

Helping Hands Domiciliary Care Services

Helping Hands DCS

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

This inspection took place on 2nd and 3rd October 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in. Helping Hands provides personal care for people in their own homes. At the time of the inspection there were 51 people using the service. This was the first comprehensive inspection of the service following registration.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People received support from staff that understood how to keep them safe. Staff could describe risks to people's safety and the action they took to keep people safe. Staff were safely recruited and there were sufficient staff to meet people's needs when they needed it. People received support to take their prescribed medicines.

People received support from staff with the skills and training to know how to support people safely. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice. People had support to access a choice of meals and receive support to maintain their health.

People had good relationships with staff and told us they felt they were treated with dignity and respect. People were offered choices and were supported to maintain their independence.

People received a service which was responsive to their needs and preferences. People's needs were assessed and care plans were reviewed regularly. Complaints were responded to and people felt they could raise any concerns.

People felt able to access the registered manager and staff felt supported in their role. Quality checks were carried out and people received feedback and this was used to drive improvements. However the checks on medicine records had not identified the concerns around topical medicines and there were gaps in notifications to CQC.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported to take their prescribed medicines.

People told us they felt safe using the service and they had support to manage risks to their safety.

People were supported by sufficient staff and at the times they needed support.

Is the service effective?

Good ●

The service was effective.

People were supported by suitably skilled and knowledgeable staff.

People received support to make decisions and staff understood the principles of the MCA.

People were supported to maintain a healthy diet and have choice over what they ate.

People's health was monitored and they were supported to access health professionals as required.

Is the service caring?

Good ●

The service was caring.

People spoke highly of the staff and felt they had a good relationship with them.

People were supported to maintain their independence and make choices about their care.

People were supported in a way which maintained their privacy and dignity and staff were respectful.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care from staff that understood their needs and preferences.

People understood how to make a complaint and complaints were responded to effectively.

Is the service well-led?

The service was not always well led.

Quality checks were not always effective in identifying concerns.

People, relatives and staff felt the registered manager was approachable.

Requires Improvement ●

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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 announced inspection took place on 2 and 3 October 2017. 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.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. 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 the service does well and improvements they plan to make. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We also contacted the Local Authority for information they held about the service. We used this information to help us plan our inspection.

During the inspection, we spoke with nine people who used the service and two relatives. We also spoke with the registered manager, the care manager, a care coordinator and three care staff.

We reviewed a range of records, which included the care records of four people. We looked at four staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including policies and quality audits.

Is the service safe?

Our findings

People told us they received support to take their medicines. One person said, "I get my tablets at the time I am supposed to". Staff told us they had been trained to administer medicines and could describe how this was done in line with the policy. Staff were aware of how to record medicines administration using the medicine administration record (MAR) and how they would report any concerns or errors with medicines. We saw where an error had occurred this was reported to the appropriate bodies and action was taken to ensure the person was safe. The registered manager told us staff were trained to give medicines and the records we saw supported this. However we found there were some missing information about how to administer topical medicines for some people. We spoke to staff about this and they assured us there were adequate instructions provided on the packaging for them to follow and the person concerned would be able to tell staff if they attempted to administer the medicine incorrectly. We spoke to the registered manager about this and they took immediate action to update the MAR charts.

People told us they felt safe when staff were supporting them in their homes. One person said, "I can't speak too highly of my carers it's like having loads of friends looking after me". A relative told us, "It is just the way they speak to my relative; I feel they are very safe". Staff had been trained and could identify people that may be at risk of harm or abuse and what they could do to protect them. Staff could describe how to identify abuse and how they would report this. We saw records of incidents that had been reported to the safeguarding authority for investigation. This meant staff knew how to keep people safe and protect them from abuse.

People felt supported to manage risks to their safety. Staff understood risks to people's safety and there were risk assessments in place which identified people's individual risks and gave guidance to staff on how to mitigate risks. For example one staff member was able to describe the care someone had to prevent them from getting a pressure sore, this included the equipment in place for this person and how they monitored the persons care. There had been one incident at the time of our inspection, the provider had investigated this and taken appropriate action. This showed staff understood people's risks and what action to take to keep them safe.

People received support from safely recruited staff. We saw the provider checked to ensure staff were safe to work with vulnerable people by completing pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

People told us they had regular staff visit them, when new care staff start they are always introduced to the people before they commence visiting them. Everyone we spoke with said staff always arrived on time and stay for the duration of the call. People told us staff were rarely late but if they were they had a call to let them know. One person said, "I don't think they have ever been late since they started coming". A relative told us, "It is the reliability of the carers that's important to me". Staff told us they felt there were enough staff to cover calls and they were given sufficient time to get to the calls. We looked at records of people's visits which supported what we were told. This meant there were sufficient staff to support people safely.

Is the service effective?

Our findings

People told us the staff were knowledgeable and they felt they understood their role. One person told us, "I couldn't be happier with how I am looked after by the staff". Another person said, "These are the best carers we have used. We get excellent regular carers they do everything they can to make our life as normal as it can be on a daily basis". Staff told us they had received training which helped them to feel confident in their role. One staff member told us, "I am currently doing a level 2 national vocational qualification". Another staff member told us how the training was delivered for manual handling and how they felt confident supporting people after they were trained. Staff told us they had support in their role. One staff member said, "Supervisions are fairly frequent, but you can always seek support about any concerns". Staff received an induction into their role. Staff told us this covered all areas of the job and included shadowing other staff. We saw records that supported what staff told us. This showed staff had the appropriate skills to support people.

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. We checked whether the service was working within the principles of the MCA.

People confirmed they were asked to give consent to their care and support. Staff confirmed they understood the principles of the MCA and were able to tell us how people they supported were all able to consent to their care. We saw records which showed people had consented to their care. There was nobody receiving care that lacked the capacity to consent. We spoke to the registered manager and staff who confirmed they understood if someone lacked capacity they would need to undertake an assessment and record how decisions would be taken in peoples best interests. This showed people's rights were protected by staff that understood how to apply the principles of the MCA.

People were supported to have meals of their choice. One person told us, "My daughter gets my food for the week but my carers prepare it on a daily basis I always have what I want". Staff told us they understood people's needs and preferences for food and drinks and could give us examples. One staff member was able to describe how they monitored one person's fluids due to risks associated with their care. Another staff member was able to tell us in detail what people liked for their meals. We confirmed this with the records we looked at. This meant staff understood how to support people with making choices about food and drinks and how any risks identified were managed.

People told us they had received support to contact their GP when they had been unwell. The staff had called the GP and relatives had also been informed. Staff described how they monitored people's health and sought support if they needed it. Staff gave examples of making contact with on call GP services to seek advice. The registered manager told us staff reported any concerns and they would seek support from other professionals. The records we saw supported what were told. This meant people were supported to manage their health and wellbeing.

Is the service caring?

Our findings

People and their relatives told us they were treated with kindness and respect by staff that supported them. One person said, "My wife and I are very happy with what is done for us nothing is too much trouble, mostly we get the same carers, we both like that because they know exactly what to do for us". One relative said, "I can't find a fault with my relative's care it has really given me my life back since they started coming". Another relative said, "I think the staff really care for my mum it's not an act". Staff understood the importance of building trusting relationships with people and could give examples of how they fostered good relationships. One staff member said, "I get to know people well, we talk about their past interests and have lovely conversations". This showed people had good relationships with the staff that supported them.

People told us they felt able to direct their care and support. People were supported to maintain their independence and make choices about their care and support. Staff told us how they supported people to maintain their independence by doing as much for themselves as possible. One staff member said, "We get to know how to support people with independence, [Persons name] has a pillow to support them whilst they eat so they can manage themselves". Staff gave examples of the choices people made such as with choosing their meals and what clothes to wear. We saw peoples care records gave information about what people needed support with and how to support people to maintain their independence. This meant staff understood the importance of maintaining people's independence and enabling them to have control over their lives.

People told us they were supported in a way that maintained their dignity and staff respected their privacy. People felt that care staff were respectful to their homes, knocking doors and calling out to the person before entering. One relative told us, "The best thing is that they look at my relative as a whole person and they listen to what we both need and want". Staff understood the importance of maintaining people's dignity and could give examples of how they did this when offering care and support such as covering people whilst washing, closing doors and curtains and checking with people if it was ok to enter different rooms in the property. Staff spoke about people in a respectful way and records we saw described people in a manner which was dignified. This meant people had their dignity maintained by staff that respected them.

Is the service responsive?

Our findings

People received a responsive service that reflected their individual needs and wishes. One person told us, "My carers have given me my life back". Another person said, "If I need to change my call times there is never a problem I have always been able to". Relatives were also complimentary about the service and felt it was responsive. One relative told us, "We leave each other messages in my relative's file this makes sure neither of us miss any problems that could occur". Another relative told us, "I just need to mention something and it's implemented as soon as is possible". Whilst another said, "My relatives care is very rounded my relative is treated very much as an individual". People and their relatives told us that their needs were assessed prior to the start of the service and these were regularly reviewed. One relative said, "Before they started the manager came and visited my relative and we went through the care plan and every 6 months it is reviewed". We saw records which confirmed this. Staff felt the service was responsive, and they were able to provide care which met people's needs and preferences. Staff could give us examples of what was important to people. One staff member said, "I know [person's name] likes to have certain things with them when they go to bed". We confirmed this was documented in the persons care plan. In the PIR the registered manger told us a personal profile identified personal choices and preferences and relationships that are important to people. The evidence we saw supported this. This meant people were involved in their assessment, planning and review of their care and support and staff understood their needs and provided a responsive service.

We asked the people we spoke with about making complaints. They told us they had not had the need to complain but would be able to share a worry or a concern should the need arise and they felt confident this would be dealt with. All staff understood how to manage concerns or complaints if they received them from people or relatives. We saw complaints had been investigated and a response had been given in line with the complaints policy. This showed complaints were investigated and people received a response.

Is the service well-led?

Our findings

Registered persons are required to notify CQC of certain changes, events or incidents at the service. The registered provider was aware of their responsibilities in relation to this, however we found not all notifications had been submitted in a timely manner. We found there had been one safeguarding investigation reported to the safeguarding authority. The incident had been investigated and reported to the appropriate bodies however CQC had not been notified. The registered manager said this was an oversight at a particularly busy period and they would ensure any future notifications were submitted without delay.

The registered manager told us peoples care records and MAR charts were checked every four weeks to make sure people were receiving the care they needed. We found these checks had not identified the issues we found with missing information for administering topical medicines. The registered manager took immediate action to address this and confirmed they would make changes to the checks they carried out to ensure issues such as this could be identified in the future.

The registered manager had sufficient systems in place to monitor the quality of the service people received. The registered manager told us contact was made with people two weeks after they began receiving the service and at regular points after that to gather their views about the service. People confirmed they were able to give their feedback and any issues were dealt with immediately. One person said, "Any issues we have if I mention the problem it gets sorted straight away". Spot checks were carried out with staff by the registered manager to check staff were providing the care people needed. Records we saw supported this. This meant the registered manager could identify any concerns and improve the quality of the service people received.

People, relatives and staff all spoke highly of the service and how this was managed they told us they felt the registered manager was approachable. One person said, "Regular phone calls from the office are received and it keeps me up to date with everything". Another person said, "I don't think it can improve it ticks all my boxes". Whilst another said, "My carers are absolutely fabulous I can't fault them". Staff felt the service was good; they felt supported in their role and understood their responsibilities. Staff told us they felt comfortable raising issues with the registered manager and they felt they were accessible. One staff member said, "We have regular opportunities to raise issues through supervision, but I know I can go to the registered manager at any time". Another staff member said, "I would recommend this service to anyone, the staff here are all about the people". In the PIR the registered manger told us they were always available to respond to queries and take appropriate action, the evidence we saw supported this. The registered manager told us about the communication systems they had in place for staff. Staff confirmed these were effective in keeping them up to date. This showed the registered manager was accessible to people, relatives and staff.