

Mrs Valerie Randall

Caring Hands

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 27 April 2016 and was announced 48 hours prior to the inspection taking place. Caring Hands is a domiciliary care agency providing personal care and support to people living in their own homes in and around the Horsham area of West Sussex. At the time of the inspection approximately 35 people were receiving a service. The service was provided to adults and the majority of people using the service were older people. The service also supported some younger people with physical disabilities. The registered provider was managing the service on a day to day basis. Registered providers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported to remain safe. Staff had received training and understood how to recognise signs of abuse and how to report any concerns. Procedures for managing medicines were safe, staff had received training and understood how to support people to have their medicines safely. Risks to people were identified and managed and staff told us that having comprehensive risk assessments in place helped them to provide care safely and to support people to take positive risks. People told us they felt safe and that they had trust in the staff supporting them. There were sufficient staff to cover all the visits and people told us they had regular carers who came on time and stayed for the expected duration of the visit. One person said "They are always the same carers unless they are sick, they let me know if there are any changes."

Staff were well supported and had received training to equip them with the knowledge and skills they needed to meet people's needs. One staff member said "They really care about the staff, we are really well supported." New staff received a thorough induction and all staff received observations of their practice to ensure they were delivering care effectively. A relative told us that they had confidence in the skills and abilities of the care workers saying "I was able to go away for a weekend for the first time in the knowledge that they would be content and unafraid." Some staff had received training specific to the needs of people they were supporting, an example of this was for someone who required a specialist technique to receive their food, fluids and medication.

People were supported to have sufficient to eat and drink and staff were proactive in recognising risks or needs associated with nutrition. People told us they were happy with the support they received, one person said "The carer warms the meal for me and cooks fresh vegetables, they always set it out nicely, I'm fussy about that." Staff supported people to access health care services and had developed good links with local services.

People's consent was being sought in line with the Mental Capacity Act 2005 and staff were aware of their responsibilities with regard to this legislation. People told us they were very happy with the care they received and described the care workers as patient, caring and kind. Staff spoke about the people they were supporting in a caring and compassionate manner. People were treated with dignity and respect and felt their views were listened to. One person said "I am never made to feel a bother," another person told us "They treat me with great respect and kindness."

Care plans were developed with the involvement of people and their relatives and reflected their individual needs and preferences. Staff knew the people they were caring for well, one staff member said "It's the detail that's important, knowing that someone likes their bacon crispy and prefers bread and butter to toast, that's not in their care plan but you just get to know them." People told us that they felt confident that any concerns or complaints would be listened to and acted upon and that they knew how to raise such matters. One person said "Contacting the agency is always quite simple and easy, they do listen."

The service was well led and the registered provider was regarded highly by people and staff, one person said that the provider was "Helpful, understanding and cheerful," a staff member said "It's the best agency I have worked for." There were systems in place to monitor the quality of the service and there was clear commitment from the provider and staff to deliver the objectives set out in their statement of purpose, 'To enable people to live at home safely and independently with the best quality of life.' The provider maintained an oversight of all aspects of the service and was knowledgeable about people's needs and risks associated with providing their care. Feedback from people and relatives was encouraged and valued and there was a robust complaints process in place. Staff described an open culture where learning from incidents and experiences were used to drive improvements. One staff member said, "We are a very happy, chirpy team, there's no moans, only learning from each other."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were safeguarded from the risk of abuse. Staff understood how to recognise and protect people from abuse and knew how to report any concerns.

There were sufficient numbers of staff and recruitment procedures were robust and ensured staff were suitable for their role.

Risks to people were identified and managed effectively. Medicines were administered safely by staff who had been trained and were assessed as being competent.

Is the service effective?

Good ●

People received an effective service.

Staff were supported with induction, supervision and training to equip them with the skills and knowledge to provide care effectively. Staff understood the necessity of seeking consent from people and acted in accordance with the MCA.

People were supported to have enough to eat and drink. Nutritional risks and needs were identified, monitored and managed including people with specialist dietary requirements.

Staff understood and recognised changes in people's health and supported them to access health care services and to receive on-going healthcare support.

Is the service caring?

Good ●

People were supported by caring staff.

Staff had developed positive relationships with the people they supported and knew them well.

People were encouraged to express their views about how care was delivered and staff responded proactively.

Staff maintained the confidentiality of people's personal information and people's privacy and dignity was respected.

Is the service responsive?

Good ●

People received a responsive service.

People's needs were assessed and regularly reviewed and they received care based upon their needs and preferences. Staff were proactive in recognising and supporting changes in people's needs.

People received a personalised service and staff were flexible in their approach to ensure people's choices and preferences were respected.

People knew how to complain and they were encouraged to share their views regularly.

Is the service well-led?

Good ●

The service was well-led

The values of the service were well embedded and staff were committed to providing good quality care.

The service was well managed by the provider who actively led and supported the staff team.

There was good oversight of the service and robust processes in place for monitoring the quality of care provision and for seeking feedback in order to continuously improve.

Caring Hands

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 April 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager and other staff were available to speak to us on the day of the inspection. The inspection team consisted of one inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service including previous inspection reports, any notifications (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. The provider had submitted a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This enabled us to ensure we were addressing relevant areas at the inspection.

We spoke to 17 people who use the service and five relatives over the telephone. We spoke with four members of staff and the registered provider. We looked at a range of documents including policies and procedures, care records for people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information including recruitment, supervision and training information as well as team meeting minutes and we looked at the providers systems for allocating care visits and other information systems.

The last inspection of Caring Hands was 17 July 2014 when there were no concerns.

Is the service safe?

Our findings

People and their relatives told us that the service they were receiving helped them to feel safe living at home. Their comments included, "The care workers are good, honest people and I feel safe with them," and "I am very content, I feel safely cared for," and "They are all nice people, I trust them."

Risk assessments were thorough and identified hazards and how to reduce or eliminate the risk. For example an environmental risk assessment included analysis of the condition of flooring, carpets, or rugs and considered whether they presented a risk of trip, slip or fall for either the person or the staff member. Other potential obstacles such as furniture were also considered as well as the lighting and sufficiency of space in the room to carry out the tasks identified. This meant that risks to individuals were identified and well managed so staff could provide care in a safe environment. Staff told us that they talked through the risks with the person to ensure that they were happy with any suggested changes that would reduce the risk.

Staff had a good understanding of how to support people to be safe in their homes whilst maintaining their ability to be independent. One staff member told us about a person who had been identified as being at high risk of falls, they explained how they supported them to remain as independent as possible saying, "We have made the environment as safe as possible and we have spoken about the risks and the potential consequences if they do fall. The family are supportive and understand their need to remain independent. We agreed to pop in more regularly and we always make sure there is enough time so they never have to rush. They understand the risks and it's their choice so we support them as much as possible and try to minimise the risk by leaving things in easy reach, especially the telephone."

People told us they felt safe and secure with the care workers, one person said, "Why shouldn't I be safe? The carers are all good." Staff had the knowledge and confidence to identify safeguarding concerns, they were able to give examples of different types of abuse and how they might recognise signs as well as describing the actions they would take to keep people safe. One staff member told us about an occasion when she suspected a person was being targeted by an unscrupulous trader, "They were anxious and worried all the time and it was to do with phone calls they were getting from a company so I suggested that we speak to someone about it and the phone calls stopped." The provider had a safeguarding policy and records confirmed that referrals had been made appropriately to the local authority. Incidents and accidents were recorded and actions taken to ensure lessons were learned. For example, an error had occurred with a person's medicines and they missed a dose due to an incorrect time on the packaging. This was noticed and reported as an incident. Following an investigation the times on the packaging were amended and made clearer to ensure there was no repeat of the error.

People told us that there were enough staff to cover their visits and they had regular care workers, one relative said, "They are always the same carers unless they are sick, they let me know if there are any changes." Visits were scheduled to regular care workers and we saw that there were systems in place to reallocate calls to cover both planned and unplanned absence. Staff told us that there was never any problem with covering the work and that all the care workers were able to be flexible and pick up additional

calls if required to do so. We saw no evidence of missed calls and people told us that the service was reliable. People told us they received their calls at the expected time and that care workers stayed for the planned duration of the visit. Office based staff covered visits too if necessary and the provider told us that she liked the opportunity to have face to face contact with people regularly. There was a robust recruitment process in place. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work in the care industry.

The service has policies and procedures in place to support staff to manage people's medicines safely. Training records confirmed that all staff had received medication training and staff were able to give a detailed description of the process they went through to administer medicines. People told us that they were happy with the support they received to manage their medicines. One person said, "I manage my own medicines but the care worker picks them up from the chemist for me and checks they are all correct," another person said, "The carers collect my meds for me and supervise me taking them, they are very tactful." A relative said, "After only a few weeks I know I can trust them (care workers) with the medication, they always make sure (my relative) has taken what she needs and complete the care plan every day." Medical Administration Records (MAR), confirmed that people's medicines were documented correctly and administration of medicines and application of creams had been recorded appropriately. Observations were also carried out by the provider or senior care workers to ensure that staff continued to manage medicines safely.

Is the service effective?

Our findings

People spoke highly of the support they received from the care workers, people's comments included "They are excellent," "Efficient," and "We are highly delighted with the care workers."

Staff told us they were well supported in their roles and had access to training to develop their knowledge and skills. One staff member described their induction period, saying, "I felt completely supported, so different to other places I have worked, there was formal training and I was able to shadow an experienced care worker for two weeks until I said I felt comfortable to go out on my own. They really care about the staff, we are really well supported." Other staff members said that they had completed training specific to the needs of people they were supporting, for example some staff received training in administration of eye drops to enable them to support people who could no longer manage this themselves. The provider arranged some mandatory training at specific times during the year so staff could make arrangements to attend, they explained, "Many of the staff have other commitments outside work and it makes it easier for them if they can update all their training at one time." A relative told us that they had confidence in the skills and abilities of the care workers saying "I was able to go away for a weekend for the first time in the knowledge that they would be content and unafraid."

Staff had supervision once 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 told us that they found these meetings useful. The provider said that as well as formal supervision staff had at least one observed visit annually where their performance and competence was assessed. They said that if there were concerns about any aspect of staff performance they would increase the level of support. Staff told us that they were able to get any support they needed by telephone or visiting the office, they described an open door policy where support was readily available to them. One care worker said, "If I am finding a call difficult for any reason I can phone the office, they are always available to talk things through." One care worker described a time when they needed some support, "I was struggling and the office staff changed things round for me saying, 'You are important too!' The support I had was amazing."

Communication between care staff and staff in the office was good. Staff were sent some messages by text and there was a system in place to monitor this. Other changes were communicated by telephone or through a weekly update that was sent out with timesheets. Staff told us that each person had a 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. The provider said that district nurses and GP's had commented on how useful this system was in maintaining clear communication between all parties involved in a person's care.

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 that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best

interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff had an awareness of the principles of the MCA and told us about how they gained consent from people saying, "I always ask and check if people would prefer to do something themselves. If they are refusing something then I would respect their wishes and try again another day." Another care worker explained, "We have got to assume people have capacity to make their own decisions, if I was worried that they might come to harm I would try and encourage them to think again, point out the dangers and risks but if they understand and know the risks then it's their choice, I would report it to the office though." The provider told us that there were currently no people receiving a service who had not got capacity to consent to their care and treatment. However they were able to describe the process that would be followed if it was necessary to undertake a mental capacity assessment and make a best interest decision on behalf of someone who lacked capacity. There was a training session booked the following week on MCA for all staff.

Some people told us that staff supported them with their food and drink. One person said, "They help me with my breakfast every day," another said "The carer warms the meal for me and cooks fresh vegetables, they always set it out nicely, I'm fussy about that." People said that carers always offered to make drinks for them before leaving. Some people had specific dietary requirements, such as a special diet for diabetes or malnutrition and records showed that staff had supported people effectively with these needs. For example when care workers became concerned that someone appeared to be losing weight they contacted the district nurse for support and advice, as a result a monitoring chart was put in place with target amounts for fluids to prevent dehydration. The provider said that this was monitored regularly and staff were able to support the person to increase their fluid intake on a daily basis.

Eight staff had received specific training to be able to administer food, fluids and medicines through a Percutaneous Endoscopic Gastronomy (PEG) tube. This is a tube that passes directly into the stomach so that food, fluids and medicines can be given without the person swallowing them. PEG tubes are used for people who have swallowing problems or who are unable to take enough food or fluid to meet their nutritional requirements. The care plan included detailed instructions for staff in how to administer the food, fluids and medicines and how to ensure the PEG feed system remained in good order. There were systems in place to ensure that only those staff who had been trained and were competent to manage the PEG tube were able to provide these visits. Staff said that the training had been clear and had given them confidence to undertake the task and that they could access support from the community dietician if required.

There were numerous examples of staff supporting people to access healthcare services when needed. Records showed that appropriate referrals were regularly made to GP's, district nurses and dieticians. This showed that staff were supporting people to access services when there was a change in their health needs. For example a member of staff described how they had contacted a community occupational therapist for advice on how best to support someone whose mobility had deteriorated. This enabled staff to support the person effectively and increased their confidence when moving around.

Is the service caring?

Our findings

People and their relatives described the care workers as patient, caring and kind. Their comments included "This agency is brilliant, we have a very good relationship, the carers are respectful and caring," and "They are all pleasant and kind, I have no complaints at all," and "I am never made to feel a bother."

People were happy with the care they received, and said they had regular care workers who knew them well and treated them with kindness. More than one relative told us that their loved one had become attached to the care workers and looked forward to their visits. Staff said they knew people well and spoke knowledgeably about the history of the people they were caring for, examples included "They travelled around Europe on a motor bike when they were younger," and "One person was in the army, he likes everything just so," and "Family is really important to them, they have a supportive family who are very involved."

People told us that they had developed good relationships with the staff saying, "They have always been extremely helpful," and "They have a good sense of humour, I would recommend them to anyone in my situation." People said that they felt that the staff listened to them and respected their views, one person said, "They help me to get up and bathe and they treat me with great respect and kindness." Staff told us that they actively involved people in making decisions about their care. One member of staff explained, "It's important that people feel in control, I always remember that I am a guest in their home, when I first meet someone I ask them how they prefer to be addressed and make sure I always call them by the name they prefer." Another staff member said "Sometimes people ask us to do things that are not in the care plan, if it's reasonable and we have enough time I will do it, I tell them "You're in charge, it's what you want that matters."

We saw that arrangements for allocating visits were influenced by the wishes of people using the service. A member of staff told us that they had discussions with people and their relatives regarding how best to arrange their visits, saying "We listen to their views about what would work best and try and ensure that their visits reflect this. For example, we look at the times of calls and ensure they will work for the person, if someone is used to eating their main meal at mid-day we need to try and accommodate that. We try and match care workers, we had a client who was very quiet and anxious, they were reluctant to receive care but knew they needed the help. It was important that they had a care worker who would take a quiet, gentle approach and we made sure we took that into account when planning the visits." We asked what happened if people didn't get on with their allocated care worker, staff told us "Sometimes people just don't gel, then we change things around, we don't want anyone to feel uncomfortable with their care workers." People told us they were happy with their care workers, and that they were "pleasant," "kind" and "good workers."

The service had a policy and clear guidelines for staff on keeping people's information confidential. Records held at the office were stored securely. Staff demonstrated that they were aware of their responsibilities in maintaining people's privacy and in keeping their personal information confidential. One staff member said, "Keeping information confidential is very important, one day a person I care for noticed one of our care workers visiting a neighbour and they asked me about it, but I had to tell them that I couldn't talk about it."

Another staff member said, "People confide in you sometimes, it's so important that they can trust you not to speak to anyone else about their business." Records confirmed that care workers were respecting people's privacy, for example a summary of direct care observations described how care workers had ensured that they 'provided privacy' and 'maintained dignity and protected privacy' and 'supported (the person) sensitively and maintained their privacy.' Staff members described how they respected people's privacy and dignity. One explained that they always made sure the curtains were closed before assisting a person with personal care, another said they were aware of keeping the bedroom door shut because family members had a key and could pop in at any time. A relative told us "The carers are excellent, they are respectful and gentle," and a person who had support with personal care said the care workers "Treat me with the utmost politeness."

Is the service responsive?

Our findings

People were receiving care that was responsive to their needs. One relative said of the care workers "They treat (person's name) as an individual, getting to know her ways," and a person described the care workers as "Cheerful and efficient."

People had all been assessed before the service commenced and care plans reflected their needs, and preferences. For example one care plan included details of a person's hearing impairment and the necessity for staff to speak clearly and ensure the person was wearing their hearing aid. It also detailed their preference for a care worker to sit with them whilst they ate their meal. Care plans had details of people's background and personal history, for example, one described a person's love of certain music and specific sports and another described the person's religious beliefs. This detail helped to give a sense of the individual so that care staff could provide personalised care.

Staff were aware of the detail in people's care plans. Some people had less information recorded about their personal history however staff were still able to tell us about this information. We asked how they provided a personalised service to people. One example given was of a person who had a military background, the care worker talked in detail about the physical fitness that this person had acquired as a younger person. They explained that this information had helped them to encourage and support the person to join a social club where they could undertake gentle aerobic exercise, follow their interests and reduce their social isolation. Another member of staff described a person they supported saying "They prefer to be cared for by someone who is upbeat and positive and they have a great sense of humour. I know that they also prefer to be smartly dressed and to have everything around them in an organised way. I always try and adapt to the person I am working with so that things are done as they prefer." Another staff member said "It's the detail that's important, knowing that someone likes their bacon crispy and prefers bread and butter to toast, that's not in their care plan but you just get to know them."

Care plans were reviewed regularly and reflected changes in people's needs, for example, when a relative had raised concerns that their loved one was no longer managing their medicines independently the care plan was amended to ensure that staff could monitor this. Records showed that the GP was contacted to undertake a medicines review and the risk assessment and care plan were both updated following this to detail the new arrangements. This ensured that staff were provided with the most recent information when supporting people. Staff told us that if people were unwell or needed additional support they were able to respond flexibly. One staff member said, "If someone needs extra help we stay, there's no problem with that. We just have to let the office know and either they reallocate the other calls or let people know we will be a bit late." People confirmed that their visits were usually on-time but if staff were going to be late they were contacted, one person said, "They are only late if there's a problem with another client and then I am always told what is happening," another person said, "Communication is good, the carers always phone if they are held up or the office lets me know."

A system was in place to respond to complaints. People and their relatives told us that they knew how to make a complaint. Everyone we spoke to said that they had not needed to make a complaint but would feel

comfortable to speak to their care worker or to ring the office if they had any complaints or concerns. The provider said that they had regular contact with all the people who used the service and received regular feedback in this way. They said there were very few complaints and any issues raised were dealt with straight away to ensure people remained satisfied with their service. For example, a person had expressed a desire to have a different care worker because "they didn't get on" with their regular worker. The calls were reallocated to another care worker but enquiries took place to determine the reason for the issue. It appeared to be a mismatch of personalities rather than any specific issues so this was noted and the provider ensured that the care worker was not sent to this person again. People reported that they were confident that any issues would be responded to, one person said "Contacting the agency is always quite simple and easy, they do listen," another person said, "I have never had any trouble at all with the agency or the carers, there's a good relationship there," and a third person said, "I never contact them, there's no need to."

Is the service well-led?

Our findings

People and their relatives spoke highly of the registered provider saying they were very happy with the service they received. Comments included "An excellent agency, caring, careful and cheerful staff," and "Reliable and forward thinking," and "Just Wonderful." One person said that the provider was "Helpful, understanding and cheerful," another said "I would certainly recommend them."

Staff spoke of a positive and open culture where they were well supported and valued. One staff member said "It's the best agency I have worked for, I feel able to ask questions, I'm well supported and it's a lovely team. We all rally round and support each other and the back –up from the office is really good." Another staff member said, "I can't fault the company, you can speak freely and any issues are dealt with," and a third staff member said, "We are well motivated, that's down to the managers, we have staff meetings where we can discuss things and everyone can speak, the service we give is really good because people's needs are the priority."

Links with the local community were evidenced in people's care records and included a range of health professionals such as the community matron and the district nursing service, the ward manager at a local hospital, a local hospice, community occupational therapist, pharmacy and GP's as well as the local authority and Age UK. The provider said that good working relationships had been developed and this meant that they could contact professionals for example, at the local hospital, when they needed support.

The provider led the service and understood the responsibilities of their role as a registered person and a leader. The management team had many years of experience in providing a home care service and staff said they benefitted from their knowledge and experience. One staff member demonstrated this by saying "If I need to phone the office for advice there is always someone who knows exactly what action to take and they come out and support us whenever necessary- it's good to know we are not working out there on our own." Staff support was given a high priority and this was reflected in the positive views that staff expressed. Staff said that the provider was approachable and that any issues they raised and acted upon. They described the provider as hands-on saying that they would cover care visits and offer support and assistance to care workers whenever needed, and records confirmed this. Staff meeting minutes showed that staff contributed to agenda items and that their views were valued. One staff member said, "The service is well led and morale is high. I think it's because they respect the people who they provide the service for and they respect their care workers too."

The Statement of Purpose for Caring Hands included an objective 'To enable people to live at home safely and independently with the best quality of life,' and the provider described the ethos of the service as being to provide good care that was responsive to people's needs. It was clear throughout the inspection that staff understood this and were committed to these values and that this ethos was embedded within their practice.

The provider demonstrated good oversight of the service and had knowledge of all the service users including any risks associated with providing their care. They explained that this knowledge was gained

through undertaking visits at regular intervals. Each care plan was signed off by the provider who conducted regular file audits to ensure that information held was an accurate reflection of the person's needs. The provider said that unannounced spot checks were used to ensure that staff were maintaining quality of care provision and covered areas such as staff appearance, their focus on the client and the rapport between them as well as details of the care provided. Spot checks also provided an opportunity to observe staff competence in areas such as managing medicines and manual handling as well as checking that people were happy with the support they received. This information was used as a quality monitoring check and assisted in assessing staff performance as well as providing an opportunity to gather feedback from people and their relatives.

There were systems in place for monitoring quality and the provider had oversight of all aspects of care delivery to ensure that standards were maintained and to identify any patterns emerging from investigations. A questionnaire had been sent to people to monitor their satisfaction using a third party company. Although feedback was good the number of responses received was very low and the provider informed us that they would be reviewing this method of quality monitoring.