Mrs Valerie Randall

Caring Hands

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Caring Hands is a domiciliary care agency (DCA) providing personal care to older people and people with physical disabilities in their own homes. At the time of this inspection 27 people were supported with personal care. 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
Improvements had been made to the audits carried out by the registered manager; however, they did not always record how safety and quality was monitored. The provider's systems had not identified issues we found on inspection with records. Care records relating to people's health did not always reflect the care being delivered. Improvements were required to ensure the information contained within people's care records was personalised, consistent and accurately reflected peoples current care and support needs. Staff were knowledgeable about people's needs and people's safety had not been impacted.

People could not be assured their personal information was being shared securely. Staff communicated information between themselves in real time through an electronic application on their personal mobile phones. The provider had not ensured this process was secure or considered people's rights to confidentiality and data protection. The registered manager took immediate action to stop this practice at the time of the inspection.

Improvements were needed to ensure people were involved in all aspects of their care and were supported to express their views.

People said they felt safe and were protected from harm. A person said, "I feel very safe. They are very good at making sure you feel cared for. They are very helpful." Staff had a good understanding of what safeguarding meant and the procedures for reporting any issues of harm to people. All the staff we spoke with were confident any concerns they raised would be followed up appropriately by the registered manager.

There were enough staff to care for people safely, with staff and people using the service telling us current staffing arrangements were sufficient. Staff said their rotas were well managed, with sufficient travel time between each care visit. A relative said, "They (staff) are always near to being on time, give a few minutes here or there. Very good at providing the same staff which is handy. It means we get to know them." The staff recruitment procedures ensured appropriate pre-employment checks were completed to ensure only suitable staff worked at the service.

Medicines were managed safely by trained staff. Effective practices were in place to protect people from infection. Staff received supervision and appraisals to support them in their role and identify any learning

needs and opportunities for professional development. A person said, "They (staff) are skilled. I feel comfortable with what they know. If there is any doubt they always ask the questions. They do, without sounding over the top, but they know what is expected and they know how to do it."

Senior staff carried out spot checks to monitor the quality of the service provided and to seek the views of the people who were supported. A person said, "I am very happy with the service, it is difficult not to overstate the situation, whatever they do for me is very good." People had a choice of meals and told us they had plenty to eat and drink.

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.

People received appropriate healthcare support as and when needed and staff knew what to do to request assistance. Complaints were investigated and managed appropriately in line with the provider's policy.

The service worked in partnership with other agencies to ensure quality of care across all levels. People, relatives and staff were encouraged to provide feedback about the service. There was a culture of openness and transparency. Staff were positive about the management and leadership of the service.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 18 January 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of one regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last two inspections.

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified one continued breach in relation to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not established systems and processes to audit and monitor the safety and quality of the service provided.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.
Details are in our safe findings below.

Good

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good

Is the service caring?

The service was not always caring.
Details are in our caring findings below.

Requires Improvement

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement

Caring Hands

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 Care Act 2014.

Inspection team
This 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 10 January 2020 and ended on 15 January 2020. This included phone calls to staff, people and relatives. We visited the office location on 10 January 2020.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch, the local authority and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with seven staff including the registered manager, community care manager, care coordinator and four care workers.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

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. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● Risk assessments relating to people's specific health conditions varied in completeness. Guidance was not always provided to ensure staff knew how to mitigate these risks. People's safety had not been impacted and we have covered the inconsistent documentation of risks to people in the well-led section of this report.

● The staffing team were well established. People and relatives said they felt safe and the quality of care delivered was safe. A relative said, "The service [person] receives is very good. The carers are wonderful. There is no question over safety. I wouldn't allow the service to continue if I felt [person] wasn't safe."

● Risk assessments which were completed included eating and drinking, moving and handling and for supporting personal hygiene. These were based on individual needs and were updated monthly or more often, when needed. Staff said these provided them with enough guidance to support people safely.

● Before a person received a service, an assessment of risks in their environment was undertaken. This was to identify potential hazards in the person's home, such as uneven floors or with electrical appliances, and to look at ways to minimise risks.

Systems and processes to safeguard people from the risk of abuse

● People felt safe with the staff who supported them. A person said, "I feel very safe. Everything they do puts me at ease."

● Staff had received training in how to safeguard people. Staff knew what signs to look for to keep people safe from harm or abuse.

● Up to date procedures were in place for staff to follow. Staff had identification badges to identify themselves, so people could be assured they worked for Caring Hands.

Staffing and recruitment

● Staffing levels were specific to individuals. People said staff were punctual and always stayed for the allotted time. If staff were delayed, people said they were contacted by telephone for further updates. A person said, "The (staff) are always on time, or certainly within five minutes. If they are going to be late they give me a ring. Sometime hold ups are unavoidable. But the office is very good at communicating."

● The scheduling of calls meant staff had sufficient travelling time and this ensured people received their calls on time. An on-call service was available should people experience any emergencies or staff required support.

● Recruitment procedures were safe. Staff underwent a Disclosure and Barring Service (DBS) check before commencing employment. The DBS check helps employers make safer recruitment decisions in preventing unsuitable potential staff from working with people.

● People were introduced to new staff before they started to provide support. The registered manager said they always ensured people using the service met their care staff before they started supporting them. People confirmed new staff were introduced by the community care manager to support continuity of care. People said this provided them with assurances of who would be working with them.

Using medicines safely

● The service safely supported people with the administration of medicines.

● People said they were happy with the support they received to take their medicines.

● Care plans and risk assessments described the support people required to ensure medicines were administered safely. People who required medicines on an 'as needed' basis had a written plan to ensure staff knew how and when to administer them.

● We looked at three medication administration records which were all completed accurately with no missing signatures. Records showed, and staff confirmed, they received training to administer medicines safely. Observations of staff competence were carried out annually.

Preventing and controlling infection

● People were protected from the prevention and control of infection. Staff were provided with protective clothing such as gloves and aprons and there was information in people's care plans about the prevention of infection.

● Staff were trained in infection control and there was a policy and procedure in place which staff could access. Staff demonstrated a good understanding of how to prevent the spread of infection. For example, staff washed their hands before and after supporting people with their personal care.

Learning lessons when things go wrong

● Incidents and accidents were reviewed to identify any learning which may prevent a reoccurrence. The time, place and any contributing factor related to any accident or incident was recorded. This was to establish patterns and monitor if changes to practice needed to be made.

● For example, as a result of a person experiencing regular falls, the management team, with the persons consent made a referral for an occupational therapist to do an assessment of the persons mobility needs. A new piece of equipment was put in place that allowed the person to sit while transferring. This has resulted in the person no longer experiencing falls and being injured.

● A relative said, "I think the service we receive is very good, in fact excellent. It wasn't safe to begin with, not because of the staff but because [person] had a few falls. They helped so much with this and helped us to get some equipment. [Person] doesn't have falls anymore because of the equipment."

Good

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection we recommended the provider to identify key areas of training they expected staff to undertake to support the knowledge and skills required for their role. We also recommended the provider reviewed their training policy and keep accurate and up to date records of training to ensure effective systems were maintained and staff are competent in their role. At this inspection the provider had actioned those recommendations.

● Improvements had been made to what training was made available to staff. Training was ongoing and a system to ensure all staff completed essential training each year was in place. Staff said the training provided gave them the skills and knowledge to undertake their roles.
● A person said, "(Staff are) very skilled, they know I could fall, and they are trained to help me in this area. That does give me assurances that they know what they are doing. They have never given me a reason to think they are not well trained." A relative said, "They (staff) know what they are doing, and the senior staff are very good at supporting, mentoring and training the newer staff."
● Improvements had been made in how staff were competency assessed when administering medications. The system was more formalised using a nationally recognised assessment tool completed by the community care manager. This was completed annually for staff.
● New staff continued to complete a comprehensive induction and worked alongside experienced staff to get to know people. Where staff were new to care, they completed the Care Certificate, a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well. A person said, "I know they have a period of induction before being let loose onto us folks. They are shadowed by more experienced staff or even the manager. I think that's really good."
● Staff continued to have supervision twice a year. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed as well as considering any areas of practice or performance issues. Staff said they found these meetings useful. Staff said they could get any support they needed by telephone or visiting the office, they described an open-door policy where support was readily available to them.

Ensuring consent to care and treatment in line with law and guidance
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 Act requires, 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.

● Records had not been maintained for people who had an appointed Lasting Power of Attorney (LPA's). This was for people's finances and for health and welfare. When a person lacks capacity, these are individuals who have the appropriate legal power to sign consent forms on behalf of the person. At the time of our inspection the registered manager said no one using the service lacked capacity to make decisions regarding their care and treatment. We have covered the inconsistent documentation to people in the well-led section of this report.

● Staff followed the principles of the MCA and people's consent was sought in advance of care being provided. All staff we spoke with explained they had received training in the MCA and always presumed people were able to make their own decisions. Staff said they would always obtain a person's consent before carrying out any care. Staff knew to offer people choice and what to do in the event they refused care.

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

● People confirmed they were offered choices, and their consent sought before they received personal care.

● Assessments of people's needs included protected characteristics under the Equality Act 2010. For example, people's marital status, religion and ethnicity were recorded. This is important information to inform staff and to prevent the risk of discrimination. This ensured staff were made aware of people's diverse needs and could support them appropriately.

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

● People continued to receive the support they needed to manage their dietary requirements. People's likes and dislikes were recorded in their care plans. People and their relatives said staff responded to their individual dietary needs and choices. A relative said, "During the visits they make [person] a cup of tea and support them to make their own food. [Person] has their routine (around the preparation of food) and they (staff) respect this. They know what food [person] likes and doesn't like."

● Staff informed us they had completed food and hygiene training to ensure they were confident with meal preparation.

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

● People were supported to live healthier lives and were supported to maintain good health. The service worked alongside GPs, district nurses and other health care professionals. Staff knew to contact the district nurse if a person's skin integrity had deteriorated. A relative said, "They (staff) recently contacted the district nurse when [person] had a cut on the toe. This resulted in [person] getting the care they needed."

● Where assessed as required, records contained detailed 'My Care Passports' which included personal details about people and their healthcare needs. Information was updated, and the document could be taken to hospital or healthcare appointments to show healthcare professionals how people liked to be looked after.

● The community care manager said each person had a 'Pink Communication Sheet' in their home which was used by staff, relatives and other health and care professionals to exchange information and ensure any changes to care were communicated. We were shown examples of these records.

Requires Improvement

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- The management team and staff did not always consider or respect people's right to confidentiality. Information was not always shared securely. The providers website stated, 'We will provide you with a professional, quality, confidential service, respecting your dignity & privacy.' Our findings did not fully support this.
- People's care plans were stored in people's homes and on a password protected computer in the office. The registered manager said they had also been using their mobile phones to share information about people's needs through an unprotected mobile application and through emails to staffs personal email account through a weekly memo. This method of communicating and sharing information about people was not secure.
- The information being shared between the management team and staff, identified people by their first and last names, the medication they were being prescribed and changes, the diagnosis of their health needs and their proposed treatment and guidance for staff to follow.
- In response to our concerns about how the information could be potentially accessed by others, the registered manager gave assurances they would stop using the mobile app. Staff confirmed on day two of our inspection the group had been informed they couldn't share personal information relating to people being supported. A staff member said, "I had never thought about the confidentiality aspect, we have always raised issues on there. We used to receive text messages on our phone, it was easier to have (the mobile app) to include all the team. On Friday we were told, not to use the (mobile app) for sharing information about people, but use it only for asking for help, rotas and for team support." Another staff member said, "We need a better form of communication. The emails and messages do break confidentiality."
- After the inspection the registered manager said, information needing to be shared with staff would be communicated via email, stating 'in depth explanation will be communicated to staff via email in an encrypted password protected document.' They provided further assurances by stating, 'We plan to prepare a document for our carers to sign regarding keeping all information confidential and destroying/deleting any Caring Hands documents/correspondences from their phones/computers on a regular basis. We will ask for written confirmation that this has been completed monthly.'
- We did not have assurances the registered manager had fully considered the implications of the information already shared, and whether they would check with the 'Information Communication Office' (ICO) to establish whether there had been a breach of the General Data Protection Regulation (GDPR). The providers privacy statement states, 'If you believe that Caring Hands have not complied with the requirements of the GDPR or Data Protection Act 2018 with regards to personal data, you have the right to lodge a complaint to the Information Commissioner's Office.' The providers privacy statement did not

include, what action they would take if they did not comply with their own values. Whilst it is recognised the provider has taken appropriate action to prevent this happening again it is an area of practice that needs to be improved and sustained.

● Staff described how they supported people's privacy and dignity. This included giving people private time, listening to people, respecting their choices and upholding people's dignity when providing personal care. A relative said, "They are very mindful of [persons] dignity and I cannot fault them in how they provide personal care."

● Staff supported people to maintain their independence. A staff member said, "Making sure we don't take over, it's important we encourage them to do that they can do. Build on their confidence. For example, one person can still walk, are mobile but there is a risk of them falling. We need to hold their hand to offer reassurance. If their foot turns a certain direction, encourage them to move it to a safer direction." Care plans included details of the level of support people normally required with personal care tasks. Records showed people were encouraged to do as much for themselves as possible.

Supporting people to express their views and be involved in making decisions about their care

● People were not always supported to express their views and be involved in the decision making of their care and treatment.

● Overall people were involved in making decisions about their care. We saw where a person had the capacity to consent they had usually signed their care plan to show they had agreed with the planned support. The community care manager had consulted with a person's relative about their ongoing care and not the person. Between the relative and community care manager they made the decision the person was to remain in bed. The person had not been supported to express their view and was not involved in this decision. Based on our feedback the care manager arranged for the person's views to be obtained and included in their care plan. The care manager agreed to ensure the person was informed of the risks of staying in bed for example how their skin could be impacted. The care manager gave assurances the person's occupational therapist would be liaised with if the person agreed to look at other options to promote the persons mobility. This was in response to our feedback.

● People and relatives, we spoke with said they had been involved in developing their care plans and they were consulted about their care. A person said, "I am very involved. We always discuss things, if they want to introduce things new or change things they talk to me. We agree on my care and support needs." Care records showed people had participated in reviews of their care.

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

● People said they felt care workers who provided their support were kind, nice and caring. A person said, "They (staff) are kind and caring. They take direction from me and how I like things done. I am quite happy with them." Another person said, "They (staff) are very caring. Lovely girls. We always have a joke together and they create a great atmosphere." A relative said, "They (staff) are very kind to [person]. The staff are all very good."

● Staff had received equality and diversity training and the provider had an equality, diversity and human rights policy, which set out how to support people, and staff, from diverse backgrounds. Staff demonstrated a good understanding of this training and were able to give examples of how they ensured people were not discriminated against and were treated equally.

● Care plans included a section on people's cultural, religious and gender preference of carer. Where people preferred to have a certain carer, this had been facilitated. This showed the provider tried to meet people's preferences in a caring and kind manner.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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 received personalised care in line with their preferences, interests and needs. The quality of care plans was inconsistent in terms of the quality of information recorded. The majority of care plans we reviewed contained high levels of good, person centred detail, other care plans did not. We have covered this in further depth, in the well-led section of this report. A staff member said, "(Person centred care) It's about people having their own personal care plan, care should be delivered in a person-centred way, catered for each person and not in unity. Each person has different needs, preferences and wishes. These should be planned for and respected. We may not have it always written down, but we do deliver this. Because we know the people we support."

● People and their relatives said they had not been impacted by this and felt they received a personalised service. A person said, "They (staff) know me, they take the time to talk to me, about me and my life. They address me by my preferred name. I couldn't manage without them now." A relative said, "The care provided is absolutely beautiful. We are involved in the care plans kept in our home, they fill in a form every time they come at the end of their visit and if there are any queries I can always look the information up by looking at those notes." Another relative said, "The staff I have met are very nice and approachable. I think they do little extra things that maybe they wouldn't have to do, and I know [person] is appreciative."

● From our conversations with care staff, it was clear they knew people well. A staff commented, "(Peoples preferences) Are in their care plans. You also get to know the person and the way they like things done. How they like their hair styled, what make up they like, what things they can do for themselves." Another staff member said, "(Peoples likes and dislikes) A lot of them are in the care plans and you ask. You get to know. [Person] likes all their stuff next to them on their table. [Person] has a tissue box, the remote control and their phone. You only know that by going in and seeing them. This way [person] can still talk to people and contact people, change the channel and be more entertained. These small things are really important and are big things for the person that can make the difference between have a good day to having a bad day."

● Staff completed hand written daily records at the end of each care visit. These records were informative and included details of the support provided, any changes in people's needs alongside a record of staff arrival and departure times.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● During the initial assessment stage, people were asked if they needed information presented in a

particular format. The registered manager said that no person to date had needed different formats.
● The registered manager said if people needed information in any other format they would accommodate this. Care plans instructed staff whether people wore glasses and how to keep these clean. This meant people were supported effectively.

Improving care quality in response to complaints or concerns
● Complaints were managed in line with the provider's policy. There had been no formal complaints since the last inspection. People said they were confident any issues they raised would be listened to and acted upon. A person said, "I cannot fault them. I have never needed to make a complaint. They are very good. I am very lucky." Another person said, "I would get hold of the boss lady if I wanted to make a complaint but have never needed to before."

Requires Improvement

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. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

Since the last inspection, the provider who was also the registered manager stepped back from their role in September 2019. The office manager then applied for their registration with CQC and was successful on 26 September 2019. During the inspection and after, the registered manager demonstrated commitment towards the service and its progression. The registered manager showed us their plans for an overhaul of the care planning format, policy and procedures, implementation of team meetings and demonstrated an eagerness to know the CQC regulations better. The registered manager recognised the service was not where it should be to be compliant with all of the regulations and stated they needed more time to make the changes and embed the best practice being implemented.

At the last inspection the provider had not established systems and processes to audit and monitor the safety and quality of the service provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

● The provider's systems had not improved enough to effectively monitor quality and safety across areas of the service. They had not identified the issues we found with risk assessments and LPA's records. They failed to identify weekly memos emailed to staffs personal accounts and how the use of a mobile application could have put people's personal information at risk of not being kept confidential.
● Some risk assessments did not clearly outline the risks to people and how these risks were being managed by staff supporting them. While staff understood people's needs and supported them safely, these were not always clearly recorded.
● For example, a person's daily record indicated carers had to help dress a wound and clean 'sore areas' being overseen by a district nurse. Another person's daily record indicated they had been given a piece of equipment to use to aid transferring. Daily records also indicated a person was experiencing seizures. There were no care plans or risk assessments in place which provided guidance to staff on how to support these areas of assessed need.
● Some people had bed rails in place, and for one person, staff were instructed to always put them in the up

position whilst person is in bed. These people did not have risk assessments in place to assess if there was a risk of people getting caught within bed rails and what measures were in place to mitigate this risk. There was a recent example of a bed rail being reported to the office as faulty and action was taken the same day to ensure it was safe to use. However, risk management of the bedrails on who was responsible to keep them in good working order was unclear.

We found no evidence people had been harmed, and risks were also mitigated by staff knowledge. However the registered manager had failed to maintain securely an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection. The registered manager sent us action plans detailing the action they had taken and were planning to take to ensure people were receiving safe care, responsive to their needs. These included meeting with people and compiling health risk assessments and care plans. Ensuring people with bedrails were also met with to check the general standard of them, check who was responsible for the maintenance of them and to ensure they were also risk assessed.

● The registered manager had made improvements to other auditing systems, resulting in the robust management of medicines, accidents, incidents and safeguarding referrals. Accident and incidents were now audited, meaning the registered manager had effective oversight of what was happening. This meant they were able to identify trends and recognise any potential issues. Improvements had been made to the staff's training plan. This had helped identify training requirements to support staff to gain and develop their knowledge and skills relevant to their roles. Although actions were recorded that had arisen out of any issues found, the audits did not clearly indicate when or how the actions would be followed up. This is an area of improvement.
● The rating awarded at the last inspection was on display at the office and on the provider's website.
● The community care manager carried out spot check visits to people's homes to observe the care practice delivered by staff. These were carried out to ensure staff were effective in carrying out their role, this included assessing if staff arrived on time for each visit, followed good infection control procedures, respected people's privacy and dignity and followed the care plan. Records and staff confirmed this.
● Staff were clear about their roles and responsibilities. They were able to tell us they included being person centred, supporting independence and respecting diversity. Staff said they made sure they followed these values when they supported people. New staff had been inducted to fully understand the service's aims and objectives.

At the last inspection the provider had failed to submit notifications for the death of a person that had been receiving a service and of an incident of alleged abuse. This was a breach of regulation 16 and 18 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection the registered manager demonstrated their understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The registered manager had not always created a positive culture to formally plan good outcomes for people to achieve. There was a heavy reliance on care staff reading weekly memos, reading through

information on a mobile device or reading communication sheets in people's home to know how to support people's needs.

● The registered manager said, "If we had to update care plans when needs changed, we would be doing this every day, all of the time." There was a failure to empower people through proper assessment, care planning and risk assessment to plan goals and measure outcomes with people.

● Staff said they worked within a caring and supportive team where they were valued and trusted. Staff were motivated and proud of the service. A staff member said, "I love my job, being there to support people and helping them stay at home and making them happy." Another staff member said, "I can make someone's day a little better by being there for them and that's great for me."

● People said they were pleased with the service. People and relatives said they would recommend the service to others. A person said, "I would recommend them to anybody. Having them, means I stay at home. This is all I want." Another person said, "I would recommend Caring Hands and I have done on many, many occasions. It is something I regret having to need. But they always make it as pleasant as they can for me. Their motto is always, what can we do to help." A relative said, "I would recommend the service, it provides me with rest and gives [person] the opportunity to speak to other people."

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

● The registered manager had a good understanding of their duty of candour requirements. The registered manager said, " It's about being transparent and being honest, making people aware if anything has happened, that they need to be aware of and any kind of stakeholder, relatives and professionals." Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

● Staff knew how to whistle-blow and how to raise concerns with the local authority and with CQC if they felt they were not being listened to or their concerns acted upon.

● Policies and procedures included disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

● Staff said they were given opportunities to share ideas and make suggestions to improve the service at supervisions and as and when they wanted to.

● People's feedback was regularly sought through reviews, 'spot checks' and telephone calls

● Feedback from people and their relatives about the quality of the service was also sought through annual survey questionnaires. The results of the survey in October 2019 had only recently been received, so had not yet been shared with people and staff. People responded overall carers were friendly, people were satisfied with carers timekeeping, carers treated people with respect and dignity, knew how to make a complaint and found office staff friendly. Comments included, 'I cannot speak to highly of all the carers. So kind and gentle, to me as well! Very much loved and appreciated,' 'The office staff go out of their way to help and please us with our requests,' 'The carers are all well trained,' 'We have found all staff at Caring Hands to be kind caring, conscientious and professional at all times. The company has always managed to accommodate us when we have had to change our arrangements due to hospital stays etc. We are very happy with the service provided.'

Working in partnership with others

● The service worked in partnership with other organisations to support care provision. For example, the local district nursing teams, GPs and occupational therapists. This was to meet and review people's needs. For example, for the arrangement of essential equipment being delivered to people's homes to enable them

to remain in their homes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. (1)(2)(c)