

Midshires Care Limited

Helping Hands Epsom

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?

Good ●

Summary of findings

Overall summary

This inspection took place on 10 January 2019 and was announced. This was the first inspection of Helping Hands – Epsom since they registered with us in January 2018.

This service is a domiciliary care agency. It provides personal care to older people living in their own homes. The agency provided personal care to 21 people at the time of our inspection. This included people who were elderly, frail, or living with a diagnosis of dementia.

There was 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. The registered manager assisted us in our inspection.

People's medicines were managed safely and people told us that staff followed good infection control procedures.

Staff understood their responsibility in relation to reporting any concerns around abuse. People told us they felt safe and we read that risks to people had been identified and recorded. Where accidents and incidents resulting in lessons learnt information was circulated provider-wide for learning.

People were cared for by a sufficient number of staff who told us they did not feel rushed and had sufficient travelling time between calls. Staff had gone through a good recruitment process which included checking the prospective staff member had no criminal offences. Staff had access to sufficient training, supervision and support to help make them competent and feel valued in their role.

People's consent was sought and staff had a good understanding of the Mental Capacity Act (2005). People's needs were assessed prior to the care package commencing and where people needed health care services or their meals provided for them, both of these needs were met.

People told us staff were kind and caring and knew them and their needs. People said they could remain independent but staff supported them in a way that was individualised. People said staff showed them respect.

People's care plans contained detailed information in all aspects of a person's care and staff were able to describe people to us. People were asked for any end of life wishes they had. People received responsive care that was person-centred due to the information in the documentation.

People were provided with information about the agency upon commencement of the care package. This included information on how to contact staff out of hours and how to make a complaint.

A wide range of quality assurance monitoring took place which included provider-wide monitoring, area-wide monitoring and individual branch monitoring. People's feedback was sought and any comments or suggestions responded to. Staff were involved in the agency and demonstrated positive, person-centred values. The registered manager worked with external agencies in respect of people's care. Notifications were received from the registered manager in line with their requirements of registration.

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 cared for by a sufficient number of staff who had gone through a robust recruitment process.

Risks to people had been identified and where people had accidents and incidents these were recorded and reviewed. People said they felt safe and staff had a good understanding of what constituted abuse.

Staff followed good infection control procedures and medicines management processes.

Is the service effective?

Good ●

The service was effective.

People's legal rights were protected because staff were aware of the principles of the Mental Capacity Act (2005).

People's needs were assessed prior to the care package commencing.

Staff had access to a range of training courses to support them in their roles.

People were supported with their meals.

People had access to healthcare professionals where required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff they got along with.

People were able to remain as independent as possible.

People were treated as individuals by staff.

People were treated with respect and dignity.

Is the service responsive?

The service was responsive.

People's care plans contained sufficient, up to date information for staff to provide responsive care.

People were encouraged to discuss their views on their end of life care.

Complaints were responded to.

Good ●

Is the service well-led?

The service was well-led.

Quality assurance monitoring took place and any shortfalls were acted upon.

There was a clear vision for the service and a willingness to improve.

People, their relatives and staff were involved in the agency and any feedback or suggestions were listened to.

The registered manager worked with external agencies.

Staff felt supported and valued.

Notifications were submitted to CQC appropriately.

Good ●

Helping Hands Epsom

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.

This inspection, carried out by two inspectors, took place on 10 January 2019 and was announced. The inspection was announced as this is our methodology for inspecting this type of service as we need to ensure someone is available to assist with our requests for documentation.

We asked the provider to complete a Provider Information Return (PIR) prior to our inspection. 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. This enabled us to ensure we were addressing potential areas of concern at our inspection. We reviewed the PIR as part of our inspection.

During we spoke with the registered manager, the provider's area manager, governance lead, care coordinator and four carers. We read care plans for five people, looked at medicines records and the records of accidents and incidents. We also looked records of staff training. We saw records of quality assurance audits and reviewed three staff files. We looked at a selection of policies and procedures and health and safety audits. We also looked at minutes of meetings of staff, people and relatives.

Following the inspection, we spoke with eight people and three relatives to hear their views on the service provided by Helping Hands – Epsom.

Is the service safe?

Our findings

People who had assistance with their medicines, received the medicines they required because the agency had ensured that safe medicines administration practices were in place. This included the field supervisors only filling in the prescription information on to a person's Medicine Administration Record (MAR) to reduce the risk of errors and auditing people's MAR's on a monthly basis. Carers used correct symbols when filling in a MAR. For example, The daily notes for one person they told the carer they would take their medicines later in the day. We reviewed this person's MAR and saw that the carer had written 'L' on the MAR to show that the medicines had been 'left out'. A carer told us, "I pop the medicines into a cup after checking they match the MAR. If someone was constantly refusing their medicines I would report it to the office."

Where people were at risk of harm due to medical or physical reasons, there was clear information for staff on how to help reduce the risk to the person. Such as, one person's care plan stating, 'stay close when walking, can lose balance'. One person had diabetes and their care plan clearly recorded that they should eat low sugar foods and use refined sugars as a sweetener. Other risks assessments included an assessment on the person's environment.

Staff were aware of their responsibility in relation to safeguarding people from abuse. They were able to give us examples of what might constitute abuse and who they would alert should they suspect it was taking place. A staff member told us, "I would report it and if it wasn't dealt with I could call the police, social worker or the GP." Where people required staff to access their homes via a key safe the codes for these were sent separately to staff in a password protected document.

Accidents and incidents incurred by people were recorded and analysed. Information was stored electronically and reviewed weekly by the area managers. A report was circulated each Monday that the registered manager could review to monitor for any trends or themes. One person had suffered a series of falls and we read that these had been recorded. As a result, this person's care package was reviewed with them and adjusted to ensure there was sufficient time to provide all necessary care and help avoid them doing certain tasks. A carer told us, "I would make sure the person was okay and call an ambulance. Then I would report it to the office and they would tell me what to do, such as come in and record what happened." Lessons learnt were notified to all of the providers branches by way of a newsletter.

People told us they felt safe in the hands of the care staff. One person said, "I feel safe with the staff."

There were sufficient staff employed by the agency who had been recruited through a robust recruitment process. This included an application form with information on previous employment, references, visa checks and a check with the Disclosure and Barring Service to help ensure they were suitable for the role. Staff told us they felt they had sufficient time with people and were not rushed during calls. They confirmed they were allocated travel time between calls and again said it was ample to help ensure they were not always running late. A carer said, "We have sufficient time with people and there is travelling time added in too." One person told us, "Not to my knowledge have I ever had a missed call. They (staff) turn up on time and stay the full time." A relative told us, "They have never missed a call." They added, "Mum has two or

three carers consistently and she's got to know them."

People said staff were good with their infection control practices as they wore gloves, aprons and shoe covers. One person said, "They (staff) wash their hands and keep the house clean."

A carer told us, "We wash our hands, use PPE (personal protective equipment), clean surfaces and dispose of continence wear correctly." Another said, "I always carry spare aprons, gloves and shoe covers."

The agency had contingency arrangements in place and systems in place to enable people to contact staff out of normal working hours. There was an on-call system which was manned by senior staff 24-hours a day. In addition, care plans noted information in relation to, 'what happens in adverse weather conditions'. This detailed who may be able to take over the care for the person, or who to contact to discuss needs.

Is the service effective?

Our findings

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 people 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 noted people had been asked to consent to their care and where possible they signed to say they did. Where relatives had power of attorney we noted evidence of this had been sought. People also signed the daily records log to confirm that staff arrived and stayed the time they were expecting. No one was currently being provided care by the agency who lacked capacity to make some sort of decision, whether verbally or by using gestures. A carer told us, "We don't assume they lack capacity. We must have a 'can do' attitude. Even if someone has dementia they can still make a choice." Another carer told us, "It's about making it about what the person wants."

People's nutritional needs were met. One person told us, "I buy the food and the staff cook it. They are very good." People's nutritional needs were recorded in their care plan. At present, no one had any specific dietary requirements, such as soft or pureed foods or foods to meet any cultural or individual preferences. We noted that people's likes and dislikes were noted and where people had diabetes there was a reminder to carers to ensure the person did not eat too much sugar. A relative told us, "They help them (their relatives) get up, do meals, make them teas and coffees." A staff member said, "[Name] loves her bacon sandwiches. I saw the family had left wraps out so I suggested to her we try the bacon in a wrap with mixed tomatoes and salad as a healthy option. She really enjoyed it."

People could access health care professionals when needed. Staff told us that they would call the GP or emergency services when needed however, as the people they cared for had capacity or lived with family this was generally done by them. A carer told us, "I found someone on the floor and called the ambulance straightaway."

Staff received the induction and training they required to help ensure they were competent in their role. They also received on-going support and the opportunity to discuss any concerns, achievements or training requirements. Staff told us, "The training was very good; very informative, considering I didn't know what I was going in to" and, "The training really helped me and I shadowed for five or six hours. I can always call the office to query anything and whether it's late night or weekends I always get through to someone." There was evidence of end of probation checks for staff where they were signed off as being ready to work on their own. Other documentation demonstrated to us that regular supervision and appraisals took place.

People's needs were assessed before the agency agreed to a care package. The registered manager told us, "I make sure I have all the information required before putting a care package together." Staff used an electronic pen to complete specially adapted paperwork to write assessments. Upon returning to the office, information on the 'pen' was downloaded onto the paperwork and this automatically formed the basis care

plan. This was adapted and developed over the first few weeks as carers got to know people and their exact needs.

Is the service caring?

Our findings

People told us they were cared for by staff who were kind and caring. One person told us, "I'm happy with the service so don't really have anything else to say." Another person said, "I am very happy with them." We noted in feedback from one relative, they said, "I am very happy with the care provided. The carers do a great job and I'm pleased with what the carers achieve with dad!" Another relative told us, "Generally they (staff) are very good."

People said they could retain their independence as much as possible. A person said, "I try to be self-sufficient." Another person told us, "They get me ready for the day but apart from that I'm fairly independent." A relative said, "They (staff) do encourage both of them to do things for themselves."

People were shown an individualised approach to their care and support from staff. For example, two people had requested care staff from particular backgrounds and the registered manager had accommodated this. The registered manager had introduced staff profiles where staff wrote a brief history about themselves, their likes/dislikes and interests. This helped the registered manager match carers to people. One person's care plan was very individualised as they had a tortoise and staff had also drawn up a care plan for the tortoise, recording when it would hibernate and what was needed. One person told us, "They (staff) seem to know what they're doing. They seem to know me and they are all very nice people." A relative had fed back to the agency, "The carers are amazing, I cannot fault them." People also received birthday cards from the agency on milestone birthdays.

People told us that staff always turned up and they had not experienced a missed call and we found the service was person-focussed. One person told us, "They come around when they are due and talk to me and do chores for me when I need them." The registered manager said, "We call all carers on a Friday to confirm the rota for the weekend and throughout the week we call carers randomly to confirm their work pattern." They added, "We do a minimum of 30-minute calls. How can you do any less – what about the social aspect of a call?"

People told us they were shown respect by carers. One person said, "I have nothing but praise for them. I am very, very happy with the service." Another person said, "Oh yes, I am always treated with respect." A third told us, "I have no complaints on that front" A relative said, "They always ask his permission. I am happy with them and both mum and dad get on well with the staff that come in." A carer said, "I make sure people are covered when providing personal care and the curtains are drawn. I ask people's permission and ensure I am offering choice. I usually get two of something to show them."

People told us they appreciated the care provided by staff. One person said, "They're very good with me. I have a good rapport with them. They are extremely friendly and I wouldn't be without them." Another person told us, "What they do is very helpful." A third told us, "They (staff) make a contribution to my social and life style. It's that bit of comfort and reassurance." A relative told us, "Whatever we ask them (staff) to do, they do it. It's never too much trouble. Mum gets on with them – they are lovely girls."

Is the service responsive?

Our findings

People's care plans contained detailed information to ensure staff provided care that was responsive to a person's needs and in line with their specific preferences. The personalised attention to detail was demonstrated for one person, who required personal care and could not stand for a long time. Their care plan recorded, 'use three flannels for personal care rather than re-wetting as find standing for too long painful'. There was also very specific information on how to use the standing aid with this person to make sure this was carried out in a safe and comfortable way for them.

Staff were able to respond to people's needs. One person could leave the house unaccompanied which put them at potential risk. We read in the daily notes for the person that a carer had written, '[name] said he didn't want lunch as going out. I heated the cottage pie to distract him and took him upstairs to check everything with me'. We read later in the notes that the person was left eating their lunch with no further thoughts of leaving the house alone. A carer told us, "I talk to people to get to know them. I go off the support plan and the information in there. If I find out more about a person I add it in." Another carer said, "If I was supporting someone I didn't know I would ask their normal carer if they had any information they could share as well as look at the care plan."

Daily routines were summarised at the beginning of a care plan and then written in detail broken down into each visit. One person was bed bound and their care plan detailed how staff should move the person to provide personal care and noted, 'leave beaker nearby and [name] in a position that they can drink from it and leave their torch to hand when leaving'. This same person was noted as liking their sandwiches cut, 'diagonally'.

Care plans included information on a person's mobility, nutrition, personal care needs, environmental needs such as housework and social interests. People's life history were also included which gave carers a topic of conversation on meeting a person for the first time. This was quite specific in that one person was noted as liking nature programme on television and listening to Classic FM on the radio. The registered manager told us, "It's all about them (people), isn't it?"

When new care staff were attending to a person they were provided with an anonymised brief so they had some background on the care needed before visiting the person. One person was non-verbal due to their diagnosis of dementia and their interests were clearly recorded and staff were reminded to speak to the person about their garden and trains.

Although the agency did not generally take people out on activities, they supported some people to access the community and ran specific events themselves. They were also aware that some people were at risk of isolation. A carer encouraged one person who had recently lost their wife to go to a local tea dance. This has now become a regular occurrence for the person. Staff held an agency 'Bake off' and three people who receive care from attended as either a judge or visitor to the event. One person living with dementia acted as a judge and another who had recently lost their confidence regained some of their faith restored by being encouraged to come out of their house.

People told us they would be comfortable complaining should they feel the need to do so. One person said, "I'm quite happy, no complaints." Another person said, "I would soon tell them if I had a complaint." A relative said, "Where we've had a few niggles in the past these have all been sorted." Another relative told us, "They are always quick to apologise when things go wrong." Since the agency opened one formal complaint had been recorded. We read that this had been responded to and the person was asked if they were happy with the outcome. Information on how to make a complaint was included in the agency's information booklet provided to people commencing care.

No one was receiving end of life care from the agency staff, however we read that people were asked for their last or specific wishes should the situation arise. The registered manager told us that end of life care automatically formed part of the staff training programme and should they need to they would involve the local hospice to provide appropriate care. There were clear guidelines for staff on what to do in emergencies, such as finding a person unresponsive, to ensure appropriate and responsive care would be given.

Is the service well-led?

Our findings

We received positive feedback about the management of the agency. One person told us, "They (staff) phone and check I am happy. If there are changes I know in advance." Another person said, "I think they would listen in the office if I was unhappy." A relative told us, "I think there is good communication from the office. We did have a couple of late calls, but nine times out of ten they notify us before this happens." Another relative told us, "[Registered manager] is very pleasant."

The registered manager worked with other agencies in relation to people's care. We read that where safeguarding concerns had been raised staff had provided information to the local authority to alert them. Helping Hands as a provider also had a live-in care team. This helped the registered manager continue to help people remain at their own home. For example, one person had deteriorated and in order to remain at home would benefit from live-in care. The registered manager told us, "I am working with that department and the manager will assess them. We will then assist where needed."

There was good community involvement. Last year, carers were asked to donate Easter eggs. A local care home was selected and carers spent time talking to residents and handing out Easter eggs. At Christmas time carers dressed as elves and went around the community collecting for a charity.

The registered manager had a drive to provide a good quality service. They told us, "I took the bad from the last agency I worked at and ensured that this doesn't happen here. Such as too little time at calls. I often carry out the first call to a person myself so I can gauge exactly what is needed and what time would be sufficient to carry out all tasks. It also allows me to work out what travel time is needed." The registered manager looked for new initiatives and ways of preparing their staff to assist people. Such as planning a 'scams awareness' day to protect older people from being scammed and developing fire safety tips for the elderly. A local dignitary held a group discussion together with the providers trainer on dementia and how new processes could be implemented into carers everyday lives to assist people living with dementia.

Staff demonstrated the values and ethos of the service through the way they talked about people to us. There was also a clear vision and culture for continuous improvement. A carer told us, "The best thing is everyone (staff) want to know about people and we've had the training which helps us provide that personal touch." Another carer said, "We have a team that works well together – that's the values of the agency – it is really friendly here and the office are always open for suggestions or a chat." The registered manager told us, "We are moving to a tracking system which will enable us to see exactly when a staff member turns up, leaves and where they are at any moment. It is being trialled at present and will be rolled out across the branches."

The values of the service also extended to staff as staff told us they felt valued and supported. One carer said, "I feel supported and valued. I had flowers delivered to me (by the registered manager) and I've been encouraged to progress to a supervisor." Another told us, "I absolutely love it (the job)." The registered manager said, "The staff are our foundation. If they crumble, we fall. So it's important they feel valued." They told us, "I came back to carers singing Happy Birthday to me when I celebrated a milestone birthday." In

turn the registered manager felt supported by senior staff. They told us, "It's not a case of 'why haven't you done that', it's, 'what can we do to support you to do that. It's fantastic."

Staff were involved in the running of the agency. Throughout our inspection carers dropped by to pick up items or speak to office staff. The registered manager told us, "They know the door is always open." Staff meetings were held and a carer told us, "We work well together. We have meetings and can make suggestions. I suggested we write 'MDS' on the MAR chart and that was introduced. This helps staff identify whether medicines are in blister packs or not." We read that whistleblowing was discussed at one meeting and staff were given a booklet about it, there was also a discussion about supporting people living with dementia. Regular newsletters were sent to carers to maintain contact between the team, promote upcoming events and to feature the carer of the month.

There was a wide range of quality assurance processes in place which monitored all aspects of the service provided by the agency. Some of these were carried out by staff from head office – such as the governance lead – and a report was sent to the registered manager for review and action. Reports included staff training, supervision and appraisal progress, complaints, accidents and incidents, feedback from people, relatives and staff and safeguarding or concerns.

Other quality assurance included random spot checks on staff through direct observation and competency checks. A carer told us, "We audit the MARs. If there are any errors we email staff and if it continues we will raise it at their supervision and arrange additional training." Telephone calls were made to people to obtain their feedback. We read from people's telephone feedback, 'no duration issues, carers very pleasant, communications with [registered manager] acknowledge promptly.' As a result of the feedback the agency was now emailing rotas to some people who had requested it. The provider sent out quality questionnaires nationally and the findings were collated and circulated to all branches. We noted that comments were recorded as, 'you said', 'we did'. We noted feedback was positive and the electronic tracking system that was being introduced would address some of the comments.

Services that are registered with CQC are required to notify the commission of any incidents/accidents or safeguarding concerns. We checked our systems and reviewed paperwork during our inspection and found that such notifications had been submitted appropriately.