

Caringhands@home Ltd

# Caringhands@home Limited

## Inspection report

Ashington Workspace  
Lintonville Parkway  
Ashington  
Northumberland  
NE63 9JZ

Tel: 01912573747

Website: [www.caringhandshome.co.uk](http://www.caringhandshome.co.uk)

Date of inspection visit:

12 December 2019

13 December 2019

16 December 2019

Date of publication:

02 January 2020

## 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

### About the service

Caringhands@home Limited is a domiciliary care service providing personal care to seven people at the time of the inspection.

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

Recommendations made following the last inspection had been met and improvements had been made to the management of medicines and quality assurance procedures.

We have made a recommendation about end of life care and support as people preferences and wishes at this important time had not been explored.

People were supported by a small team of consistent staff which resulted in trusting, caring and compassionate relationships. Staff knew people well and supported people to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their family members told us they felt safe with the care staff. Safeguarding procedures were understood and followed as needed. Lessons had been learnt and steps taken to minimise risk. Risk assessments were in place which minimised the possibility of harm whilst also supporting people to maintain their independence and free will.

People's needs, and preferences were recorded and regularly reviewed to make sure people were happy with the care and support they received. Staff worked alongside other healthcare professionals and followed any guidance that was put in place.

Everyone told us they knew how to make a complaint but had never had reason to do so. Many people and their family members commented, "I wouldn't change a thing."

Social isolation was reduced as social support could be provided as part of people's care to ensure people kept in touch with family and friends and maintained hobbies and interests.

People, family members and staff all agreed the service was well-led and the registered manager was approachable and supportive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 13 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Caringhands@home Limited

## **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

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service 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

This inspection was unannounced.

Inspection activity started on 12 December 2019 and ended on 16 December 2019. We visited the office location on 16 December 2019.

#### What we did before the inspection

We reviewed information we received about the service since the last inspection including changes, events or incidents the provider is legally obliged to send us within a required timescale. We sought feedback from the local authority and safeguarding authority who work with the service. 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.

During the inspection

We spoke with three people who used the service and three family members about their experience of the care provided. We spoke with the provider who was also the registered manager and five members of the care team.

We reviewed a range of records including two people's care records and medicine records, one staff file in relation to recruitment and staff supervision and a range of records relating to the management of the service.

After the inspection

The registered manager provided clarity in relation to one staff members pre-employment checks.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to protect people from the risk of harm and abuse.
- Where concerns had been raised they had been appropriately reported, investigated and action taken to minimise the risk of reoccurrence.

Assessing risk, safety monitoring and management

- Staff had assessed people's person risks. Risk assessments included measures to minimise accidents and injuries.
- The provider had assessed risks associated with staff safety. Lone working risk assessments were completed as were assessments of the environment.

Staffing and recruitment

- People were supported by a small team of staff who they knew well. Everyone we spoke with commented on how happy they were that the staff team was consistent.
- Safe recruitment practices were followed.

Using medicines safely

At our last inspection we recommended the provider review the NICE guidance, 'Managing medicines for adults receiving social care in the community.'

- Medicines were managed safely. Appropriate records kept, including risk assessments and administration records.
- Staff attended annual medicines training, were observed administering medicines and completed a competency test.

Preventing and controlling infection

- Staff had attended training and used gloves and aprons to minimise the risk of infection.

Learning lessons when things go wrong

- The registered manager constantly reviewed care records to see if they could identify areas to improve people's care. For example, introducing visual prompts for people to reduce anxiety and support with memory.

# 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 good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before support was offered to make sure staff had the relevant skill and knowledge to care for people in line with the law.
- Where appropriate professional guidance was sought and followed in relation to people's health and wellbeing.

Staff support: induction, training, skills and experience

- The registered manager made sure staff had a thorough induction, were trained to do the job and received relevant support and guidance.
- Staff said they were very well supported by the registered manager and attended appropriate training. One staff member said, "If we aren't trained to do something [registered manager] won't let us do it."

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

- Staff offered people appropriate support with preparing meals.
- If required specific plans were put in place, with people, to ensure they had a varied and healthy diet.

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

- People told us care staff offered support with accessing the GP, dentist and other healthcare professionals and attending appointments if needed.
- Care staff supported people with completing physiotherapy if needed and this was well documented.

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 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. 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.

- The registered manager understood the principles of the MCA and best interest decision making.
- Everyone receiving care and support at the time of the inspection had the capacity to make their own decisions.

# 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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people, and their families, with compassion and kindness. One person said, "I wouldn't change a thing for the world, they know me well, so they are very kind and I'm very happy with them."
- There was a shared ethos that everyone was treated as a family member. A staff member said, "I always think back to my [family member] and wish we had a service like Caringhands@home who have pride in their work and the service user being the number one priority."

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

- Staff included people in writing their care plans and attending reviews of their care. People made decisions about how they wanted to be cared for which was reflected in care records.
- Staff commented on how well they knew people and that they always asked people what they wanted and if they were happy with the care they received. This was supported by the views of people and their family members who all commented on the willingness of staff to do whatever was asked of them.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of promoting privacy and dignity and independence. One person said, "They are very respectful of my dignity."
- Care records acknowledged the areas where people were independent, and it was recognised that some days people may need a little more support than on other days. One person said, "I like to be independent, so they let me do things for myself, and give me time, I'm not rushed at all."

# 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 has now 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

- Staff planned people's care in a way which valued people's individual needs, preferences and uniqueness.
- People, and their family members told us staff knew people well. This led to people trusting staff to provide care and support which put them at the centre of decision making.

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.

- The registered manager understood the AIS and was able to source documentation in a variety of formats, including braille, large print and other languages if needed.
- Some of the staff were able to communicate using British Sign Language and Makaton.
- Visual aids were also available to support communication, understanding and orientation.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Enablement support was provided for some people as part of their care package. This meant people were supported to access the community which reduced social isolation.
- People spoke with us about how they were supported to access activities and hobbies of their choosing as well as maintaining contact with family members who were not local to them.

Improving care quality in response to complaints or concerns

- An appropriate complaints procedure was in place. There had been no complaints or concerns raised since the last inspection.
- Everyone we spoke with said they knew who to speak to if they had any concerns but had never had a reason to do so.

End of life care and support

- The registered manager said, "We aren't providing end of life care and support at the minute, but if there was a need for someone we were currently supporting we would so there was continuity."
- An end of life policy was in place however people's preferences and choices in relation to end of life care had not been explored.

We recommend the provider refers to current guidance in relation to end of life care and support.

## 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 good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a positive culture. They said, "People are unique, we embrace everyone's uniqueness and individuality. Look after the person in the way they want to be treated as an individual." They added, "I do not want to be big, I want to be family orientated, small, know people and provide unique, individual care and support." This was supported by everyone we spoke with.
- Staff agreed that people were treated as individuals and the ethos of the company was one of family.

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 understood duty of candour. They said, "Be clear, open and honest and transparent. If you make a mistake with someone's care, I would apologise, rectify the mistake, speak to the person. I'd hold my hands up and say I've made a mistake what can I do to make it right."

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

At our last inspection we recommended the registered manager review quality monitoring system to ensure it highlighted all necessary areas for improvement.

- Since the last inspection a new process had been introduced which meant a quality compliance administrator reviewed completed audits to ensure they were robust and identifying areas for improvement.
- The registered manager had made improvements and there were no concerns in relation to the quality monitoring, assessing risk and meeting regulatory requirements.

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

- Staff used a range of ways to engage and involve people and staff.
- Pictorial surveys were sent to people using the service. People told us about the registered manager doing spot checks to make sure staff arrived on time and supported people safely and appropriately.
- Regular staff meetings were held about which staff commented, "We can say anything we like, we are a really good team."

#### Continuous learning and improving care

- There was a clear focus on improving care. Staff worked with people to provide a service that met their needs, in the way they wanted to be supported, by a small team of staff who knew people well.

#### Working in partnership with others

- The registered manager was committed to working with other professionals. They attended the local authority provider meetings and used available resources to keep up to date with best practice.