Midshires Care Limited

Helping Hands Aylesbury

Inspection report

Unit 14, Prebendal Court
Oxford Road
Aylesbury
Buckinghamshire
HP19 8EY

Tel: 01296752837
Website: www.helpinghands.co.uk

Date of inspection visit:
29 November 2017
30 November 2017

Date of publication:
01 January 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?	Requires Improvement

Summary of findings

Overall summary

This inspection was carried out on 29 and 30 November 2017 and was announced. Helping Hands Aylesbury is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. The office is based in the town of Aylesbury in Buckinghamshire.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People we spoke with gave us positive feedback about the care staff. Comments included "The carers are really lovely. They're very polite and kind," "They know what they need to do after they've been once and after they've finished what they should do they always ask if there's anything else I would like them to do. They automatically do any washing up without me needing to ask. They just use their common sense and just look around for jobs to do" and "The housework they do is definitely to my standard. There's nothing more frustrating than not being able to do it yourself so it's good that they make sure I'm happy."

People were supported by staff who had been recruited by a robust process to ensure they had the right skills and attributes.

Staff were aware of how to recognise abuse and were knowledgeable about what to do in the event of a concern being raised.

People could be confident that staff were trained to support them, the provider ensured staff had access to training and systems were in place to monitor staff performance.

People were supported by a service that sought to continually learn from when things went wrong and developed ways to reduce the likelihood to harm to people.

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 support this practice.

Where required, people were supported with their nutritional needs. The service worked with external health care professionals to keep people healthy and well.

Staff were aware of people's likes and dislikes, information was gathered about people's interests. Staff encouraged people to be independent one person told us "They're very respectful indeed towards me, they always let me do the bits that I can and make me feel very comfortable in their presence. I don't feel any embarrassment at all with them."

Systems were in place to monitor the quality of the service provided. There was a clear vision in the organisation to support people to achieve a fulfilling, safe and good quality of life.

Record management within the service required improvements. We found paper and computer records did not always contain up to date information. There was a lack of information being recorded about telephone calls made to the service. For instance, we found there was not always a clear audit trail for changes made to people's care needs. We have made a recommendation about this in the report.

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 remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service deteriorated to Requires Improvement.	**Requires Improvement**

Helping Hands Aylesbury

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.

This was a comprehensive inspection.

This inspection took place on 29 and 30 November 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that they would be available.

This inspection was carried out by 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). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

Prior to the inspection we sent out questionnaires to people, their relatives, staff and community professionals. The return rate was low with 31% of completed questionnaires from people, eighteen percent from staff and 5 % from relatives. At the time of the inspection we made telephone calls to people and their relatives to seek feedback and we sent requests to staff for feedback. While at the office we spoke with the registered manager, the interim senior quality assurance manager, head of homecare and a quality assurance officer. In addition we spoke with a field care supervisor and two care workers.

We contacted health and social care professionals who work with the service to seek feedback. We looked at six people's care records, which included medicine records. We looked at four staff recruitment files and cross referenced records against the provider's policies and procedures.

Good

Is the service safe?

Our findings

People told us they continued to receive safe care. Comments included, "I feel that my husband's very safe with them, we both totally trust them and have complete confidence in their capabilities," "The Carers are very good" and "I see a lot of different faces but they're all very good, really wonderful."

Where people required support with taking their prescribed medicine, this was detailed in their care plan. A risk assessment was undertaken to identify how to support people safely with their medicines. Staff who supported people were provided with training and were required to demonstrate competency prior to the administration of medicines. We noted paper and computer records were not always an exact copy of each other. The service had identified this as an area of improvement and had made changes to ensure consistency and accuracy. The registered manager advised us they had introduced a 'medicine change record' to ensure any changes in prescribed medicine were recorded. People told us they received their medicine promptly and when needed. One person told us "I take my own medication, but they always remind me about it."

Risks posed to people as a result of their medical conditions had been assessed and systems were in place to reduce the likelihood of harm. Risk assessments had been written for a wide range of activities. These included supporting people to move position, risk of falling and taking prescribed medicines, as examples.

Environmental risks were assessed to ensure people and staff were kept safe while the regulated activity was carried out. This included a check on lighting, access to a person's home and the state of repair of the home as examples.

Where risks to people had been identified and reduced across other services the provider managed, best practice guidance was cascaded to all services to ensure lessons were learnt. The provider had a clinical team who provided guidance on how to reduce harm to people. Incident and accidents were recorded and systems were in place to monitor any trends. The interim senior quality manager shared two recent communications with us about the use of wheelchair lap belts and ways to reduce falls when supporting people in a bathroom.

The provider had an infection control and a uniform policy which made reference to good practice on preventing the spread of infections. We noted the provider made available personal protective equipment (PPE) to staff. This included gloves and aprons. We observed staff attended the office to pick up supplies of PPE when required. We also noted that PPE was discussed in quality spot checks and was followed up in one to one meetings with staff.

People were supported by staff with the appropriate experience and character to work with people. The service had robust recruitment processes in place. Recruitment of new staff consisted of a selection process. Staff we spoke with were complimentary about the support they were offered during the selection process. One staff member described it as "Very Thorough and professional." Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service

checks (DBS). A DBS is a criminal record check.

People told us they were supported by staff who had enough time to support them. This was supported by what staff told us. One staff member told us "We do have busy times, rush hour traffic, but generally we have enough time to support people, I don't feel rushed." We received mixed feedback from people about timekeeping of the visits by staff. Comments from people included "They're always on time, there's no problems at all with their timekeeping" and "They have occasionally been late due to traffic and other things, but I'm not really bothered about timekeeping as long as they turn up. They've never missed an appointment." Negative comments from people included "They're usually on time and they do apologise if they're late if something's happened. They just turn up late, there's never any contact to let me know" and "Most of the time they do arrive on time but if they are running late they don't ring. The Carers don't have our telephone numbers, so they would have to ring the office for them to contact us." We have provided this feedback to the registered manager to ensure in future people are always contacted if a call is delayed.

People were protected from abuse and avoidable harm. Staff had received training and were able to tell us about potential signs of abuse and what action they would take if they had concerns. People told us they would report any concerns they had to the management team. One staff member told us "There are many forms of abuse, but one of the first signs would be a change in the person's mood, sadness, fear or anxiety, withdrawn and loss of self-esteem. The person may have marks on their body, suffer restricted movement and have unexplained injuries."

Good

Is the service effective?

Our findings

People told us they continued to receive effective care. Comments from people included "It's going fine. I can't really cook for myself, so they come in at breakfast and lunch to make my meals. I manage by myself at teatime. They always ask what I want, and the meals are all very good. I'm very pleased with them, pleasantly surprised really. They also give a shower twice a week and they're very good" and "They are very willing to learn."

People were supported by staff who had received training and support to understand their role and responsibilities. All new staff were supported to study the care certificate. The care certificate is a set of nationally recognised standards all care staff needs to meet. The standards include communication, privacy and dignity; equality and diversity and working in a person centred way as examples. One staff member told us "The induction was very thorough." Another staff member told us" My induction was a three day training course; I found this to be very informative and helpful in preparation for my role as a home carer." A third member of staff told us "Induction was three days followed by six hours shadowing and annual refresher training." We noted staff received refresher training in how to safeguard people from abuse and emergency first aid as examples.

Staff told us they felt supported. We saw staff members were provided with one to one meetings and an annual appraisal of their performance. One staff member told us "My last medication administration was assessed as competent in my last appraisal in October 2017." One staff member had not received one to one meetings in line with the provider's policy. This was prior to the registered manager being in post. We discussed this with the registered manager. They told us there was a system in place to ensure staff were supported. All one to one meetings were scheduled on the provider's database and a report was able to be produced to aid future planning of meetings.

The provider had supported all new staff with equality and diversity training and staff were aware of how to promote people's human rights. People had their needs assessed by staff who had received training in this. At the time of the inspection one member of staff was awaiting care planning training. This meant people could be confident the assessor was equipped to talk to people about their care needs based on best practice guidelines. We noted the provider produced informative leaflets on a wide range of topics. For instance, one leaflet we looked at was called 'High protein, high calorie diet for people with dementia.' The leaflets were available for staff, people and their relatives.

Where people required support with eating and drinking this was detailed in their care plan. Where needed the service referred people to their GP if concerns were noted about their diet or weight. Staff we spoke with were knowledgeable about people's nutritional needs and how to monitor people. One member of staff told us "Check if food in fridge and in date be aware of any weight loss offer food when in house ask what they had for last meal and check log book."

The provider had a clinical team who were able to support the registered manager and care staff to ensure people received consistent and co-ordinated care. For instance, if a person had been given a new diagnosis,

clinical staff would provide training and an understanding for staff on how to care for them. Where people had been admitted to hospital the registered manager or a senior member of staff ensured they maintained regular contact with the person's relative and hospital to ensure care re-commenced when required. If necessary re-assessments of people's needs were carried out to ensure all their needs were met.

Where required people were referred to external healthcare professionals. One staff member told us a district nurse had provided a new aid to help move a person in bed. They told us "[Name of person] has just been given a new slide sheet; it is a lot easier to move the person in bed now."

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. Staff we spoke with were aware of how to support people with decision making and how to encourage people in making daily decisions about their care.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person who is supported in their own home need to be made to the court of protection (COP). The registered manager had good working knowledge of the MCA. Staff received training on the MCA. The registered manager told us they were awaiting a decision from the COP regarding one person who they supported.

Good

Is the service caring?

Our findings

People told us they continued to receive a kind, caring service from Helping Hands Aylesbury. Comments from people included "The Carers are really lovely. They're very polite and kind," "They know what they need to do after they've been once and after they've finished what they should do they always ask if there's anything else I would like them to do. They automatically do any washing up without me needing to ask. They just use their common sense and just look around for jobs to do" and "The housework they do is definitely to my standard. There's nothing more frustrating than not being able to do it yourself so it's good that they make sure I'm happy."

One relative told us "I have had care company who say they will take care of mum but let me down. I was at the end of what to do. Then we heard from people about helping hands. [Name of registered manager] came out she was like a family friend from the moment she said hello. She really wanted to help; the care plan and carers are outstanding. My mum has a lot of health problems and with dementia is very hard work. The staff are so kind; caring also will always give 150%. I can't thank them enough. "Another relative told us "My husband is totally paralysed from the waist down, so they need to use a hoist. There's always two Carers to use the hoist and they constantly reassure him when they're using it. They're lovely people."

People told us they were supported in a dignified manner. Care staff told they knew how to ensure people were treated with dignity. Care staff spoke passionately about the work they carried out with people. We received positive feedback from people. Comments included, "They help me to have a shower and put some cream on my legs and they're so respectful towards me. They make my bed, do the washing up, and they even take my rubbish out as well. They always offer to make me a drink and something to eat. I can't praise them enough" They always maintain my dignity, put me at ease and they're all very respectful towards me" and "They're very good with my personal care. They always put me at ease and they're very respectful". A relative told us "They're all very respectful towards my daughter. We're very happy with the carers".

People were supported to maintain their independence. Care staff we spoke with told us how they encouraged people to be independent. One person told us "They're very respectful indeed towards me, they always let me do the bits that I can and make me feel very comfortable in their presence. I don't feel any embarrassment at all with them".

People told us they were involved in decisions about their care. People told us they had contact with the office staff and were involved in the development of their care plan. One relative told us they were still awaiting a copy of their relatives care plan. We have sought reassurance from the registered manager this will be sent out in due course.

Staff told us they were aware of how to support people with their communication needs. This was supported by what people told us. The provider was able to send information to people in a format that was accessible to them. For instance if a care plan was required to be written in Braille this was available.

Good

Is the service responsive?

Our findings

People told us they continued to receive a responsive service which met their individual needs. People told us they received a personalised service. Prior to care commencing a senior member of staff visited the person in their own home to carry out an assessment. Information was gathered about what the person required support with, which included their personal preferences. For instance, if they preferred a bath or a shower. A detailed history of the person's medical conditions and how they affected them was taken. In addition information was gathered about the environment and what support was needed in adverse weather conditions.

The registered manager told us the care plan was a live document as it was completed with people at the time of the assessment with the use of a digital pen. This enabled a copy of the care plan to be left with the person. The registered manager had introduced a new system to ensure information was updated when changes had been made. We looked at some which had recently changed. We noted the digital pen had been used and we could see the medicine had been changed.

The provider had changed the care plan documentation to enable greater detail to be added. We noted this encouraged the assessor to ask people about their interests and hobbies. We spoke with the registered manager about this. They told us it helped to get to know people they supported and it also helped them rota care workers with similar interest to the person. They also told us they were due to introduce carer profiles for care workers. They were used in other services the provider managed. The carer profile detailed what skills the care workers had, their work experience and their own hobbies and interests. The registered manager told us it would enable greater matching of people and staff to ensure people received a personalised service.

Care plans were reviewed on a regular basis or when changes occurred. The planned review dates were scheduled in the provider's database. A report was available to support the registered manager plan the visits. This was overseen by their line manager to ensure reviews were completed in a timely manner.

The registered manager informed us some people they looked after had additional support from technology. They told us about providing information to people and or their decision maker about available sources of support. For instance, one person who was at high risk of falls was supported to obtain a falls sensor.

The provider had a compliment and complaint policy. We noted there were systems in place to respond to compliments and complaints. Quality assurance officers and the providers' governance team monitored complaints to identify any trends. People told us they knew who to speak with if they were unhappy with the service. Comments included, "In the beginning, they used to arrive too early for my supper visit but I rang the office and they sorted it out. It's been fine ever since" and "Last year, we did send in a letter of complaint regarding missed appointments and we haven't had a problem since." Other people told us "I've no concerns at all, it's absolutely fabulous. [Name of Staff] from the office e-mails a list on a Friday who's coming the following week which works well for me. I stated a preference of having female Carers and

they've always sent them," "We've no complaints at all, the Carers are all lovely and it all works very well" and "I've no complaints at all, it's going very well."

People were asked if they needed any support to practise their chosen religion or belief. If support was required this was detailed in the person's care plan. We found the care plan to be detailed and person centred. Staff we spoke with confirmed they were given enough information about people. One staff member told us "If I have not met someone before I make sure I get information about them, I will call the office and arrange to read the care plan."

At the time of the inspection the service was not supporting anyone with end of life care needs. Staff however had received emergency first aid training. Where people were willing to share, information was provided to the care staff on people's preference for emergency support in the event of a cardiac arrest. One staff member told us "Even if the person has a 'do not resuscitate' status, we would call an ambulance and advise the paramedic of the person's wishes."

Requires Improvement

Is the service well-led?

Our findings

People told us they received a service that they deemed was well-led. The service had a registered manager in post. 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.

Some of the records we looked at did not routinely and accurately hold contemporaneous information. For instance, information on medicine administration records (MARs) did not always reflect medicine on the support plan. We noted the MARs were handwritten, there were differences in dosages from one month to the next and spelling errors. This had the potential for people not to receive their correct medicine. However this risk was reduced as people received their medicines in a weekly box filled by a community pharmacist. We spoke with the registered manager about this. They informed us they had identified improvements were required in record management regarding medicine administration. We also noted this had been identified in an internal quality audit completed in May 2017. The registered manager had implemented a new system to ensure accuracy of MARs. They had also introduced a medicine change form to ensure an audit trail was recorded when medicine were changed. They showed us examples of when the form had been used.

We found other records were lacking in detail. For instance, not all the telephone calls made to the office were recorded. Some records were recorded in different parts of the provider's computer system. We discussed this with the provider's representatives. They provided clarity to the registered manager about what should be recorded and where.

We asked to look at one person's care record. This was not easily accessible as it had been filed in an archived file. It was the provider's practice to ensure a copy of the care plan was attached to the provider's computer system used by the on call team. We checked the system and found the same person did not have a care plan attached. We discussed this with the provider's representative as we were concerned what information was available in an emergency. The registered manager covered their own on call and was knowledgeable about the people they supported.

We recommend the provider ensures improvements are made in record keeping and accuracy of information held on people.

There was a clear vision and culture which was cascaded from the board of directors. The founding members of the organisation took an interest in the care staff. The provider had its own intranet which allowed free access to the board of directors. Staff were recognised when they had performed well. We noted a number of staff reward schemes these included, 'refer a friend', 'carer of the month' and 'Halloween Treats' as examples. Staff we spoke with felt valued by the provider. There were links on the computer for staff to seek information to support their well-being and home life. Confidentiality was maintained for communication from staff.

The service promoted itself through community events and leaflet drops. For instance they held a tea party in the summer.

The provider had systems in place to share good practice. The provider held clinical governance meetings and any new areas of improvement were discussed and once verified by the leadership were cascaded to all service the provider managed.

Quality assurance processes were in place to improve the experience and quality of life people had. A representative from the provider was responsible for carrying out a number of audits, these included health and safety, care worker file and care plan files as examples. Surveys were sent to people, their representatives and staff. The results from the surveys were analysed and any changes made as a result of feedback were shared with people and staff. This gave people and staff confidence their voice had been heard. One member of staff told us "I'm always asked in my supervision for suggestions on how to improve the service."