under the Mental Capacity Act 2005.

People were supported with their nutritional and health needs.

Good

**Is the service caring?**
The service was caring.

People told us staff were kind and caring.

People were involved in decisions about their care and support.

People were treated with dignity and respect.

Good

**Is the service responsive?**
The service was responsive.

People using the service contributed to the planning of their care and support.

The service sought people's views about their experience of the care and support they received. People's views were acted upon.

Good

**Is the service well-led?**
The service was well- led.

People's views and feedback was used to develop the service.

The service had a `mission statement' that was shared with people using the service and understood by staff.

The service had effective arrangements for monitoring and assessing the quality of care and support people experienced.

Good

# Caring Hands E M 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 checked 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 inspection took place on 9 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manger and other staff would be at the location from which the service is run.

The inspection team consisted of two inspectors who visited the location and an expert by experience who telephoned people using the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we contacted the service and asked that they provide us with a list of people using the service. We selected 20 names at random, wrote to those people to say they would receive telephone calls from our expert by experience. We contacted all 20 people and spoke with 17 people or their relatives. We also contacted the local authorities that paid for people's care to see if they had concerns about the service. They had no concerns.

We looked at ten people's care records. We also looked at four staff recruitment files to check whether the provider operated robust recruitment procedures. We spoke with the registered manager, a compliance manager, two staff who coordinated home care visits and six care workers. We looked at records associated with the provider's quality assurance processes including complaints.

Good

# Is the service safe?

## Our findings

All of the people we spoke with told us they felt safe during their home care visits including when they received personal care. A person's comment that, "They (care workers) help me have a shower and get ready to make sure I'm safe," was representative of what people told us about how they were supported with personal care. Other people told us, "We both feel very safe and relaxed with them (care workers)," and "'I am at ease with them."

Several people told us they felt safe because staff knew how to support them. People told us that care workers took their time and completed the required care routines which contributed to people's feelings of being safe. A person's comment that, "They (care workers) take the time to do it all properly and they stay the full time." When people told us that care workers did things `properly' they added that care workers wore aprons and gloves when they carried out personal care and took the necessary hygiene precautions when preparing food. A person told us, "They (care workers) wear gloves and aprons and they washed their hands before handling food." The provider carried out a survey of people using the service in March 2015. Nearly 90 people completed the survey and almost every person said that care workers wore protective equipment (aprons and gloves) during home care visits.

A person told us, "They (Caring Hands office) are easy to contact." The latest survey showed that most people (90%) were aware of the out of hours emergency number they could call if they needed to. Very few people (four) had `issues' contacting Caring Hands during office hours and none out of hours. The provider took action to remind people about how they could contact the office during and outside office hours.

People completing the survey said they felt safe because care workers secured their home after completing a home care visit.

The provider had a policy for safeguarding people and protecting from abuse or potential abuse. The service made safeguarding referrals to social services after care workers had reported signs that people were at risk from vistors. This showed that staff were familiar with safeguarding procedures. Staff we spoke with told us about signs they looked for to identify if a person was at risk of abuse. They told us they looked for signs of unexplained bruising, changes in a person's behaviour and appearance. They told us they were confident that any concerns about people's safety that they raised with their manager would be taken seriously. They also knew they could report concerns directly to social services and the Care Quality Commission (CQC).

People's care plans include risk assessments of routines associated with their care and support. The risk assessments included information for care workers about how to support people safely. People told us they felt safe because they had not experienced any `accidents' when care workers supported them with their mobility and personal care. A person said, "The care is done very well. No accidents and all done safely." Other people made similar comments.

Staffing levels for care workers were based on the number of home care visits that had to be carried out. The provider employed and deployed sufficient numbers of care workers to make those visits. We found this to be the case because, according to the survey results, almost all people responding said that care workers came at times they expected. These included calls where two care workers were required. Any calls that were missed were because of administrative errors not staffing issues. People we spoke with told us that care workers were punctual and stayed for the scheduled duration of calls. Comments about this included "They (care workers) are generally on time", "They are usually on time. I have not been let down", "They visit on time", and "It's (home care visits) usually the same time every day."

The provider had robust recruitment procedures to ensure as far as possible that only staff suited to work with vulnerable people were employed. The provider carried out all the pre-employment checks required by law. These included Disclosure and Barring Service (DBS) checks. These checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce. Other checks included two suitable references and an interview where a person's competence to work with vulnerable people was tested by asking specific questions. New care workers were not allowed to work alone or unsupervised until all pre-employment checks were satisfactorily completed. A professional told us, "Caring Hands do not employ people who do not measure up."

Good

# Is the service safe?

The provider operated staff disciplinary procedures after identifying poor and unsafe practice by staff. The procedures were used when staff condust called their suitability to work with vulnerable people into question.

People were supported to take their medicines at the right times. A person told us, “They (care workers) help with my medication. They make no mistakes. They do it right.” Most people told us that care workers reminded them when to take their medicines and that they needed no other help with their medicines. This confirmed what the registered manager told us about most people not requiring any support other than `prompting’ to take their medicines.

When care coordinators planned home care visit rotas they ensured that only care workers trained in management of medicines visited people who required support with their medicines. They were able to do this because care workers training and people’s needs were `matched’ which ensured that people who required support with the medicines had that support from medicines trained staff.

Good

# Is the service effective?

## Our findings

People using the service and their relatives told us they felt that care workers had the necessary skills and knowledge to meet their needs. Comments from people about care workers included "I have no qualms about them whatsoever"; "They seem well trained to do this work"; "They know what to do"; "They are very good, very observant" and "They are absolutely brilliant."

People told us about training new staff had. A person told us, "One (care worker) will bring another to shadow as they learn the job." Another person told us, "The new staff have some form of briefing before they visit us. They have some prep and if they are new they go round with a fully trained staff." Care workers we spoke with told us about their induction and explained it included `shadowing' experienced care workers before they were allowed to work alone when they supported people in their homes.

New care workers were supported through an induction programme that helped them achieve a `Care Certificate'. This is a new government initiative to introduce a Care Certificate for new care workers from 1 April 2015. It is aimed at improving the skills, knowledge and behaviours of staff working in adult social care by covering 15 standards. The provider's implementation of the Care Certificate showed they kept up to date with national guidance and recommendations and took swift action to implement them.

People using the service also felt that staff continued to receive training after their induction. A person told us, "They (care workers) seem well trained and they have regular training sessions. They keep up to date with things."

Much of the training staff received was provided by an external training provider specialising in adult social care. Training covered health and medical conditions that people using the service lived with, for example different types of dementia and restricted mobility. Care workers received practical training about how to use hoists and support people with their mobility. Equipment in the training room included a hospital bed, slide sheets, a hoist, slings and zimmer frame which were used in practical training sessions. The trainer told us, "This helps give staff empathy of how it feels." Care workers received training from district nurses about how to support people with medicines like nebulisers and eye drops. This meant that much of the training was relevant to the needs of the people using the service. Care workers we spoke with told us they felt their training helped them perform their roles and understand their responsibilities. A care worker told us, "The training is very good."

The provider had a training plan that was monitored by the services compliance manager and training manager. This ensures that staff training was kept up to date. The effectiveness of the training was monitored through observations of staff practice. Staff had one to one meetings with their manager at regular intervals at which their performance and training were discussed. Staff we spoke with told us that they found their supervision meetings helpful because they were able to discuss their progress and training needs.

The Mental Capacity Act (MCA) 2005 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

People using the service told us that staff sought their consent before they provided care and support. A person tod us, "They (care workers) check with me when helping me and usually they first ask as they help." Care workers we spoke with told us they sought a person's consent before providing care and support. One told us, "I tell the client what I am going to do and ask them if they are happy with it." They explained what they did if a person declined support. They told us, "If someone didn't want me to do something, for example if a diabetic refused breakfast, I'd try to persuade them but we can't force people to do anything." They explained they would make a record of a person's refusal in the care notes and call the office for advice.

Staff received training about the MCA during their induction. The trainer told us they were confident that staff understood the essentials about the MCA, for example about mental capacity and consent. Staff we spoke with demonstrated an understanding of the MCA. They told us

Good

# Is the service effective?

the MCA protected vulnerable people who could not make decisions about their care and support for themselves and that decisions were made by other people in their best interests.

The MCA states that people should be presumed to have mental capacity unless there is evidence to the contrary. The provider followed what the MCA required. The registered manager and senior care workers reviewed the position annually or sooner if there was evidence that a person was unable to understand information about their care and support. In those situations a person's GP and social services were informed so that an assessment of the person's mental capacity could be made.

The registered manager told us that none of the people using the service required support with their meals that went beyond helping people prepare meals or warming meals in a microwave. None of the 17 people we spoke with told us they had additional needs. People's comments included, "They do my breakfast for me" and "They ask me if I want something to eat." Some people received home care visits at lunch time for the sole purpose of support to have a meal. A relative told us, "They call every day to do his lunch." Another person said, "The carer is very good at doing the meal. They all can do the food okay." People told us that care workers practiced good hygiene when helping them with meals. A person's comment that, "They wash their hands and wear gloves before they do my meal" was typical of what other people told us. When we looked at care worker's training records we saw they had training in food hygiene and preparation. What people told us showed that care workers had put their training into practice.

Care workers were alert and attentive to people's health and welfare needs. They arranged for people to be visited by their GP and health and social care professionals when required. A person using the service told us, "They (care workers) will alert me if I need the doctor." A relative gave an example of that. They told us, "My [person using the service] had some minor soreness. They (care worker) got the nurse to look at this and they got the doctor to prescribe anti-biotics." A person using the service told us, "They get the doctor for me if they spot any problems." Another person described care workers as being "very observant." Care workers also worked with other professionals to improve people's well-being. A relative told us how a care worker had consulted with an occupational therapist to change some of the equipment that had been provided to assist a person with their mobility so that the person could be more comfortable when being hoisted. We saw from care records we looked at that care workers had referred people to health services and informed relatives. They also kept relatives informed when people agreed to that. A relative told us, "Yes, they (care workers) alert me to things, like when [health need] needed attention."

People using the service and their relatives could be confident they were care for and supported by care workers who understood their needs.

Good

# Is the service caring?

## Our findings

People using the service were treated with kindness.

When we asked people how they felt about the way they were treated by care workers and other staff who visited them they responded in complimentary terms. A person told us, "They are absolutely marvellous." Other comments included, "They are nice people and they are very caring. They take the time to be nice"; "There are none who are unpleasant"; and "It's comforting to know they (care workers) are here."

People told us it mattered to them that they were supported by care workers who visited them on a regular basis. People told us they experienced that most of the time. A person told us, "Its mainly staff who we know and we get to know them over time." A person who had more than two home care visits a day told us, ""The morning person is very good and they are usually the same person [who comes later in the day]." Another person told us, "We usually have regulars from within a group." Other people understood that they could not always be supported by the same care workers. One told us, "It's usually the same people, but whoever comes is pleasant." Another person told us, "More often than not it's the same person, but the replacement staff are very nice as well." People understood that factors such as staff leaving the service could impact on them. A person said, "It would help if we had more regulars but they do have a high turnover and we have had a lot of different people." Care coordinators informed people when a different care worker to the one they expected was going to visit or if a care worker was running late. People told us that usually happened.

People told us that new care workers were introduced to them. A person said, "They will call me to arrange to introduce new staff to me." However, some people told us that they did not always know which care workers would be visiting them. A small number said this made them anxious. We discussed this with the registered manager who told us that people using the service could be sent a rota that informed them which care workers would be visiting them but not all people requested this. The registered manager told us that all people would be asked if they wanted a rota and those who did would be sent one.

People had a say in which care workers supported them. A person told us, "If there is a new [care worker] they will tell me and introduce them to me. If I don't want them they can be told." Another person told us, "The staff are okay. We must be lucky with the care worker we have. She is marvellous. If you don't like one person they will not send them again." Other people told us of a similar experience. One explained, "Some people who I don't get on with as easily or feel are not right have been withdrawn. They respect me and I feel at ease with staff." This showed the provider respected people's choices about the care workers who supported them.

The provider sought to arrange homecare visits in a way that made it easier for people using the service and care workers to develop a caring and understanding relationship. Care coordinators who arranged homecare visits tried to ensure that information about people's preferences and needs was used when allocating care workers to visits. They also took into account where care workers lived as doing so made it easier to arrange for people to receive visits from regular care workers. Care workers we spoke with told us that they usually visited the same people. One explained, "I see regular clients. I get to know them and understand their needs and they get to know me. Most calls I have are local to where I live."

Care workers supported people in a way to make people feel they mattered. Comments from people included, "Before they go they do ask if they can do anything else, like taking the rubbish out", "They're nice and chatty with me." A person told us that on days they felt worried "Staff stay and chat with me and do stuff for me." A relative told us, "My mother is very nervous when the hoist is used. The care workers reassure her."

People using the service were involved in decisions about how their care was delivered. A person using the service told us, "It [delivery of care] was checked out at the start. It was all agreed with me and they [Caring Hands] stick to it." Another person said, "We were involved when it was set up and they did a care plan and checked it with me." People were involved in decisions about the time of home care visits. People told us that those visits were usually at the times they expected. A small number of home care visits were `time critical'. These are when visits need to be made within a narrow time frame when a person needs support with, for example, medicines or meals. People's comments included, "They are usually on time unless the traffic is very bad", "We are happy enough [about care worker's punctuality" and "They are generally on time." People we

Good

# Is the service caring?

spoke with told us they were usually informed if a care worker was delayed. Care workers told us that if they were running late they would contact the office who would then contact the person using the service to let them know. A `log-in' system the provider used meant that care coordinators in the office were able to identify visits that were 15 minutes late and inform people.

People had access to information about their care. They had a copy of their care plan at their home together with records that care workers made during homecare visits. People using the service told us they looked at those records and they were satisfied the notes were an accurate record of the care they received. A person told us "They (care workers) do good notes." Another person told us, "We are kept in the picture".

People felt that care workers treated them with dignity and respect. A person told us, "The care is done with dignity." Another said "They respect me and my house" which was similar to comments several people made. Care workers were discreet. Comments about care worker's conduct included, "They are polite and respectful", "They are professional, they do not gossip" and "The staff do not talk to me about any confidential stuff. They don't talk about me {amongst themselves] They are okay that way." After an occasion when two care workers had talked about someone related to a person using the service during a homecare visit, the provider had taken disciplinary action against those care workers.

Good

# Is the service responsive?

## Our findings

People using the service and their representatives contributed to the planning of their care. They were able to suggest times at which they wanted homecare visits to take place and they had an input into decisions about which care workers supported them. People were also involved in the planning of their care and were able to say how they wanted to be cared for and supported with their personal care routines.

People's care plans included information about how they wanted to be supported. Each person's care plan we looked at was different and personalised. People told us that most care workers looked at their care plans when they arrived and before they began supporting them. A person using the service told us, "The carers do things right. They just help me as I wish." Other people made similar comments to the effect that care workers supported them with personal care in the way they wanted. A person's comment that, "The carers shower me and dry me the way I like" was typical of other comments about personal care. People told us that care workers provided the care and support they expected. People also told us that care workers stayed for the duration of the scheduled calls. A representative comment was, "They spend the full time here." One person told us, "There is no skimping if they are running late" meaning that care workers completed all care routines even if they arrived late and care workers still stayed for the required time.

Care workers we spoke with told us they looked at people's care plans shortly after they arrived at a homecare visit. They told us they also looked at the notes made by a care worker at the previous visit. People also told us, "The note book [care record] is filled in and they read it when they start." Another person told us, "They have a book and fill it in. They make notes." Not every person using the service read the notes but those who did told us the notes were an accurate record of the care and support they received. This was important because it showed that people received a continuity of care from care workers who were knowledgeable about people's needs through reading their care plans and notes. Only two people told us they had not seen care workers read care plans.

People received care that was centred on their needs. People using the service told us that care workers were `attentive' to their needs and provided support in ways that people wanted. A person said about their care, "it really helps me." Another said, "My general impression is that they provide the service I want." A relative told us, "The carers are very good at the care. They alert me of any medical problems [the person using the service has] and I work with them. They have done this a few times."

People's care plans were reviewed by the registered manager or a senior care worker annually or more often if a person's circumstances or needs changed. People were involved in the reviews of their care plan. A person told us, "They do a regular review. They ask me about how things are going." Another person told us that changes were made to their care plan at their request during a review. People used reviews of their care plans to raise concerns with the provider and their concerns were acted upon. For example, changes of care workers and different times of vists were agreed. A person told us that after their care plan was reviewed, a senior care worker made notes for care workers to read the next time they visited the person to alert them to changes to the care plan.

Most people knew how to raise concerns and make complaints. A survey of people using the service identified that five people did not know about the provider's complaints procedure. The provider took action to remind all people using the service about the complaints procedure. Information about the complaints procedure was available to people in information they had about the service. Written complaints were acknowledged by letter then investigated. Most complaints were responded to within 28 days. Complex complaints took longer and where necessary they were referred to the provider's legal team. Eleven of the people we spoke with told us they had no cause to make a complaint. One person who made a complaint about a missed call told us they were satisfied with the provider's explanation of why it happened and had been reassured by the action the provider took. Others told us they were pleased with the care they experienced.

In addition to being able to provide feedback about the service at reviews of their care plans, people were able to provide feedback through an annual survey. The survey included a wide range of questions the responses to which allowed the provider to make an informed view of the quality of the service provided. The results of the most recent survey, concluded in March 2015, were positive.

Good

# Is the service well-led?

## Our findings

People using the service were involved in developing the service insofar as their views about the care and support they received were sought and acted upon. Their views were sought at reviews of their care plans, at six monthly monitoring visits and telephone calls by a care coordinator, and through an annual survey. People we spoke with recalled those things. People told us about `regular reviews', and visits from office staff. A person told us, "They have seen us every now and again. It's one of the ladies at the office who comes to check that everything is okay." People also told us they participated in the annual survey.

People's feedback was mainly positive. The provider had acted on people's feedback. Most actions were reminders to care workers about their practice, for example reminding them to always show people using the service their ID badge; other actions were practical improvements such as allowing care workers more travel time in between calls.

Staff had opportunities to be involved in the development of the service through monthly staff meetings and an annual staff survey. Their ideas and suggestions about how homecare visits were planned and how care workers rotas were managed were acted upon. Care workers we spoke with told they felt the service was well managed.

Staff were supported to raise concerns they had about the service, including what they considered to be unsafe care practice by colleagues. They knew they could raise concerns directly with the registered manager or senior care workers, or anonymously through the provider's whistleblowing procedures.

The provider had a `mission statement' to provide care and support that was `all about you [people using the service]'. This statement was included in a staff handbook and was therefore accessible to care workers. Care workers we spoke with told us that their focus was to provide care that people wanted. They told us that in practical terms that meant trying to ensure that care workers visited the same people at times they wanted and providing care and support that was outlined in people's care plans.

The provider monitored the conduct and professionalism of care workers. This was through observation of care practice and monitoring visits as well as audits of documentation. One such audit identified an instance of care worker's conduct that fell below the standards expected. This resulted in immediate action including a management visit to the person using the service to offer an explanation and assurances that a similar incident would not happen again. We spoke with the person affected who told us they felt the matter had been dealt with well by the provider.

People using the service told us they felt the service was well managed. They had the occasional concern that they did not always know which care workers would visit them, but this was something the provider was addressing. Several people recalled being visited by the registered manager which showed that the registered manager was `visible' and accessible to people using the service. Eight of the people we spoke with told us they would recommend the service to others.

The registered manager understood their responsibilities under CQC registration requirements. They were supported in this regard by a compliance manager who was familiar with CQC guidance for providers about the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The office and service was organised into teams with distinct responsibilities. Those teams worked in a coordinated and supportive way towards ensuring that the needs of people using the service were met. For example, care coordinators used information about training care workers had to ensure only suitably trained care workers visited people with particular needs. Other office staff monitored the `log-in' system to identify late calls and arrange for another care worker to attend to the call.

The provider had procedures for monitoring and assessing the quality of the service. A major part of those procedures relied on feedback from people using the service. The provider had `key performance indicators' (KPI) which set targets for punctuality of care workers homecare visits and people being supported by a core team of care workers. Monitoring systems produced reports of performance against KPIs. Monitoring visits, care plan reviews and an annual survey were used to receive feedback from people using the service and their relatives. The survey included a comprehensive questionnaire that invited people to give their views about the whole spectrum of their experience of the care and support they received. People's responses enabled the provider to make an informed view of people's experience of the service. People's feedback and suggestions were acted upon. In all, 20 improvements were identified and acted upon. Some actions were in direct

Good

# Is the service well-led?

response to feedback from individuals but most were actions to improve the service by making changes to how homecare visits were arranged with an emphasis on trying to ensure that people were supported by a core team of care workers. This showed that the provider was committed to continuous improvement.