Helping Hands Exmouth Limited

# Helping Hands Exmouth Limited

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

About the service:
Helping Hands Exmouth is registered with the Care Quality Commission (CQC) to provide personal care to people within their own homes. At the time of our inspection, the service was providing personal care and support to 140 people. The service provided care in Exmouth, Cullompton and Honiton.

People's experience of using this service:
Despite staff changes at the service, the feedback from people who used the services was consistently positive about the quality of their care. People and their relatives were equally positive about the approach of the care workers. For example, they said care workers, "Always bright, cheerful, chatting. It's quite jolly" and "…they chat and make her laugh. Sit and chat, make a joke, they relate to her."

Following a new provider buying the service in March 2019, some staff had chosen to leave. However, there was a core group of staff who remained and provided stability during a period of change. New staff were being recruited. Following the departure of a manager appointed by the previous provider, the new provider decided to appoint two new full-time managers, a decision which had been greeted favourably by staff. Work was in progress to make improvements to ensure consistency in the quality of person-centred information in care, including how fluids were recorded and monitored. They had also chosen to be actively involved in concerns and complaints at an early stage in recognition of the need to improve how complaints were managed. However, these changes needed to be embedded and sustained.

People said they felt safe because the staff group were caring and reliable. People continued to be supported by staff who respected their privacy and dignity. Staff relationships with the people they supported continued to be caring and supportive. Staffing arrangements were flexible to meet people's individual needs and to respond to changes.

Risk assessments identified when people could be at risk and covered people's physical and mental health needs and the environment they lived in. Feedback from people and staff confirmed the provider recruited staff who suited the caring values of the service and recognised the importance of team work to provide consistent and safe care. People were protected from abuse because staff understood their safeguarding responsibilities.

People were supported by staff who were skilled and understood their needs. Staff were confident about the care they delivered and understood how they contributed to people's health and wellbeing. Referrals were appropriately made to health care services when people's needs changed. People were supported to maintain good health and had access to appropriate services, which ensured they received ongoing healthcare support. Medicine administration was safe.

There was a consistent approach to gain people's consent to care and treatment in line with requirements of the legislation and guidance. Information was in place to ensure people's legal rights were protected.

Senior staff assisted the management team with reviews and spot checks to ensure people received a good quality service. Feedback from people using the service and quality assurance records showed this had been achieved.

Rating at last inspection: This service was last inspected in 2017, when it was rated as Outstanding (published April 2017) as an overall rating. At this inspection, the service was rated as Good.

Why we inspected: This inspection was scheduled for follow up based on the last report rating.

Follow up: We will continue to monitor the intelligence we receive about the service. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service was safe.<br>Details are in our safe findings below. | **Good** |
| **Is the service effective?**<br>The service was effective.<br>Details are in our effective findings below. | **Good** |
| **Is the service caring?**<br>The service was caring.<br>Details are in our caring findings below. | **Good** |
| **Is the service responsive?**<br>The service was responsive.<br>Details are in our responsive findings below. | **Good** |
| **Is the service well-led?**<br>The service was well-led.<br>Details are in our well-Led findings below. | **Requires Improvement** |

# Helping Hands Exmouth Limited

**Detailed findings**

## Background to this inspection

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

Inspection team
The inspection was carried out by one inspector 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.

Service and service type
The service did not have a registered manager but two managers had been recently recruited and both planned to apply to register with the Care Quality Commission. This meant the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

What we did: Before the inspection, we reviewed relevant information we had about the service, including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law. We checked the last inspection report and contacted the local authority for information.

The service completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make. However, this had been supplied by the previous manager, who had left the service. The provider's representative, called the Nominated Individual, said this document had not been shared with them. We provided a copy to them and they confirmed it was accurate.

During the inspection, we visited four people in their own home, spoke with six other people who used the service, six relatives, nine staff members, two managers and the nominated individual. We also sent emails to 17 staff to gain feedback on the service; we received a response from three staff. We reviewed six people's care records, including assessments, staff files, records of accidents, incidents and complaints, audits and quality assurance reports.

Good

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse
• People said care staff made them feel safe because they were dependable, for example, "They are good people; they are reliable." The service used an electronic scheduling system which alerts staff if a visit is missed; they audited the system and said no visits were missed but some may have been late due to unforeseen circumstances. During our inspection, a scheduling error had been made. The person received their visit as the office team worked closely with care staff to ensure this was rectified.
• People were introduced to new staff who would be working with them by existing staff, so they knew them when they next visited. Weekly schedules were provided, although some visits did not have a staff name by every visit. Phone calls from office staff usually informed people who would be visiting them in advance of a scheduled visit where no staff name was recorded. The management team were confident the issue would be addressed by the new care staff who were being recruited and inducted.
• Quality assurance records completed by the nominated individual showed they knew when to prompt staff to raise safeguarding concerns and protect people in their care. Records showed the provider queried when there were delays in staff reporting concerns and monitored staff actions.
• Staff were not scheduled to provide care until they had completed current safeguarding training; staff were clear about their responsibilities to report concerns in a timely manner.
• People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. For example, a clear audit trail for shopping, including double signatures, receipts and well-maintained records.

Using medicines safely
• People said they received their medicines in a timely manner, and in the way prescribed for them. However, care plans for medicines prescribed 'as required' did not contain good practice information, for example, as to when they might be needed. This potentially meant staff could be inconsistent in offering this medicine. Following our feedback on the first day, the managers audited all the 'as required' medicines being taken. Work was in progress to ensure good practice information was included so that staff were clear why and when medicines should be taken.
• Staff were trained before they administered medicines and observations of staff practice were carried out by experienced staff to ensure staff practice was safe.

Preventing and controlling infection
• Good infection control practice was adopted by staff. Staff had access to supplies of protective clothing, such as gloves and aprons, and completed relevant training.
• People said good hygiene practice by staff reassured them, for example, "very good at that, they wear aprons and gloves."

• Spot check visits by senior staff checked care staff worked in a safe manner, including hand hygiene and medicine administration.

Assessing risk, safety monitoring and management
• Assessments identified when people could be at risk of harm and what action needed to be taken by care workers to minimise the risks. Individual risk assessments in the care records covered people's physical and mental health needs. Relatives confirmed care plans contained updated moving and handling plans, and said staff were competent and followed the guidance. For example, keeping people safe by using equipment correctly.
• The management team and the trainer were clear staff could not support people to move without the relevant training. One person had not initially liked a new piece of equipment but said they had accepted it because staff made them feel safe when they used it to help them move.
• Staff supported people effectively because they understood the risks to people's health and their safety. This included acting on the outcomes of assessments to reduce people's risk of pressure damage. For example, ensuring people used equipment to reduce the risk of damage, and recording actions, such as applying cream or reporting any adverse changes. Relatives trusted care staff and their attention to detail, for example they confirmed staff wrote informative care notes, such as "Skin condition…it's all written down. If I hadn't noticed things my attention would be brought to it, like any marks on his skin I might not have noticed, they tell me that. They are vigilant."
• People's care plans documented actions to be completed by staff to help keep people safe. Environmental checks were completed as part of people's care initial assessment, as well as on-going safety checks. For example, a person said the staff tested their emergency call pendent and fire alarm every week and commented "They've been wonderful."

Staffing and recruitment
• People benefited from a conscientious staff team who knew them well and could meet their current care needs. New staff were being recruited; existing staff showed their conscientiousness by picking up additional shifts to provide a reliable service. The new management team had reviewed the questions asked in recruitment interviews. They had improved them to make them more value based to identify new staff with an outlook that reflected the ethos of the service.
• Staff recognised the importance of team work to provide consistent and safe care, which was evident by their practice and how they responded to people's emotional and physical needs.
• Recruitment procedures ensured necessary checks were made before new staff commenced employment. New staff had a full employment history and the provider had ensured they had relevant references, for example from previous employers in care. Disclosure and barring service checks (DBS) were carried out to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

Learning lessons when things go wrong
• The nominated individual had reflected on how the work of new managers was overseen to ensure practice was in line with the new provider's ethos and ways of working. For example, quality assurance surveys to gain people's views on the quality of the care were not sent out in 2019. This decision has now been reviewed and they will shortly be sent out to help gauge people's experiences. The two new managers said they worked closely with the nominated individual so decisions and changes to practice were discussed and agreed to ensure consistency.
• Accidents and incidents were reported, investigated and monitored for themes and patterns.

Good

# Is the service effective?

## Our findings

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

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

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

● Care plans held information about people's dietary needs but in some cases the information was minimal. This meant people who had difficulty expressing their wishes might not be offered their preferred food or drinks. This was added to the service improvement plan. The managers said this would be addressed through the care plan review process and become a key question as part of the assessment for new people using the service.

● From records it was hard to establish whether the risk of dehydration was being managed and monitored effectively. The style of recording made it difficult to judge how much fluid the person had drunk. Totals were not completed at the end of the day and there was no evidence of other sources of hydration being considered. Therefore, the goal to prevent dehydration was not meaningful. During our inspection, specific staff were given the daily role to total fluid amounts with guidance to take action, if necessary to address poor fluid intake. This was commenced before the end of the inspection and recorded on the service improvement plan.

We recommend the provider 'refers to current guidance' to ensure best practice is followed.

Staff support: induction, training, skills and experience

● People benefited from a staff team who respected each other's roles and aimed to provide a consistent standard of care. Staff worked as a team to meet people's requests for a change in their visits. Staff spoke confidently about how they supported people and understood how they contributed to people's health and wellbeing.

● During our visits to people's home, people looked relaxed and comfortable with the staff member who accompanied us. People said they felt very safe "…because they're all trained and familiar with the equipment. When they come in, they know what has got to be done and they are well trained."

● Training was provided in different formats to suit different styles of learning, which included practical workshops. A trainer who worked across different locations owned by the provider explained how they had been auditing staff skills to ensure they were confident and competent. This included meeting with existing staff and new staff to gain their trust and learn about their strengths and areas for development. Staff praised the quality of the training and the small size of the training sessions which put them at ease.

● General training topics included safeguarding, infection control, food hygiene, medicine awareness and food hygiene, as well as training linked to more specific health conditions, such as stoma care. Staff were encouraged to develop their skills, including undertaking nationally recognised qualifications, which is a competence-based qualification with a series of levels.

● The practice of new staff was observed as part of the induction process and they were paired with an

experienced staff member. There was a planned induction process, for example new staff completed the Care Certificate and their practice was observed as part of this process. We were told "It would not be until that staff member felt comfortable and had all the mandatory training signed off, alongside medication competencies and completed workplace observations that they would go out on their own."

● The two new managers had begun to address the lack of regular supervisions for staff; staff also said they were approachable and could be contacted outside of these sessions for support and advice. Prior to the new managers arrival, several staff said they had been supported by the nominated individual and had contact with the provider to discuss the running of the service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● Staff recognised changes in people's health and contacted health professionals appropriately. Care records showed staff at the home worked with health professionals, following their advice and using appropriate equipment to help move people. For example, occupational therapists. Relatives said they were confident in the quality of the care by the way staff worked alongside health and social care professionals to promote the best outcomes for people.

● Relatives said they were reassured by staff promptly contacting them when the health of their family member deteriorated. People said staff worked in partnership with them and kept them informed. They said, 'They let me know. Sometimes we decide between us to inform the doctor, for example if his breathing is strange. That's the strength in having continuity."

● Care plans did not contain oral health care assessments, which had been identified by the new management team, and added to the service improvement plan to ensure staff knew what level of assistance people needed.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

● Staff checked if relatives had the legal authority to be involved in decisions relating to health and welfare or finances. This meant people's legal rights were protected. People said staff asked for their consent before supporting them or completing a task. They said they had been involved in the creation of their care plan. Staff were looking at ways of ensuring all care plans were signed since they had been created electronically.

● Assessments of people's needs were carried out before they came to live at the service. These were then regularly updated and used as a foundation for the person's plan of care. Staff showed they knew individuals well and had worked with health and social care professionals to meet their best interests.

Good

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Staff relationships with people using the service were caring and supportive. Staff were motivated and offered care that was kind and compassionate. A relative recognised how staff added to their relative's well-being, "It's the main thing she gets out of it, she likes a chat, it makes the difference to her day."
- People's feedback was overwhelmingly positive about the caring nature of staff. One person said, "They're very helpful, nothing is too much trouble for them." Another said staff "go over and beyond."
- People were treated as individuals; relatives gave a number of examples, such as staff "have a laugh with her and sometimes a sing song." A high number of people said chatting with staff meant a great deal to them, a relative said, "They've been working with her so long; they seem to know what (X) wants. They take time listening to what she's got to say."
- In their feedback, staff highlighted their sense of pride in their job and recognised their responsibilities to the people who used the service. Our discussions with the managers and the nominated individual demonstrated their empathy towards the people using the service so they provided good role models.

Respecting and promoting people's privacy, dignity and independence

- Staff practice maintained people's dignity. People described how they were supported with personal care in a manner which did not make them feel self-conscious. For example, "Very good in the way they do it, they don't embarrass you in any way." Staff explained how they supported people to make decisions about their everyday lives and gave examples of supporting people to maintain their independence. For example, supporting a couple with their wedding day plans, including a dress fitting and making a bouquet.
- Staff conversations with people on the phone showed a caring, patient and supportive approach. Staff worked together to problem solve when people rang and took time to listen to their queries or concerns. One person said, "They listen, you can tell by their facial expressions. I've no complaints."
- The atmosphere in the office was friendly and respectful: staff acknowledged each other's skills and welcomed care staff visiting the office. A relative said, "The office staff are very good. For example, if she has a hospital appointment, I ask 'Can you get a carer to us early?', they will do that. They do listen and respond."
- Our conversations with staff provided many examples of their dedication to support people in their preferred manner. People praised the willingness of staff to help them.

Good

# Is the service responsive?

## Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People knew the purpose of their care plans, and confirmed they were involved in assessments, reviews and updates. They said they received personalised care and support specific to their needs and preferences. Life history information was recorded in people's care plans but varied in quality and some information was task orientated rather than personalised. However, care staff conversations with people and with us showed they knew people well. For example, what topics would interest them and were important to them. Relatives described how staff "normally sit and talk about her dog, photos, grandchildren, she loves that" and "It's very difficult, my wife can't respond very well. They do communicate with her and get her to talk. They don't ignore her; they talk to her."

● Some information in care records had not been updated, for example some showed out of date information. For example, a relative said their husband received good quality care but "The care plan doesn't reflect the change in double handed care by the agency or that he can't stand at all. Also, he's not using the stair lift anymore he's using a lift."

● Care plan reviews were carried out by specific staff. However, some had recently left or were on maternity leave. New staff were being recruited or existing staff trained for new roles. In the meantime, the new managers were starting to assist with reviews, as they also said it would help oversee the quality of the care by meeting with people using the service.

● There was good communication between care staff through verbal and written handovers; they said senior staff kept them up to date about changes to people's care. People said staff always completed care notes when they visited and checked their care plan, if necessary. However, most people had a consistent group of staff.

End of life care and support

● Staff received training in end of life care. In conversations with staff, they showed a commitment to making people feel safe and comfortable in their final days. The provider's trainer has made strong links with a hospice in Cornwall and their joint training had been shortlisted for the Patient Experience Network National Awards 2019. Staff were due to complete additional training to enhance their knowledge in light of this partnership with health colleagues.

● Work was taking place to review where people's treatment escalation plan were kept to ensure health professionals, such as paramedics, had this information in an emergency.

Meeting people's communication needs

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

impairment or sensory loss and in some circumstances to their carers.
● Care records recognised the individual communication needs of people, for example updating and using a whiteboard to convey information.
● Schedules were provided in large print for people with sight loss.

Improving care quality in response to complaints or concerns
● People's information files kept in their home contained the service's complaint procedure, which included timescales and contact details. The new management team had reviewed how complaints had been handled prior to their arrival, and recognised improvement was needed. Consequently, they had advised staff to transfer complaints directly to them, so they could ensure a consistent approach to make sure issues were dealt with effectively in line with the complaints process.
● People said they were able to express their opinions freely and would feel confident in ringing office staff if they had concerns. None of the people we spoke with had made a formal complaint. A staff member said, "We follow up on the same day if any concerns are reported." During the inspection, a person said they had been unhappy about the timing of one of their visits but assured us this was rectified immediately once they raised their concern. A staff member said the quantity of spot checks and reviews meant they could capture and address 'niggles' before they became a complaint.

Requires Improvement

# Is the service well-led?

## Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A previous manager who was in place when the new provider bought the service in March 2019 left the service in October 2019. Following their departure, senior office-based staff oversaw the running of the service with the support of the nominated individual, who they described as approachable and in regular contact.
- The provider reviewed the role of the manager and appointed two experienced managers instead of one, who both started in January 2020. They had been in post three weeks at the start of our inspection, observing staff practice, meeting with staff, reviewing records and creating a service improvement plan. Both managers planned to apply to register with CQC.
- There was a clear management structure and a range of support for the new managers, including weekly calls with managers from other locations owned by the provider and regular contact with the nominated individual and the provider. In their short time in post they had already begun to make improvements to the service and had been quick to address areas for improvement highlighted as part of the inspection. However, these improvements will need to be embedded and sustained.
- Staff said the changes linked to their previous employer selling the service and staff leaving had been unsettling. For example, "As an agency we now all need to move forward and get things back to normality after the huge blow that we have encountered by staff leaving." Some staff members completed longer hours to keep the service running safely, including picking up additional care visits.
- Staff were confident the quality of care had not deteriorated, which was confirmed by the comments by people using the service and their relatives' feedback. Our discussions and contact with them showed their loyalty to the people they care for. For example, "I'm proud to work for this company and I feel that the staff that have stayed are here because they are passionate about their jobs and are determined to ensure that we carry on providing the care that our service users require."
- However, concerns were raised by some people using the service about low staff morale and uncertainty about the direction of the service. The nominated individual and the two managers had already started supervisions and staff meetings to address these issues. A staff newsletter was also in progress and the provider encouraged the use of a monthly team building budget.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The nominated individual, managers and office-based staff valued and recognised the commitment, kindness and reliability of the care staff. Staff surveys were due to be sent out to ensure all staff could

feedback about their role and make suggestions to improve the service further.
● Verbal and written feedback from people using the service and quality assurance records confirmed the quality of the care had not significantly impacted on their care.
● Staff had the necessary skills to meet the range of needs of people who received care from the service. Training was well managed to ensure staff had their skills updated to complete their work safely and with a caring attitude.
● The management team were aware when to notify the Care Quality Commission. We used this information to monitor the service and ensured they responded appropriately to keep people safe. The service's previous rating and report was clearly displayed in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● Our conversations with staff, the deputy and the registered manager showed people protected under the characteristics of the Equality Act were not discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.
● The service worked with health and social care professionals to meet people's specific needs. Staff described a good working relationship with health professionals; care records showed this positive relationship had benefited the people using the service.