

Helping Hands Domiciliary Care Limited

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Inspection report

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19 July 2018

23 July 2018

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Inspection site visit activity started on 17 July and ended on 23 July 2018 and was announced.

At our last inspection the provider was found to be in breach of Regulation 19 Fit and proper persons employed. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of: Is the service Safe? and Is the service Well-led? to at least good.

At this inspection we found that sufficient improvement had been made to say that the breach of regulation had been met.

Helping Hands Domiciliary Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, some of who may be living with dementia. At the time of inspection 60 older people used the service.

There was a manager in post who had registered with CQC. 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.' The two directors, one of whom was the registered manager, were present throughout the inspection.

The recruitment process had been strengthened to ensure all appropriate pre-employment checks were completed prior to new staff commencing employment.

Risk assessments had been implemented and reviewed where required. They provided staff with sufficient information to manage and reduce risks where possible.

Staff had received safeguarding training and appropriate policies and procedures were in place. Staff were able to explain the action they would take if they suspected abuse.

Medicines had been administered and recorded appropriately. Staff had received sufficient training in this area. The registered manager completed competency assessments to ensure staff had the skills required to manage medicines safely. A robust auditing system was not in place to highlight and respond to any shortfalls.

There was a sufficient number of staff employed. People received support from a consistent team of staff who were familiar with their needs.

Staff had received training and supervisions to ensure they had the skills and knowledge to carry out their roles. Staff were encouraged to develop their skills through continuous training.

People were provided with support which helped them maintain a balanced diet. People were encouraged to remain as independent as possible and their choices were respected by staff.

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. People had signed consent to acknowledge they had read and understood the support they were to receive.

Care plans contained person-centred information which enabled staff to provide support in accordance with people's wishes.

A complaints policy and procedure was in place. People knew how to make a complaint and were confident any issues would be promptly addressed.

Quality audits had been further developed to ensure they included all aspects of the service. When shortfalls had been identified, appropriate remedial action had been taken.

People, relatives and staff spoke extremely positively about the registered manager and their approach. They had developed an open, honest culture that was respected by all staff. Regular staff meetings had taken place and staff were encouraged to contribute their ideas to further develop the service.

The registered manager was keen to continuously seek feedback from people and relatives to improve the quality of care provided.

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.

Safe recruitment process had been followed to ensure new staff were suitable to work at the service.

Risks assessments were in place where required.

Medicines had been administered safely and recorded appropriately.

Is the service effective?

Good 

The service was effective.

Staff had received sufficient training and support to enable them to carry out their roles effectively.

Staff understood and followed the principles of the Mental Capacity Act 2005.

People were supported to maintain a healthy balanced diet.

Is the service caring?

Good 

The service was caring.

People told us they were treated with dignity and respect.

People's independence was promoted and encouraged by staff.

People were supported by a consistent team of staff which enabled positive relationships to be developed.

Is the service responsive?

Good 

The service was responsive.

Care plans contained person-centred information to enable staff to provide appropriate support to people.

Regular care reviews took place to ensure the service continued

to meet people's needs.

A complaints policy and procedure was in place.

Is the service well-led?

The service was well-led.

Effective quality assurance systems were in place.

People, relatives and staff spoke highly of the registered manager and their open, honest approach.

Feedback was sought to allow the service to continuously improve.

Good ●

Helping Hands Domiciliary Care Limited

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 checked 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.

Inspection site activity started on 17 July and ended on 23 July 2018. The inspection was announced. The provider was given 48 hours' notice because the location provides personal care support to people living in the community and we needed to be sure someone would be available at the office location. The inspection was carried out by one adult social care inspector. Following the inspection site visit, an Expert by Experience contacted people who used the service and relatives to gain their views on the service provided.

As part of planning our inspection, we contacted Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

The provider sent us their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

During the inspection we reviewed a range of records. These included three people's care records containing care planning documentation, daily records and medicine records. We looked at three staff files relating to their recruitment, supervision, appraisal and training. We reviewed records relating to the management of the service and a wide variety of policies and procedures.

During the inspection we spoke with eight people who used the service and seven relatives to gain their views on the service provided. We also spoke with five members of staff including the registered manager who is also the provider.

Is the service safe?

Our findings

At the last inspection in June 2017 we found the service was not always safe and awarded a rating of requires improvement. This was because safe recruitment processes had not always been followed which resulted in a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act (Regulated Activities) Regulation 2014.

At this inspection we found that significant improvements had been made in this area and the provider was now meeting the requirements of Regulation 19.

We looked at three staff recruitment files and found a thorough recruitment process was now in place. Applications contained full employment history. When gaps in employment history had been identified, this was explored during the interview process. References had been requested from previous employers and Disclosure and Barring Service (DBS) checks were received before staff commenced employment. The registered manager also ensured they had appropriate 'check lists' in place to ensure the recruitment process had been followed. This evidenced the registered manager had taken appropriate action and was now compliant with regulations.

At the last inspection we made a recommendation that the service considered current guidance on the management of medicines and take action to improve their practice accordingly. This was because topical medicines, such as creams, had not always been appropriately recorded when staff had administered them. At this inspection we found improvements had been made. Topical medicine administration records (TMARS) were now in place. A clearly marked body map provided clear guidance to staff on areas of the body the cream was to be applied. TMARs showed that staff has appropriately recorded when they had applied such medicines.

Medicines had been appropriately managed and administered. Medicine administration records (MARs) contained the required information to enable staff to administer medicines safely and had been completed when required by staff. Training records evidenced that staff had received appropriate training with regards to medicines and competency assessments had also been completed by the registered manager.

People told us they felt safe. Comments included, "I feel safe with all the staff" and "I absolutely feel safe. I wouldn't have them in my house if I didn't." A relative we spoke with told us, "I am happy that [person's name] is absolutely safe with them."

Risks to people had been assessed and risk assessment plans were in place where required. For example, one person needed to be transferred using a hoist. A mobility and equipment risk assessment was in place. We did find that risk assessments could contain more information in relation to control measures put in place to reduce risks. When we asked, the registered manager was able to provide this information. Staff we spoke with confirmed they were fully aware of specific risks, control measures put in place and the impact this had for the person. We also found that additional information in relation to risk management was contained within associated care plans.

Staff were aware of the safeguarding policy and the procedure they should follow if they had any concerns. One member of staff said, "We have completed training and I am very much aware of things to look out for. I would pass any concerns over to the registered manager. I know they would deal with things straight away."

Records showed that the registered manager had taken action when any safeguarding concerns were raised. Referrals had been made to the local authority when appropriate and thorough, accurate records of outcomes were recorded.

We looked at a sample of rotas and these demonstrated that people received support from a consistent team of staff. People and staff we spoke with confirmed this. One person said, "I usually see the same faces which is nice. We have built good relationships. We sometimes get a new carer but they come with a more experienced one to learn the ropes." Another person said, "I have a good team. A few different ones but I know them all well. They would never send a stranger to me."

The provider continued to use an electronic monitoring system. Staff were required to electronically record when they arrived at a person's home. This information then linked to the provider's computer system and helped to ensure that staff arrived at people's homes on time. Data from this system showed that people had received support at a consistent time and no missed calls had occurred. One person told us, "The (staff) are on time. If they are held up for any reason they always ring me to let me know."

Staff were provided with information to ensure they were aware of people's preferred access arrangements, such as if a key code was in place, preferred door to enter and if people wished for staff to wait for them to answer the door.

There was a plentiful supply of person protective equipment (PPE) available such as gloves, aprons and hand sanitiser which was stored in the provider's office location. Throughout the inspection staff visited the office to replenish supplies. People we spoke with told us that staff followed good infection control practice. Comments included, "They always wear gloves and aprons and constantly wash their hands. [Registered manager's name] comes out and checks they are wearing what they should be."

Is the service effective?

Our findings

At the last inspection in June 2017 we found the service was effective and awarded a rating of good. At this inspection we found the service remained good.

A thorough induction process was in place and completed by all staff new to the service. Staff new to care were also required to complete the care certificate. The Care Certificate sets out learning outcomes, competences and standards of care expected and is completed over a 12-week period. One new member of staff told us, "I have nearly finished my care certificate. The registered manager has been really supportive and helped me whenever I have needed it." The staff member went on to tell us how they shadowed the registered manager in the community before they were allowed to work alone. The registered manager told us, "We have certain standards that we expect from all staff. Only when I am 100% satisfied that new staff are capable of delivering care to our standards are they signed off and allowed to work alone."

Staff told us they were well supported and spoke highly of management. Records we looked at confirmed regular supervisions had taken place, which were usually conducted on a one to one basis. Staff were given the opportunity to discuss any concerns, personal development and review their overall performance. Group supervisions had also taken place when specific concerns or areas for improvement had been identified. For example, staff not consistently recording full dates on records.

The registered manager also conducted observations of staff practice to ensure staff were consistently providing support that met required standards. Areas assessed included infection control, communication, recording, administering medication as well as the use of mobility aids. A discussion between the registered manager and member of staff took place following the observation to commend good practice and highlight any areas that could be further developed.

Staff had received regular training to ensure they had the knowledge and skills needed to support people. Staff spoke positively about the training on offer and opportunities they had been given to develop. One member of staff said, "I started my NVQ 3 in health & social care a long time ago before I joined Helping Hands. [Registered manager's name] has been so supportive and gave me the encouragement I needed to complete it. I couldn't ask for more." People we spoke with told us staff appeared to be well trained. Comments included, "They [staff] are all well trained, very conscientious" and "My regular staff know exactly what they are doing."

Staff had received training and understood the requirements of The Mental Capacity Act 2005 (MCA). The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). For people living in their own home, this would be authorised

via an application to the Court of Protection.

The service was not currently supporting anyone who lacked capacity to make decisions. The manager was clear about the processes they needed to follow and the principles of the MCA.

Care plans contained signatures and monthly reviews of care and support were signed to acknowledge they understood the content. Staff confirmed that they discussed all aspect of support provided with people and ensured they were happy with what they were doing. One member of staff said, "I always ask people what they would like. I would never do anything they didn't want me to." A person who used the service told us, "Staff are respectful. They always ask or say, 'I am going to do this, that or the other – is that ok?' They never just take over and do what they want."

People were supported to maintain a healthy diet where applicable. Some people did not require any assistance in this area whilst others received support from staff. Care records clearly evidence what level of support was required. For example, one care plan stated that the person would remove a meal of choice from the freezer and staff were to support to prepare it. Another person liked to have fresh meals which was also accommodate by staff. Where people required close monitoring of food and fluid intake due to health concerns, appropriate monitoring documentation was in place. Staff we spoke with were aware of people's specific dietary requirements and any special adjustments that would be required, such as if a person was diabetic.

People were clear about how they could get access to their own GP and other professionals and that staff at the service could arrange this for them. The registered manager had good working relationships with local GP's, district nurses and pharmacies to ensure people received the support they required.

Is the service caring?

Our findings

At the last inspection in June 2017 we found the service was caring and awarded a rating of good. At this inspection we found the service remained good.

People told us staff were kind and caring. Comments included, "The staff are very nice. I couldn't speak more highly of them" and "I couldn't ask for better staff, they are brilliant. I wouldn't want anyone else to look after me."

The registered manager ensured they provided staff with information to enable them to provide the level of support that was need but also promoted people's independence. For example, one care plans stated areas of the body the person was able to wash independently. A second care plan detailed where their table was to be positioned so they could manage independently when staff were not present.

Staff we spoke with were able to describe how they ensured people's privacy and dignity was maintained. One member of staff said, "I keep people covered over when we are helping with personal care to respect their modesty. I always make sure curtains and doors are closed." People we spoke with confirmed staff respected their privacy and dignity. The registered manager told us of the importance of ensuring staff were familiar with access arrangements to ensure people's wishes were respected. They said, "I would hate to think staff would knock and walk into a person's home if they wanted them to wait for the door to be answered. Details like that are important and we should always be respectful of peoples wishes."

Staff we spoke with were familiar with people and knew their likes, dislikes and preferences. Consistent rotas meant that staff were able to build relationships with people and develop trust. A relative we spoke with told us, "[Name] see staff as friends now. They get on so well." A member of staff told us, "I know all the people I visit really well. I know how they like their tea or coffee, what they prefer for breakfast and the people that are important to them. We have really good bonds."

When people were asked if they felt staff respected their choices everyone considered this to be the case. One person said, "Staff always ask, they never decide anything for me. I make the decision and then they help me." Another person said, "It is my home and my choice and that is fully respected." Records showed that people could request specific staff and times, wherever possible, this was accommodated.

Staff had received training to ensure they had the skills and knowledge to provide end of life care. At the time of this inspection the service was not currently supporting anyone with end of life care. The registered manager explained that most people who they had supported at the end stages of their life had started to receive support when they were extremely ill and end of life care plans had already been developed by other professionals involved in their care. We discussed the benefit of ensuring advanced decisions with regards to people's wishes was considered and recorded for all people who used the service. The registered manager agreed this was an area they would develop further.

Most people who used the service received support, where required from relatives to express their views.

Information on advocacy services was available should people required additional support. Advocates help to ensure that people's views and preferences are heard. The registered manager was clear of how to source an advocate for people should this be required.

Is the service responsive?

Our findings

At the last inspection in June 2017 we found the service was responsive and awarded a rating of good. At this inspection we found the service remained good.

The registered manager conducted initial assessments before people received a service. The registered manager told us, "We get some referrals from the local authority and some from relatives. We always arrange to visit the person in their own homes and discuss their needs. That way we can ensure we can provide the support they not only require, but the support that they want and expect." This demonstrated that the service ensured they could meet people's needs and preferences before a package of care commenced.

Care plans had been further developed to ensure they contained up to date person-centred information that was important to the individual. For example, a personal care plan detailed what support a person required from staff and what they could manage independently. Another personal care plan made reference to the person preferring toiletries and towels to use. This level of information ensured people received person-centred support.

Life stories were in place and contained information such as personal history, current and past interests, keeping in touch with people and information on things the person enjoyed doing, past and present. Staff told us they valued the level of information within the care records and it was often used to stimulate conversations and build relationships with people as well as relatives.

People were encouraged to remain as active as possible. Staff told us they used life history documents and their knowledge of people they were supporting to try and encourage people to remain involved in activities they enjoyed. Although people did not receive direct support from staff with regards to activities and outings, staff understood the importance of people remaining engaged and stimulate to promote a good quality of life. One member of staff told us how they had built a relationship with one person and was able to encourage them to visit their local pub which they used to very much enjoy.

Monthly reviews of care and support evidence that people and relatives had been actively involved in discussions. Any comments or suggestions made were recorded and shared with the registered manager and appropriate action was taken when people's needs had changed. One person said, "I have a file that tells the staff what they need to do for me but they always ask to make sure I am happy with it. [Registered manager] came out just a couple of weeks ago to check everything over."

It was clear the registered manager responded to people's changing needs and ensured they had the supported in place that was needed. One relative told us, "I had made a mistake with dates when I needed some respite cover. When I realised I had to ring quite late one night, [registered manager's name] rang me straight back to say [person's name] was booked in for the morning. That's very reassuring." Care records evidence that when people's health had deteriorated, swift action had been taken to ensure additional support was provided.

People were able to choose a time they wished for staff to visit and this was accommodated wherever possible. People we spoke with told us requests for changes in times, due to appointments, were always accommodated without hesitation. One person told us that they did not 'gel' with a member of staff. They contacted the office and the issue was sorted straight away. They went on to say, "[registered manager's name] is good like that."

The registered manager had a complaints policy and system in place to ensure they acknowledged and responded to complaints appropriately. Although there had been no formal complaints made people we spoke with told us they would not hesitate to contact the registered manager if they had any concerns. Comments included, "They come from the office to see me and check up on things. I have no complaints, it's all very good", "I have never had a complaint, I am very pleased with it" and "I wouldn't stand by if something was wrong but this seems to be going fine."

Is the service well-led?

Our findings

At the last inspection we awarded a rating of requires improvement. This was because effective quality monitoring systems were not always in place. At this inspection we found the registered manager had worked hard to ensure shortfalls identified at the last inspection were rectified.

Thorough audits were now in place to ensure medicines had been administered safely and were appropriately recorded. Monthly checks on all medicine administration records now took place, which included reviewing the administration of topical medicines such as creams. When shortfalls had been found, clear action had been taken. For example, additional training for staff or one to one discussions about any errors.

As the service was relatively small, the registered manager took responsibility for all audits that were completed. An administrative assistance had been sourced and was currently working part time to support the registered manager in the office. They were relatively new in post and the registered manager planned to allocate specific tasks to them to help keep on top of quality monitoring. They had a clear plan in place and understood the importance of ensuring they continued to monitor all aspects of the service.

People and relatives we spoke with told us, without exception, that the service was well-led. Everyone spoke with extreme high regards for the registered manager. Comments included, "[Registered manager] is so very helpful. Such a warm and friendly person who clearly cares dearly about people" and "I cannot fault the manager at all. They go out of their way to help wherever they can."

Staff we spoke with told us they were proud to work for the service and that the registered manager was approachable, proactive and encouraging. Comments included, "I really cannot thank [registered manager's name] enough. When I have had personal problems, they supported me. They really do value their staff" and "I have never had a manager like it. They are so supportive and I cannot think of a bad word to say about them."

The service had developed an open and positive ethos and welcomed the involvement of staff and people who used the service to continuously improve. Regular staff meetings were held to enable staff to participate and provide feedback on developments in the service. We found minutes of staff meetings had not always been recorded but staff we spoke with confirmed they took place every month. One member of staff said, "We have regular staff meetings which I enjoy. [Registered manager's name] takes on-board everyone's comments. I often ring the office and ask for specific things to be put on the staff meeting agenda and they always do." The registered manager had also developed a newsletter which was sent out bi-monthly to people receiving a service which kept them up to date with developments in the service and local events.

The registered manager was keen to continuously seek feedback from people who used the service and relatives. Monthly reviews took place which also incorporated questions focused around the quality of the service provided, this prompted people to provide any feedback. People and relatives were also given the

opportunity to provide more formal feedback through annual questionnaires. Questionnaires were in the process of being adapted to ensure they captured all aspects of the service and were due to be submitted in September 2018. Feedback provided in 2017 was extremely positive and it was clear people valued the service provided.

People and relatives we spoke with told us, "We can ring them [staff] anytime. We had a questionnaire too" and "I have done a questionnaire and I always ring the office and have nice chats. I am very grateful we found them."

The registered manager often visited people who used the service to ensure they were satisfied with the service provided. One person told us, "[registered manager's name] often pops in. They check all the paperwork and have a chat. Sometimes they provide the care." The registered manager told us, "I think it is important that I continue to work hands on in the community so I have a thorough understanding of realistic expectations. I also enjoy working alongside staff and it helps with relationships."

Services that provide health and social care to people are required to inform the CQC of important events that happen at their location in the form of a 'notification'. Important events include accidents, incidents or allegations of abuse. We had received the required notifications from the registered manager.