

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Caring Hands Domiciliary Services Limited

4 Middle Road, Park Gate, Southampton, SO31  
7GH

Tel: 01489582926

Date of Inspection: 24 January 2013

We inspected the following standards as part of a routine inspection. This is what we found:

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Requirements relating to workers** ✓ Met this standard

**Complaints** ✓ Met this standard

## Details about this location

Registered Provider	Caring Hands Domicillary Services Limited
Registered Manager	Mr. Richard Hendry
Overview of the service	Caring Hands Domiciliary Services Limited is a care agency that provides care and support to people living in their own home. The agency is situated on the outskirts of Southampton . There is a registered manager at the agency.
Type of service	Domiciliary care service
Regulated activity	Personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 January 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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To help us to understand people's experiences of the service we telephoned them, as this is a domiciliary care agency. We spoke to the six people who use services, their family and seven staff who were providing care to people. People told us that they looked forward to the care staff coming in. A person said that the staff were very good and "you can't fault them." People were satisfied with the care and support they were receiving. They commented that the staff were courteous and respectful. Another person said that their two care staff who came in regularly "were excellent." People told us that they usually had the same staff which meant that there was a continuity in their care.

People were assessed prior to receiving care. Risk assessments and care plans were put in place to reflect the care and support needed. People said that they were treated with respect and the care records contained people's preferred form of address. Three people said that they had been asked what they liked to be called.

There was a robust recruitment procedure that the staff followed. We found that all necessary staff's checks were completed prior to them starting work. There was a complaint procedure that the staff followed. People told us that they would approach the agency with any concerns and they were confident that this would be addressed. Information on how to raise concerns was available to them and provided in the information pack.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care

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### Reasons for our judgement

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People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People described the staff as "excellent", friendly, helpful and courteous. They said that they felt that their dignity and privacy was respected when receiving care. We looked at a sample of eight care records and related assessments. These showed that people were assessed prior to receiving care. This was to ensure that the agency would be able to meet their assessed needs and necessary equipment put in place as needed. People told us that the staff offered them choices and they were consulted about their care. Details about supporting people's privacy were seen in care records such as giving people "private time" when using the bathroom. People told us that there was flexibility in their care and staff were helpful when they needed to change the timing of their visits.

People who use the service were given appropriate information and support regarding their care or treatment. This included the time that the staff would be visiting. The care plans contained details for the staff about people's personal care needs. Staff told us that the service users or their family were involved in planning their care. We saw that people had signed to show that they agreed with the plan of care.

Information was available about how to contact the agency including out of hours contact numbers, to ensure that they could receive any support as needed. Other information related to how to raise a concern and the contact details of external agencies.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights. Peoples' needs were assessed and care and treatment was planned and delivered according to their assessed needs.

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**Reasons for our judgement**

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Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People told us that they were "very happy" with the care and support that they received. One person told us that "you can talk to the staff and they do listen". People told us that the care staff were flexible and would change the visits' times according to their needs. We spoke to the staff regarding a person who appeared to be receiving their breakfast late in the morning. Staff were aware of that person's needs and were able to evidence that this was that person's choice, as they were a "late riser".

We looked at a sample of eight care plans and associated records. The care records included a range of assessments including personal risk assessments and individual needs. Staff told us that this information was used in the development of care plans. Individual care plans were in place and these included help needed with mobility and equipment used for the safe moving and handling.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Equipment and "profiling beds" for the safe moving and handling of people were available to them. Care records showed that people who required hoisting were provided with two carers, in order that people or the staff were not put at risk. The care plans and assessments were reviewed at regular intervals to ensure that these remained current and up to date. The care records contained details of mobility aids and alarm pendants and for the staff to ensure these were at hand before they left people's homes. The staff we spoke with and care records showed that where two staff were needed to provide care, these were always provided. A record of equipment and when they were serviced was also maintained to ensure that these were fit for purpose.

People's individual preferences were being respected according to their care plans and records. The daily records seen were detailed and showed that the staff were aware of people's needs and were following their care plans. This showed that people received care in accordance with the agreed care plans.

There was an assessment in place for the level of support that people needed with their medications. Staff told us that they had received training in medication management prior to supporting people with their medicines. Information included a list of medicines that

people were receiving .Other information informed the staff where relatives were administering people's medicines or whether people were self- medicating. Staff told us that they would report to the office any discrepancy with medication in order that action could be taken.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken all reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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People said that the staff were very kind and always treated them well. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff we spoke with were aware of the procedures for protecting vulnerable people and told us they would report any concerns to the management. They demonstrated a good knowledge of what constituted abuse and action they would take if abuse was suspected. People told us that they had developed a good relationship with the staff and looked forward to their visits.

Staff confirmed that the agency's induction process included training about safeguarding adults. We saw that training had been completed in the randomly selected staff's records we reviewed. Staff were aware of the whistle-blowing procedure and felt confident in using it. They said that management operated an open door policy and they would have no hesitation to report any concerns.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff. There was a robust recruitment process in place that the manager and senior staff followed.

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### Reasons for our judgement

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There were effective recruitment and selection processes in place. The staff told us about the recruitment procedures and confirmed that checks were carried out prior to them starting work. People were cared for by suitably qualified, skilled and experienced staff. We looked at three staff records to assess the recruitment procedure that the provider had in place. We observed that recruitment procedures were followed in order to ensure that no person was employed without the necessary checks. Staff completed an application and the senior staff confirmed that references were sought including those from their last employers. We saw that references and criminal record bureau (CRB) were completed and records of these were maintained. The provider and other staff confirmed that no one was allowed to work unless they had received their CRB checks.

The staff told us that they completed a week's induction and also were "shadowed" for a couple of shifts as part of their induction, which meant working with a senior staff until they were confident to support people alone. We saw that moving and handling, medication and food hygiene training were completed as part of induction. Staff told us that their practices were monitored and they had regular meetings which included one to one time with the manager and this looked at the skills which were necessary for them to do their jobs.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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The provider had arrangements in place and people were made aware of the complaints system. People knew how to raise their concerns and told us they felt confident to approach the office. Information about how to complain was given to people when they started using the service. Staff told us that they would approach the manager and they were confident any issues would be addressed. The staff told us about the process they followed and recorded any concerns on their complaints form. Once completed this was passed on to senior management to look into. People commented that they were very satisfied with the care that they were receiving. One person said that they had no problem "approaching the staff as they listen." Another person told us that "you can talk to the staff and get issues resolved".

People's complaints were fully investigated and resolved where possible to their satisfaction. There was a process in place to deal with complaints and a complaint log was maintained. We looked at a sample of a recent concern and found that had been responded to very quickly. A copy of the agency's response to the complainant was also maintained. We saw that management had followed this up with the service user after a couple of weeks to ensure that the problem had been fully resolved.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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