

Helping Hands Allcare Limited

# Helping Hands Allcare Limited

## Inspection report

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Helping Hands Allcare Limited is a domiciliary care agency providing care and support to people living in their own homes who have a range of needs. CQC only inspects where people receive personal care. Not everyone who used the service received personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 79 people were receiving personal care.

### People's experience of using this service and what we found

People were happy with the care they received and felt the service was run well.

A clear management structure was in place, however we identified that quality assurance systems were not always robust in monitoring and recording the quality of the service.

We have made a recommendation about reviewing quality assurance checks in place.

Feedback about the service was sought from people, their relatives and staff.

Appropriate safeguarding procedures protected people from the risk of abuse. There were enough staff to meet people's needs and they had been recruited safely.

Individual and environmental risks were managed appropriately. People received their medicines safely and as prescribed.

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. Staff sought people's consent and supported people to make choices about their care.

Staff received appropriate training and support to enable them to carry out their role effectively.

Staff treated people with kindness and compassion. Staff had developed positive relationships with people and their relatives and knew what was important to them.

People were treated with respect and dignity. Staff encouraged people to remain as independent as possible in their daily routines.

People received individualised care which met their needs and preferences. Care plans were clear, detailed and guided staff on the most appropriate way to support people. The provider was reviewing people's care plans to include more information about their life histories and interests.

A complaints procedure was in place, which ensured concerns were investigated and acted upon appropriately. Where required, arrangements were in place to support people in a dignified manner at the end of their life.

#### Rating at last inspection

The last rating for this service was Good (published 13 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Helping Hands Allcare Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

At the time of the inspection, the service did not have a manager registered with the Care Quality Commission. However, a manager was in post and had started the process of becoming the registered manager of the service. This means that once registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

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

Inspection activity started on 3 March 2020 and ended on 6 March 2020. We visited the office location on 3 March 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications. Notifications are information about specific important events the service is legally required to send to us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the manager, the senior care staff member, the care co-ordinator and reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. We also viewed a variety of records relating to the management of the service, including accidents and incidents, quality surveys and procedures.

#### After the inspection

We spoke with eight people and four relatives of people using the service. We received feedback from one health professional involved with the service and spoke with eight members of care staff.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe and protect them from the risk of abuse.
- People told us they felt safe with staff in their own homes and their property was respected. One person said, "I absolutely feel safe with them [staff]."
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member said, "If I have concerns about the person I am looking after, I make sure the right people are informed."
- Safeguarding incidents had been reported and investigated thoroughly, in liaison with the local safeguarding team. The manager was clear about their safeguarding responsibilities.

Assessing risk, safety monitoring and management

- Risks to people had been assessed as part of the care planning process. These were recorded within people's care records and risk assessments clearly identified how staff should support people to reduce the risk of harm.
- Environmental risk assessments had been completed to promote the safety of people in their own homes and of the staff that visited them. This included information about people's living environment and the security of the property.
- Staff were knowledgeable about people's individual risks and were attentive to taking steps to keep people safe. For example, where a person had lost their sense of feeling in certain areas of their body, staff described how they regularly checked the water temperature when supporting them to wash, in order to prevent them from being scalded.
- A business continuity plan was in place to ensure that individuals were prioritised in terms of risk during emergency situations.

Staffing and recruitment

- There were enough numbers of staff available to keep people safe. The manager was clear that they would only accept new care referrals if they had enough staff to ensure they could meet people's needs safely.
- People and relatives spoke positively about the staffing levels and confirmed that staff usually arrived at the time expected. One person said, "They are good time keepers. Occasionally something makes them late, but the office let me know, it's no problem."
- Staff told us staffing levels within the service were good and they were generally given enough time with people. One staff member said, "I don't feel rushed. I have no issues with timing, I am quite happy."
- Office staff used a computerised management system which detailed the staffing requirements for each day. This helped to manage any short notice changes to people's care and ensure care calls were covered

effectively.

- Recruitment procedures were robust to help ensure only suitable staff were employed. Checks included good conduct checks from previous employers and carrying out a Disclosure and Barring Service (DBS) check.
- People were offered a copy of their care rota on a weekly basis, so they knew which member of staff was coming for each visit. Where this changed due to staff sickness or holiday, people confirmed they were generally informed of any changes in advance by office staff.

#### Using medicines safely

- People told us they received their medicines as prescribed and on time. One person said, "[The staff] check I've taken them correctly."
- There were arrangements in place for the management of topical creams. These included information for care staff as to where topical creams should be applied.
- People's care records included information about the level of support they required with their medicines; lists of people's prescribed medicines and information about who was responsible for ordering medicines.
- Staff had received training to administer medicines and had been assessed as competent to do so safely. This was reassessed yearly or following any medicines errors.
- Where medicines errors had occurred, appropriate action was taken to ensure the safety of the person and reduce the risk of a recurrence.

#### Preventing and controlling infection

- Procedures were in place to protect people from the risk of infection. Staff had received training in infection control and were aware of their responsibilities to minimise the spread of infection.
- Personal protective equipment (PPE), such as disposable gloves and aprons were available for staff to prevent the risk of infection. Staff told us there were always enough stocks of PPE for them to collect from the office when required. A staff member said, "There is always plenty available. Aprons, gloves, alcohol gel, everything we need we can collect from the office at any time."
- People confirmed staff wore appropriate PPE when completing care tasks and washed their hands appropriately.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed to ensure that any learning could be discussed and shared with staff to reduce the risk of similar events happening.
- Staff recorded and informed the management team of any incidents when things might have gone wrong. A process was in place to analyse accidents and incidents and identify any patterns or trends.
- The manager knew how to seek support from external professionals when they required additional guidance.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- From discussions with the manager and staff, they demonstrated an awareness of the MCA and understood how this affected the care they provided. One staff member said, "I would never assume someone didn't know what I was talking about or didn't know their own mind. I go in and talk to them like any other normal person." Another commented, "It's important to first assume everyone has capacity and support them to make their own decisions."
- People and their relatives consistently told us they had been involved in discussions about their care planning. One person said, "There is no question that what I want to be done is certainly being completed."
- Where people could not make their own decisions around specific areas of their care, the principles of the MCA were followed and the best interest decision making process was used. However, documentation in people's care plans was not always consistent. We discussed this with manager, who took action to ensure people had records of MCA assessments and best interest decisions in their care plans.
- People's care plans contained a statement of consent which outlined the care and support they received and who they were happy for their information to be shared with. This meant people's private information would only be shared appropriately.

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

- People's needs were assessed before the service started supporting them. This included considering any risks and assessing for any specific equipment that people may require. A person told us, "Someone came when I first started to do an assessment and they went through all the detail of the help I needed."
- People's care plans contained details of their health, any medical conditions, and information about choices and preferences. Information had been sought from relatives and other professionals involved in their care, where relevant.

- People told us they were satisfied with the quality of care they received. One person told us, "They [care staff] know my routine well and how I like to be helped." Another person said, "They do their best and look after me well."
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Checks of staff practice helped to ensure people received high quality care.

#### Staff support: induction, training, skills and experience

- People were supported by staff who were knowledgeable, skilled and well-trained to carry out their roles effectively. One person said, "Oh yes, they are very well trained, they know exactly what to do and how to do it."
- New staff received a comprehensive induction into their role, which included mandatory training courses and working alongside more experienced staff until they felt confident and were competent to work independently with people. A person confirmed that new staff sometimes accompanied existing staff on some care visits.
- Staff received a good standard of regular training which helped them to effectively support people and meet their needs. Training included safeguarding, fluid and nutrition, moving and handling, infection control, and first aid.
- Staff received regular spot checks when providing care in people's home. This ensured they were delivering care safely, respectfully and in line with best practice.
- Staff told us they felt supported in their roles. They received regular supervisions and yearly appraisals, which aided their professional development and supported their wellbeing. One staff member told us, "[The office team] are very supportive and approachable. I feel confident that if I needed it, they would offer me more support."

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

- Most of the people we spoke with said they or a relative prepared their meals. Those people whom staff prepared meals for were happy with the way this was done. A person said, "They come midday to prepare a meal for me, they know what I like to have."
- Staff supported people to eat and drink enough and people told us they made sure to leave snacks and drinks before they left.
- Where required, staff used recording charts to monitor people's intake of food and fluids. This helped to ensure people maintained a balanced diet.
- People's care plans contained information about any special diets they required, food preferences and support needs.

#### Staff working to provide consistent, effective, timely care

- Staff worked together to ensure that people received consistent, timely and person-centred care.
- There was good communication between staff based in the office and staff in the community to ensure that messages were passed on appropriately to the next staff member visiting a person to provide care. One staff member said, "If there are any changes to someone's routine, if it is something simple, they send a text message if it's more complex, they will ring, or we come into the office. They are really good with that."
- Staff delivered care in a way that met people's individual needs and was considerate of their personal routines. For example, where people attended Church services, care staff worked around these commitments to ensure personal care was delivered in a timely manner.

#### Supporting people to live healthier lives, access healthcare services and support

- People's care plans contained essential information about their general health, current concerns, social information, abilities and level of assistance required. This could be shared should a person be admitted to

hospital or another service and allowed care to be provided consistently.

- Where people's health needs deteriorated, staff supported them to access medical support as required. We saw records in people care plans of referrals to health professionals that had taken place where appropriate.

- Staff worked well with external professionals to ensure people were supported to access health and social care services when required.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated well by staff who showed kindness and compassion. The caring attitude of staff was reflected in the feedback we received from people and their relatives, who described staff as 'very friendly'. One person's relative told us, "[The staff] are so lovely, they couldn't be kinder to [my relative]."
- Staff demonstrated genuine affection for supporting people to improve their lives whilst building trusting relationships. They had got to know people well, including where they faced any challenges in areas of their care. For example, we learnt of one person living with dementia who was reluctant to have their hair washed as this caused them anxiety. A staff member recognised the how important having a proper hair wash was for the person and had researched into different shampoos they could use which would cause the person less distress.
- Staff had developed good relationships with people's relatives and were attentive to offering them support when needed. One relative commented, "[The staff] always ask about me and ask how I am, they make sure I am managing ok as well."
- Staff were skilled in understanding what was important to people and supported their emotional needs. For example, where a person living with dementia was experiencing a low mood and deterioration in social interaction, a staff member recognised they had previously enjoyed working with children in school and suggested using doll therapy to support them. This promoted the person's wellbeing by building a better relationship with staff during care visits, who sat with the person and their doll and sang together.
- Where staff provided care to a new person using the service, they were provided with enough information about the person's care needs and preferences. This meant they would know important information about the person to ensure they were able to meet people's individual needs.
- Staff had received appropriate training in equality and diversity and were open to people of all faiths and belief systems. There were no indications people protected under the characteristics of the Equality Act would be discriminated against.

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

- People were supported to express their views and be involved in decisions about the care they received.
- People and their relatives told us they were frequently asked by staff if they were happy with the care provided. They also confirmed that care arrangements were reviewed regularly to help ensure care was provided as required. One person said, "[The senior carer] has been over three or four times recently, she checks everything out if we any problems. Whatever we have asked for, we have got."
- The manager and office staff had regular contact with people on the telephone, visiting them in their own homes, or when carrying out spot checks of staff. This enabled them to seek people's views, review if any

changes were needed and check if they were happy with the service they were receiving.

- Staff recognised the important of supporting people to make decisions about their care as much as possible. One staff member told us, "I do things the way they want to and not how we want. Even with dementia, I let them pick what they want to wear or what to eat."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. A relative commented, "They are very respectful. Even though we are married, they close the door and are very good with privacy."
- Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care. For example, by ensuring doors were closed, curtains drawn, and people were covered up.
- People were encouraged to stay as independent as possible in their daily routines. Care records had detailed descriptions of people's needs and abilities to make sure staff supported them to maintain their independence. For example, one person's care plan highlighted the areas of their body they could wash themselves and where they required staff support.
- Staff described how they supported people to maintain their abilities. One staff member told us, "I give [people] a choice, I ask if they would you like to do something themselves if they are able and I support them where I need to."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received individualised care and support, which gave them choice and control. One person told us, "The staff are very good, they always ask if there is anything else that I need or want."
- Daily records showed people received care and support according to their assessed needs.
- Most people were supported by a regular group of staff, which meant their needs were met consistently and this helped staff to build good relationships with people. A person's relative told us, "It is the same few staff members, [my relative] gets on with them very well."
- People's care plans contained information about how people wished to receive care and support. These identified key areas of needs, such as, personal care, daily living activities, dressing, meal preparation and health issues.
- Where staff started delivering care to someone new, they told us they were provided with key information about the person's needs and preferences. The provider had plans in place to review care plans so that more information could be added to support staff to learn about the person and their history or interests.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in their care plans. This ensured that staff were aware of the best way to talk with people and present information.
- Staff were aware of people's communication needs and knew how to support them appropriately. For example, one staff member told us how they supported a person with a hearing impairment by writing things down and using hand gestures.
- Care records identified if a person had a sensory loss and what staff should do to support the person to improve communication.
- The manager described how staff worked with external agencies for people with sensory impairments to further support and signpost them.

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

- The manager and office staff were in regular contact with people and their relatives where appropriate. Staff had built positive relationships with people using the service and supported them to maintain their interests which were important to them. One relative commented, "They talk and have a laugh with him,

they are very jolly. It's nice for them they talk about all kind of things."

- People were supported to develop new friendships and maintain existing ones to avoid social isolation. The manager told us they encouraged people to widen their social support networks by attending social clubs and activities. People's care plans contained a 'circle of influence' document, which highlighted the people who were most important to them.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint and were confident any concerns would be acted upon appropriately. One person told us about a concern they had raised and were happy with the way this was dealt with.

- The provider had a system in place to act on any concerns or complaints that had been received. We reviewed complaints records and found they had been dealt with in line with the provider's complaints policy.

- The manager, office staff and care staff regularly engaged with people and their families so that any low-level concerns could be addressed quickly.

End of life care and support

- At the time of our inspection, no one being provided care with the service was receiving end of life care.

- The manager told us they worked closely with relevant healthcare professionals and provided support to people's families in a sensitive manner when people were at the end of life. They were taking action to ensure people's specific end of life wishes were captured and recorded.

- We spoke with staff who had provided people with end of care in the months prior to the inspection. They demonstrated empathy and compassion to ensure people were treated respectfully and supported in line with their wishes. One staff member said, "[One person] deteriorated quite quickly and they were not drinking well, so we made sure to keep their lips moist, so they were comfortable."

- Staff had received training in end of life care and confirmed they were supported appropriately with enough information of people's preferences, to provide a good standard of care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Since the previous inspection of Helping Hands Allcare, a new manager had been appointed. At the time of the inspection, they were going through a process with the CQC to become the registered manager of the service. The manager had written to people and their relatives to introduce themselves and planned to contact or meet people where possible.
- Staff spoke positively about the new manager and the future of the service. Comments included, "[The manager] has fitted in well, she is well liked", "She comes across very nice, I feel positive about her as a manager" and "She seems very approachable."
- Although we identified the manager had a passion to promote a good standard of care, quality assurance systems and audits to assess, monitor and improve the service were not always robust. For example, personal care documents such as daily notes and MAR charts were returned to the office from people's homes on a monthly basis to be audited by the office team. We looked at records of these documents and found checks were not robust in identifying issues and had not been completed or recorded consistently. We raised this with the manager who had recognised this as an area of the service which required improvement. Following the inspection, they provided us with audit checks that had been implemented in order to monitor the quality and safety of care provided.
- There was a clear management structure in place, consisting of the provider, the manager, the care coordinator and the senior carer. They were clear about their roles and responsibilities, however, we identified there was a reliance upon the senior carer to complete a large number of tasks within set time frames. At the time of the inspection, there were 79 people receiving a care service and the senior carer completed assessments of people's needs, developed care plans, completed six monthly care reviews and also carried out six monthly staff spot checks, medicine competency checks and supervisions. Although we found that most of these tasks had been completed appropriately, it was evident that further support for the senior carer was required in order to improve the quality of care plans, such as adding additional information to care plans and recording of MCA assessments and best interest decisions consistently.
- The provider periodically used an external compliance auditor to identify any issues or areas for improvement within the service. We looked at the most recent audit, which was completed 18 months prior to the inspection. Although most issues had been addressed, there was not a clear action plan in place to ensure all issues were addressed appropriately or to evidence how the provider was improving the quality and monitoring of the service. For example, the external audit had identified that care plans did not always contain sufficient person-centred information and we identified this as a continuing issue during the

inspection. In addition, the external audit had identified the expectation upon the senior carer to carry out a significant amount of tasks in relation to the monitoring of the service. From our discussions with the senior carer, we found this remained an area of the service which required improvement.

We recommend that the provider reviews their current audit processes to ensure prompt action is taken to address the areas identified for improvement.

- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, whistleblowing, complaints and equality and diversity.
- The service used an electronic care management system to manage care visit schedules, record any changes to people care and record correspondence with people, their relatives or professionals. If any care calls needed to be covered, an alert would flag this to the office team, and they took action to address it. The system was also used to effectively monitor and manage care plan reviews, staff spot checks, supervisions and training, which ensured they were completed within an expected time frame.

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

- There was an open culture within the service. The manager and staff were committed to providing people with individualised care which met their needs and preferences.
- The management team had built positive relationships with people. They led by example, treating people as individuals and encouraging people, relatives and staff to be involved in the service.
- People and their relatives were happy with the service they received from Helping Hands Allcare and gave positive feedback about all staff members. One person said, "[The staff] are absolutely wonderful, I couldn't do without them," and a relative said, "We are very happy, the carers are very good, we have become good friends with them, we don't have complaints."
- All staff we spoke with told us they enjoyed caring for people in their roles and found it rewarding. One staff member said, "I love knowing I'm helping someone to be able to stay in their own home and support them, it means so much."
- Staff felt valued and well supported in their roles. Where staff received compliments from people, this was passed on to the staff member; one staff member said, "If we do something good, we do get acknowledged. If a customer phones up and praises us, we got told, [the management] are very much for that." The provider used a 'thumbs up' recognition award to celebrate where staff had done well in their role and we saw pictures of staff with certificates for their achievements.
- Many staff at Helping Hands Allcare had been working at the service for a considerably long time and had been recognised for their long-service commitment.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibilities under the Duty of Candour. Where any safeguarding concerns were raised, or accidents occurred, relevant people were informed, in line with the duty of candour requirements.
- A duty of candour policy was in place, which supported staff and management to act openly and honestly in their roles.

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

- There was an open-door policy. People felt confident to contact the office to speak to staff about their care package. One person said, "They are easy to contact, or I can pop into the office at any time. They are

very friendly and helpful."

- Staff told us they regularly popped in to the office and were informed of any important information or changes within the service, however staff meetings were not held consistently. One staff member said, "Staff meetings aren't held often. It is very difficult to get everyone together, but it would be nice to have more opportunities to come together," and another commented, "They used to be very hit and miss, it would depend if anything came up." We raised this with the manager, who had recently held a staff meeting to introduce themselves to care staff and to obtain their views of the service; they informed us of their plans to implement staff meetings on a regular basis.
- Feedback about the service was gathered from people and their relatives in a range of ways including care review meetings, surveys, and telephone contact. The results of the surveys were analysed and sent to people and their relatives, including a letter which outlined where any improvements and actions had been taken in response to the findings.
- People's protected characteristics, including sexuality, religion, race and disability, were respected and supported.
- The service had worked hard to engage with the wider community so that people could learn more about the care service provided. For example, we saw various articles and pictures that had been published in the local newspaper, including where new office staff had started working at the service and recognising care staff for their hard work to provide care during severe bad weather conditions.
- People and their relatives were encouraged to be involved in events that were held within the service. For example, Helping Hands Allcare had recently celebrated 30 years since the service first began and to celebrate, a party was held in the local community centre. We saw pictures of people, their relatives and staff enjoying the party, where there was live music, magic tricks and gifts. In addition, as part of the celebrations, staff had invited people from the local community to take part in a birthday card competition with a prize for the winners.

Continuous learning and improving care; Working in partnership with others

- The manager or office staff monitored the service people received by observing staff practice and approach, to ensure they worked safely and displayed a respectful attitude.
- The manager was supported by the provider, who visited the service regularly to monitor the quality and safety of the service. The manager had subscriptions with key organisations in the care sector. This helped to ensure they stayed up to date with best practice and guidance.
- There were systems and processes in place to monitor complaints, accidents, incidents and near misses. If a pattern emerged, action was taken to prevent a reoccurrence. All learning from incidents was shared with staff appropriately.
- The staff and management team worked in partnership with other agencies and professionals to ensure people received the support they required. A professional told us, "They have shown initiative in flagging patients of concern to us and have also responded quickly to emails and phone calls."
- People's support plans showed the involvement of health and social care professionals including district/community nurses and GPs, which ensured effective joined-up care.