

Miss Abigail Louise Norman

# Helping Hand Homecare

## Inspection report

Suite 9, Evolution Business Centre  
Unit 6 County Business Park, Darlington Road  
Northallerton  
DL6 2NQ

Tel: 07507259565

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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

### About the service

Helping Hand Homecare is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 40 people using the service. Not everyone who used the service received personal care. The Care Quality Commission (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 the service and what we found:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had received training in safeguarding people from abuse and avoidable harm. People told us they felt safe with staff from the service. Risks to people were identified and well managed. There were safe systems of recruitment in place and sufficient numbers of staff deployed to meet people's needs. People were supported to receive their medicines safely. People told us staff always wore appropriate personal protective equipment (PPE).

Staff had the skills, and experience to deliver effective care and support. People were supported with their nutritional needs. Staff and the provider worked well with other professionals.

The provider and staff knew people very well. Staff spoke in caring and respectful terms about people they supported. People spoke very positively about staff and the support they received. A person said, "I asked [provider] to send staff who will chat and have a laugh. They're all brilliant." People were supported to express their views and make decisions about their care. Staff respected people's individuality and choices.

People were supported as individuals, in line with their needs and preferences. Care records were person-centred and gave information about people's likes, dislikes and preferences. People were supported on activities they chose, such as day trips, visits to local shops, cafes, and pubs. People told us they knew how to complain but were satisfied with the service provided and didn't have any complaints.

There was a range of oversight, quality monitoring and auditing in place. The provider was committed to people receiving responsive person-centred care and support, that achieved good outcomes for people. Staff we spoke with shared this commitment. People told us they were asked their opinions on the service and could easily raise any issues. Staff told us they felt listened to, valued and supported. Staff enjoyed their jobs. Staff and people we spoke with were all complimentary about the provider and the service.

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 7 February 2018).

### Why we inspected

This inspection was prompted by the time since our last inspection.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Helping Hand Homecare on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 ●

# Helping Hand Homecare

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and specialist housing.

#### Notice of inspection

The inspection was announced. We gave the service a short period of notice of the inspection. This was because it is a small service and we needed to be sure a manager would be in the office to support the inspection.

#### What we did before the inspection

Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people using the service and 3 relatives, who had given us permission to contact them. We also spoke with 5 staff including support workers and the provider, who is also the registered manager.

We reviewed a range of records, including people's care records, staff recruitment files, records relating to medicines, training and supervision, accidents and incidents, safeguarding logs, policies and procedures, and a variety of records relating to the management of the service, including audits and governance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. Procedures were in place to guide staff should they have any concerns.
- Staff had received training and knew how to raise any concerns. Staff had a good knowledge of safeguarding and told us they were confident the provider would deal with any concerns they raised promptly.
- People told us they felt safe with staff from the service.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Detailed risk assessments were completed for risks to staff or people within the environment of people's homes.
- Records were person-centred and were regularly reviewed and updated if risks changed.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff deployed. Staffing and visits were organised around small geographical areas. This ensured staff had time to travel to their next visit and people received support from regular staff.
- People told us they were supported by regular carers who they got to know. They told us calls were never missed and staff were rarely late. They said, "They come on time, but if they are running late, they let [provider] know and she lets me know. She always lets me know; the communication is very good", "They're never late, only ever early" and "Sometimes they're actually there earlier and stay later; they occasionally just pop in to check on [person]. They go the extra mile."
- The provider operated safe recruitment processes. The provider was in the process of auditing recruitment files and had implemented a checklist to ensure all required information was gathered before staff were employed.

Using medicines safely

- People were supported to receive their medicines safely.
- Staff had received training in medicines management. There were good systems in place for assessing staff competency to manage medicines.
- New electronic medicines management records were being introduced to improve oversight.

Preventing and controlling infection; Learning lessons when things go wrong

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- People told us staff always wore appropriate personal protective equipment (PPE), such as gloves and aprons. Staff wore face masks if people requested it.
- The provider learned lessons when things had gone wrong.
- Records were kept of any accidents or incidents and the provider reviewed these to identify if any lessons could be learned to reduce future risk.

# 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 our last inspection we rated this key question good. At this inspection the rating has remained good. 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 and care and support was delivered in line with current standards to achieve effective outcomes. These assessments were used to develop person-centred risk assessments and care plans.
- Care plans were sufficiently detailed to guide staff on the care and support people required and how people wanted their support provided.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff completed the Care Certificate and had access to a range of courses. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Detailed induction and competency checks took place prior to staff starting to work with people. Staff told us they felt supported and could contact the provider whenever they needed to. A staff member said, "I can speak to (provider) about anything, including personal things. (Provider) fully supports you."
- People told us staff were good at their roles. They said, "[Provider] has good staff; they tend to know very much what they're doing. New staff shadow existing ones" and "They know what they're doing."

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

- People were supported with their nutritional needs.
- People lived in their own homes and could eat what they wanted. Care records detailed people's likes, dislikes, and preferences regarding food and drinks.

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

- The provider ensured the service worked effectively with other organisations to deliver effective care, support, and treatment.
- Staff and the provider worked well with other professionals. This included regularly liaising with G.P.s.
- If people's needs changed the provider contacted the local authority to update them on the changes.
- People were supported to live healthier lives, and had good access to healthcare services and support.
- Staff ensured people were referred promptly when medical support was required.
- Staff had a good understanding of how people's medical conditions affected them and impacted their

lives.

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 MCA 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 provider was working in line with the Mental Capacity Act.
- Records showed capacity and consent was considered. Staff spoken with showed the best interests and needs of people who used the service was important to them and a key focus.
- People told us their consent was always sought. One person said, "They (staff) know what they're doing, and they do things with my consent."

# 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 our last inspection we rated this key question good. At this inspection the rating has remained good. 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

- People were well supported and their individuality was respected. People were positive about the care and support provided by all staff. They told us staff were caring and helped them to maintain their independence.
- People said, "[Person who used the service] absolutely loves them; [person] has [staff name] and some others. I'm very overwhelmed with how helpful they are, nothing is too much trouble. They're so efficient and so caring", "I can't praise them enough, they're absolutely brilliant" and "I have a nice chat and laugh with them."
- The provider and staff knew people very well. Staff spoke in caring and respectful terms about people they supported. A staff member told us, "I absolutely love my job. It's about supporting people in their own homes and in the community. It's about making it easier for them."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to express their views and make decisions about their care.
- Staff respected people's individuality and choices. They understood the importance of people being involved in decisions about their care.
- People, and where required their relatives, were involved in all decisions about their care and support. They said, "They (staff) are noticing things, they let [provider] know and she lets me know, they check with me before they act on them" and "I get on with all of them, they're all friendly."
- People's privacy, dignity and independence were respected and promoted.
- People said of staff, "They respect me" and "They're very respectful, I'm very comfortable with them."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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

- People were supported as individuals, in line with their needs and preferences. Care records were person-centred. People told us they had been involved in developing the care records and were happy with the care and support they received.
- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.
- People were supported on activities they chose, such as day trips, visits to local shops, cafes and pubs. They were really positive about how staff supported them on the activities. One person needed their food prepared in a particular way to reduce their risk of choking. A staff member had helped by finding a venue willing to prepare the food in the way needed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard. People's communication needs were identified in care records.
- People's communication needs were understood and supported.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- People told us they knew how to complain but were satisfied with the service provided and didn't have any complaints. People said, "I'm very confident that [provider] would sort things out, so I am happy to talk to her" and "I'd be happy to raise things, they're so helpful."

End of life care and support

- People's wishes for end-of-life care and support were identified.

# 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 our last inspection we rated this key question good. At this inspection the rating has remained good. 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

- There was a positive and open culture at the service. The provider was committed to people receiving responsive person-centred care and support, that achieved good outcomes for people. Staff we spoke with shared this commitment.
- People spoke positively about the service provided and the way the service was organised and run. People told us the service was well managed and they would recommend the service. They were very complimentary about staff and the provider. Everyone we spoke with said they would recommend the service and said the provider was very approachable.
- People told us, "I can't praise them highly enough. We're really fortunate that our most precious person, is being so well looked after" and "They're so efficient, they go above and beyond."

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- Staff had a clear understanding of their roles. Staff enjoyed their jobs and were complimentary about the provider and the service. A staff member said, "I love it. We have great clients and a great boss" and "[Provider] is helpful and supportive" and "You can't fault her (provider)." Another said, " We have good teamwork, we work well together."
- There was a range of oversight, quality monitoring and auditing in place. This included detailed spot checks of staff performance.

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; Continuous learning and improving care

- The provider understood their responsibilities under the duty of candour.
- Statutory notifications are reports of certain changes, events and incidents the registered providers must notify us about that affect their service or the people who use it. The provider had notified CQC as required.
- There was a service user guide and statement of purpose to inform people of what they could expect from staff and the service.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.
- The provider had created a learning culture at the service which improved the care people received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff were involved in the running of the service and fully understood and considered people's protected characteristics.
- People told us they had very regular contact with the provider, were asked their opinions on the service and could easily raise any issues. They told us, "There's a lot of good communication going on, there's ongoing discussions" and "I've had a questionnaire to ask if they need to improve on anything, which they don't."
- Staff told us they felt listened to, valued and supported. They told us the provider gave the staff team gifts and took them out for social events and meals to show their appreciation. One staff member said, "It's the little things that count."
- The provider worked in partnership with others.
- Care and support were regularly reviewed. Where changes occurred, the provider ensured commissioners of care were informed.