Help and Company at Home Ltd

Help and Company at Home Ltd

Inspection report

Parthings Farm
Tower Hill
Horsham
West Sussex
RH13 0JS

Tel: 01403788080

Date of inspection visit:
05 June 2018

Date of publication:
02 July 2018

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

The inspection took place on the 5 June 2018 and was announced. The provider was given 48 hours' notice because the location provides a care at home service. We wanted to be sure that someone would be in to speak with us.

Help and Company at Home Limited is a domiciliary care agency. It provides personal care to people living in their own houses in the community and provides a service to adults. On the day of the inspection the service was supporting twenty-five people with a range of health and social care needs, such as people with a physical disability, sensory impairment or people living with dementia. Support was tailored according to people's assessed needs within the context of people's individual preferences and lifestyles to help people to live and maintain independent lives and remain in their homes.

At the last inspection on 24 November 2015, the service was rated as good in the areas of Safe, Effective, Caring, Responsive and Well-led. At this inspection we found the evidence continued to support the overall rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Sufficient staff remained available to ensure people's wellbeing and safety was protected. A robust recruitment and selection process was also in place. This ensured prospective new staff have the right skills and were suitable to work with people living in the home.

Staff had a good understanding of systems in place to manage medicines. People were supported to receive their medicines safely.

Staff considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff remained kind and caring and had developed good relationships with people. People told us they were comfortable in the presence of staff. Relatives confirmed the staff were caring and looked after people well. People were provided with the care, support and equipment they needed to stay independent in their homes.

People were provided with information and guidance to access other services which were relevant to them for any on-going support they may need.

People's individual needs continued to be assessed and detailed care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences

were met.

Staff continued to receive regular training and updates to be able to have the right skills and knowledge to be able to meet people's assessed needs. Staff had regular spot checks, supervisions and appraisals to help them to understand their roles and responsibilities.

Quality assurance and information governance systems remained in place to monitor the quality and safety of the service. People and relatives all told us that they were happy with the service provided and the way it was managed.

Further information is in the detailed findings below

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Help and Company at Home Ltd

Detailed findings

Background to this inspection

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

The inspection took place on the 5 June 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

The inspection team consisted of one inspector 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at this and other information we held about the service. This included notifications. Notifications are changes, events or incidents that the service must inform us about.

During our inspection we spoke with six people and four relatives over the telephone. Four care staff, an administrator and the registered manager were also spoken to. We observed the staff working in the office dealing with issues and speaking with people over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for five people, medicine administration record (MAR) sheets, four staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

The service was last inspected on the 24 November 2015 and was awarded the rating of Good. At this inspection the service remains Good.

Good

Is the service safe?

Our findings

People and relatives told us that they felt safe using the service. One person told us "Yes I feel safe, it's their attitude and the fact that they're always looking over and above to do things. They're very accommodating so I have no concerns. If I did, I would soon get rid of them". A relative said "I feel safe with leaving my mother with the carers. I am encouraged to raise concerns; if I have anything that needs to be said, I will communicate (not that I have any problems)".

Enough skilled and experienced staff remained to ensure people were safe and cared for on visits. We looked at the electronic staff rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staff received their rotas and any changes securely on a smart phone which enabled them to have up to date information on people and their call times.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or adults. The provider had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form. This meant the provider could be sure that staff employed were suitable to work with people and of good character and not put people at risk of harm.

Staff continued to have a good understanding of safeguarding adults, they had undertaken relevant training and updates and could identify various types of abuse and knew what to do if they witnessed any concerns or incidents. There were safeguarding adults at risk policies and procedures. These were accessible to staff and they were aware of how to raise concerns regarding people's safety and well-being. One member of staff told us "I would have no hesitation in reporting any concerns to my supervisor and manager. We all make sure people are safe and treated the way we would want to be treated".

Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff meetings. The registered manager analysed this information for any trends.

Staff had good knowledge in infection control and attended training in this area. PPE (personal protective equipment) was used when required including aprons and gloves. The provider had detailed policies and procedures in infection control and staff received copies of these in their staff handbooks on induction. One member of staff told us "We have different coloured aprons for different tasks such as personal care and hand washing, information is in the care plans".

People remained supported to receive their medicines safely. One relative told us "The carers give my relative the medicine's when they are there. Yes, they are given in a safe manner". We saw policies and

procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Detailed medicine risk assessments were completed to assess the level of support people required. Audits of medicine administration (MAR) were undertaken to ensure they had been completed correctly. Any errors were investigated, for example, if a missing signature had been highlighted for the administration of a medicine. The registered manager would investigate and the member of staff would be spoken with to discuss the error and invited to attend further training if required.

Detailed risk assessments had identified hazards and how to reduce or eliminate the risk and keep people and staff safe. For example, an environmental risk assessment included an analysis of a person's home inside and outside. These considered areas such as a risk of trip, slip or fall for either the person or the staff member and if there was adequate lighting. Other potential risks included the equipment people used and how staff needed to ensure they were used correctly and what to be aware of. For example, one care plan detailed that a person used a walking aid and how staff needed to make sure the person was encouraged and supported to use the aid. This meant that risks to individuals remained identified and managed so staff could provide care in a safe environment.

Good

Is the service effective?

Our findings

People and relatives remained confident in the skills of the staff and felt they were trained well and also felt staff had been well matched. One person told us "Yes they are skilled and trained well. They know what they are doing. My relative has a shower and he feels safe and they know what they're doing". Another relative told us "They're always given 1-2-1 training with my mum if there's a new carer and a 2-hour session with someone who knows my mum before they're left on their own with her".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had good knowledge and an understanding of the (MCA) because they had received training in this area. People were given choices in the way they wanted to be cared for where possible. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for. One member of staff told us "We would always gain consent from someone before undertaking any task. If we had any concern around a person's mental health we would report straight away. We cannot make a decision on their capacity a health professional, family and doctors would need to be involved".

Staff were given a job description which outlined the expectations of them and their role and had access to a range of policies and procedures to guide and support them in their role. Staff continued to take a variety of essential training which equipped them with the skills and knowledge to provide safe and effective care. Training schedules confirmed staff received training in various areas including moving and handling, medicines and infection control. Staff completed their training on induction and updates in a classroom setting or online. One member of staff told us "I have recently started and had a very good induction and lots of training which I have enjoyed. I have had great support in my new role here".

Staff received continued support to understand their roles and responsibilities through supervision. These consisted of individual face to face and telephone meetings where they could discuss any concerns, training and development. We were shown the online supervision plan on how management ensured they met with each member of staff individually.

Staff remained supportive to people's nutrition and hydration needs by helping them with shopping and preparing food. One relative told us "They prepare food for my relative and they are going to be taking a more active role because of her needs". Staff were knowledgeable about people's preferences and dietary requirements and gave examples of how they needed to remind and encourage some people to eat and drink sufficiently. For example, one person had a food and fluid chart in place for staff to document and monitor their intake. Staff were able to describe how they supported the person and steps they took to encourage them.

People remained supported to access and attend routine health care appointments such as visits to the GP.

One person told us "Yes they would get me help, without a doubt. It has not happened so far though". Staff monitored people's health and wellbeing and supported them to access or request referrals to services as and when required. The registered manager gave examples on how good professional relationships had been built up with regular contact with other GP's and district nurses.

Good

Is the service caring?

Our findings

People continued to benefit from staff who were kind and caring in their approach. Comments from people included "Excellent. I have nothing but good words to say about them; they're caring; I think the proprietors are particular in who they employ", "They are caring". A relative said "They are very caring and they look after my relatives needs very very well and in a very professional way; they really care".

Staff continued to speak with great warmth and affection in their approach towards people. They gave examples of how over time, rapport had built up with people and their relatives One member of staff told us "I know my service users very well and some I have worked with over along period of time. We have great conversations and it puts a smile on my face knowing we are supporting them to remain at home".

Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. People's needs were recorded in their care plans and staff we spoke to knew the needs of each person well. Staff also attended equality and diversity training. People using the service spoke positively on how well their individual needs were met. For example, diversity was respected with regard to peoples' religion, and care plans detailed this. One member of staff told us how the health of a person who they supported to go to a local church health had declined. They told us they discussed this with the person and suggested having communion at home which was organised for them. A relative told us "My relative has communion once a month at home; the carers are there and support her when the Pastor is there". This meant people were supported to live their life in the way they wanted.

Staff told us how they promoted people's independence. Staff told us that wherever possible people were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. One member of staff told us "I will never just take over, if I see someone struggling I will encourage and step in at the right time to assist them. Sometimes it's the little things they can still do and we need to encourage that".

Staff remained aware of the need to preserve people's dignity when providing care to people in their own home. Staff we spoke with told us they took care to cover people when providing personal care. They also said they closed doors, and drew curtains to ensure people's privacy was respected. People we spoke with confirmed dignity and privacy was always upheld and respected. One person told us "I'm going to start getting showers and they will be with me supervising. I'm confident that they will maintain my privacy and dignity".

People's confidentiality was respected. Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to others. Information on confidentiality was covered during staff induction, and the provider had a confidentiality policy in place for staff.

People and relatives told us they could express their views and were involved in making decisions about their care and treatment for their relative receiving care and support from the service. They confirmed they

had been involved in designing their care plans and felt involved in decisions about their care and support with regular reviews of care.

People had been supported to maintain links with their family and friends. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available. The registered manager was aware of who they could contact if people needed this support.

Good

Is the service responsive?

Our findings

People and relatives told us they received personalised care that was responsive to their needs. A relative told us "At the initial meeting when the owner came over to discuss needs, my relative did say she wanted female only carers and the agency has stuck to that".

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The care records remained easy to access, clear and gave descriptions of people's needs and the care staff should give to meet these. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care and moving and handling. Care plans were person centred and details included a family history, personal preferences and activities they liked to participate in. We found details recorded were consistent. Care plans were detailed enough for staff to understand fully how to deliver care. This meant people were supported and encouraged to remain independent to enable them to remain in their own homes for as long as possible. Staff told us they found the care plans to be detailed and informative to provide care and support to people and their needs. One relative told us "I have a big A4 folder and it's full of information such as the care package and risk assessments. If there are any changes at all it goes in the folder straight away".

Staff told us that there was always enough time to carry out the care and support allocated for each person. The registered manager told us that the hours needed for care would be changed on review if needed to ensure people received a quality service and how the service was flexible to people's needs if required. They told us "We do a minimum of an hour for care and support and you can't rush people and we want to provide a quality service".

We spoke with the registered manager about improvements that had taken place since the last inspection. They told us how they had introduced new technology, which was a computerised system which linked with smart phones that each care worker carried on duty which also audited real time issues. Information and call details for people were sent from the office computer. Staff were able to access this information on their smart phone which contained details about that person and other information. The staff were also able to log in and out of their care calls on their smart phone so the office staff could see that they have arrived safely at the call and the person had received their call. A member of staff monitored the systems from the office and they were able to see if a person had received their call and investigate any concerns straight away.

Individual communication needs were assessed and met, as the registered manager was aware of the Accessible Information Standard (AIS). The AIS aims to ensure information for people and their relatives could be created in a way to meet their needs in accessible formats, to help them understand the care available to them. The registered manager told us this could include large print and also told us "We did offer this to one person who is visually impaired but found out that they prefer to use a large magnifier that enlarges the print for them to read easier".

Where appropriate and required people's end of life requirements and wishes were discussed with people, relatives and professionals. These had been documented in people's care plans to ensure staff were aware of their needs and wishes for the future. One member of staff told us in detail how they had worked closely with a person and their family to respect the wishes of the relative who was receiving end of life care.

People told us they were encouraged to give their views and raise concerns or complaints. However, none of the people spoken with had had cause to raise concerns and were happy with the service they received. The registered manager confirmed any concerns or complaints were taken seriously, explored and responded to. One person told us "Yes I would feel comfortable with complaining; I feel I can ask anything and they do seem to be very helpful".

Good

Is the service well-led?

Our findings

People, relatives and care staff told us that they were happy with the way the service was managed and stated that the registered manager remained approachable and professional. One person told us "The manager is very good at her job. We often have a general chat". Another person said "Sometimes the manager comes here, she's quite hands on". Relatives comments included "I speak to the manager fairly regularly on the phone; she has no problem in calling me. I get regular emails from office, rotas etc" and "They're very nice and pleasant. If there is an issue an email is sent out to every single carer to ensure that they know what's going on".

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a clear management structure with identified leadership roles. The registered manager was supported by senior care staff. Care staff told us they continued to be well supported.

We spent some time speaking with the registered manager about the various aspects of the service. We found them to be well-informed about people's needs. In particular, the registered manager could tell us knowledgeably about the support people were receiving and was equally familiar with important operational aspects of the service. There was a clear management structure in place and staff were aware of how various roles and responsibilities were delegated and complimentary about the registered manager. One member of staff told us "I have to say anything I need to talk to my manager about I can. She is always available and supportive to us, I really enjoy working here".

The registered manager had maintained and developed systems to monitor the quality of the service which included regularly speaking with people to ensure they were happy with the service they received and used it to improve people's care. Feedback came from regular meetings with people and their relatives and annual surveys. Comments were positive from a recent survey and any suggestions made were taken on board by the registered manger and acted on. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. The recruitment process and regular supervision ensured that the care staff understood the values and expectations of the provider. Staff meetings were held and had been used to keep care staff up-to-date with information on people and also incorporated refresher training.

The registered manager was committed to keeping up to date with best practice and updates in health and social care and spoke of positive partnership working closely with external health care professionals such as GP's and District Nurses when required. They were also aware of our revised Key Lines of Enquiries that were introduced from the 1st November 2017. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The care manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the

Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.