

***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

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7GH

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2014

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

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ 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 .
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 2 January 2014, 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, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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Following our inspection at the agency office we telephoned and spoke with eight people or their relatives, who were using the service. We also spoke with seven staff members and the manager. People were highly complimentary about the care and support they were receiving. They told us they had the "same girls who came to help" them with their care. A person told us they had the same care staff for a "long time" and they were "very happy" with the care. Another person told us the care staff usually arrived on time and stayed for the correct length of time. We were told they usually had the same care staff except for weekends and this provided continuity in care. A person said the care staff "were excellent" and they "can't praise the girls enough."

Arrangements were in place to meet the needs of people. We found the care plans contained details of people's assessed needs and action plans were in place on how these would be met. The care records were subject to regular reviews and risk assessments were completed.

People were protected from the risk of abuse and arrangements were in place which included staff training and information on how to raise concerns. We saw there was an effective quality assurance system in place and people who use the service were asked for their views about their care and treatment they received. The provider took account of complaints and comments to improve the service.

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

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights. Care and treatment was planned and delivered in a way which was intended to ensure people's safety and welfare.

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### Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at seven care plans and associated records. The records showed an assessment was carried out on the first day at the start of care provision. This information was used in the development of people's care plans. We found the care plans contained details of people's needs, followed a consistent structure and were indexed to assist the staff.

We saw a recent review had been undertaken of all the seven care plans seen to ensure they were up to date and reflected the current needs of people. The staff told us they carried out their reviews more frequently for example if there were any changes. The triggers for reviews included for example changes in people's mobility or increased falls. The care plans contained details to inform staff as to the specific care people required and their likes and dislikes.

We reviewed the records and saw care had been provided in line with the individual's care plan. For example, the care plan assessments for five people detailed the personal care they required. We saw this was done and recorded on their daily record sheets. We spoke with a person and they told us their care workers "know what I need" and they received appropriate support with their care. Another person told us they were "very grateful" for the help and support they were receiving. A relative confirmed staff provided "double ups" which meant two care staff attended to provide care and support to their relative as detailed in their care plans. A relative said they had "good communication with the staff" and they felt reassured about the welfare and care being provided. A senior staff told us they paired the staff at the beginning of the shift, for people who had been assessed as requiring two care staff to support them. This meant the staff went at the same time and were able to provide the care and support without delay and also ensured some continuity in people's care. Three people we spoke with told us their care staff understood their needs, they "usually came at the same time" and stayed the allotted time for the calls.

Therefore people received care which was individualised and focussed on their needs.

Care and treatment was planned and delivered in a way which was intended to ensure people's safety and welfare. The records contained risk assessments such as moving and handling, falls, pressure risks and medicines. Following assessments the care plans had been developed to show the support people needed to meet their assessed needs. The moving and handling care plans contained details of the type of equipment needed. For example the type of hoist, ceiling tracks and the slings needed were clearly recorded and colour coded to assist the staff. There were adequate arrangements to support people with their moving and handling needs. The records showed risk assessments of the environment were also completed at the start of the care package. A senior staff told us this was "very important" for the protection of the staff and the people using the service. This ensured any risk identified could be appropriately managed and equipment such as hand rails, raised seats could be put in place for the safety of people.

**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 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 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. The agency had in place a safeguarding policy and procedure which included the local authority safeguarding procedures. The records seen showed staff had completed training in safeguarding adults.

The manager described the procedure they would follow to alert the safeguarding team as per their internal process. The provider responded appropriately to any allegation of abuse and worked with the local authority team as needed. Following a recent safeguarding concern, an action plan had been developed to address the issues.

We spoke with five staff and they were able to tell us what constituted abuse and the action they would take. Staff said they felt confident that any issues raised would be dealt with. They were also aware of the whistle-blowing process and of reporting their concerns externally if needed. Staff were aware of their responsibility to report any concerns and a staff member commented "it's about the safety of people that is very important".

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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The care records showed some people needed the support of staff in order to manage their medicines. We saw care plans had been developed to indicate the level of support people needed such as prompting or to assist. The records included a list of medicines people were receiving to inform the staff's practices. A senior staff member told us the medication list was reviewed regularly and amended as needed. For example, when people were prescribed a short treatment such as antibiotics, the records were updated. This meant arrangement was in place for the support with their medicines as prescribed.

There was a system in place for the staff to record medicines administered on the medicine administration record (MAR) records. There were recent concerns about the lack of recording on the MAR charts. The responsible person told us this had been investigated and was resolved. An action plan had been developed which included development of new MAR recording system. We saw senior staff were auditing people's MAR records and any issues identified were addressed with the staff member concerned. We found although improvement had been made, there were two MAR charts which had not been fully completed to show people had received their medications. The nominated person told us this was being monitored and would be addressed.

The staff told us they had completed an update in medicine management and training was completed prior to any staff member being tasked with this role. The staff were aware of the importance of storing medicines securely. The care records contained details of where people's medicines were locked for their safety. The provider may find it useful to note the care staff were leaving the medicines for one person out for them to take later. This may have put this person at risk of not receiving their medicines safely. We brought this to the attention of a senior staff member who told us they would look into this and take action as needed.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Staff received appropriate professional development and were able, from time to time, to obtain further relevant qualifications. There were arrangements in place to ensure the staff were supported to provide care and treatment to people using the service. There was an induction process that staff followed and this was completed over a number of weeks. We saw there was an assessment of staff's competency and testing of learning.

Staff told us that they had regular supervisions and felt supported in their work. A senior staff member told us they prioritised supervisions and the frequency of the "spot checks" in order to provide more support and guidance to new and less experienced staff. Following their induction staff told us they "shadowed" which meant working with an experienced staff until they felt confident to provide care alone.

There was a planned training programme in place. Staff told us training was "very good". We saw training records for the staff at this service and all training was up to date in all subjects that the provider had identified as essential. These included topics such as moving and handling, and safeguarding adults from abuse. A senior staff member showed us an infection control training workbook they had developed as part of induction training and updates. The provider had in place a training and development programme to ensure staff were supported in their role.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. Comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

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People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The feedbacks from people were positive and some comments included, "Always happy and very caring". Another person had commented, "my mum's care had been in caring hands." A relative commented the staff go "go above and beyond" and were sensitive in the way care was provided. The manager told us as part of they were developing a new questionnaire in order to improve the questions asked. This showed the provider sought people's views, listened and took action to improve the service provision.

The provider had an effective system in place to identify, assess and manage risks to the health and safety of people using the service. Risks were assessed and action plans developed which included referrals to specialist such as occupational therapy to minimise risks to people for equipment and adaptation to be put in place. The provider carried out regular spot checks on the care staff every two months and also spoke with the service users. A senior staff told us any issues identified were addressed and sometimes this meant additional training for the staff. There was a process where adverse incidents and accidents were logged and investigated. This was followed by strategies to prevent a re-occurrence. There was a system to monitor the calls and we saw records were maintained. This was used as part of the quality assurance process to improve timing of calls. A relative told us the care staff had "never missed a call".

The provider took account of complaints and comments to improve the service. A complaints log was maintained and any concerns raised were followed up and responded to according to their complaints process. People told us they were "very happy" with the service they received. A person said they would approach the staff at the office if they had an issue / complaint and they were confident this would be looked into.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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

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### Essential standard

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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)

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### Regulated activity

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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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