

Midshires Care Limited

# Helping Hands Worthing

## 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

About the service: Helping Hands is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides support to older people and younger adults with physical disabilities, sensory impairments and mental health needs. At the time of the inspection 20 people were receiving regulated activities.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

People's experience of using this service:

- Since the previous inspection, improvements have been made in relation to medicine management and quality assurance monitoring.
- People and relatives told us, they were happy with the care and support they received from Helping Hands staff and were comfortable to raise concerns with staff. One person told us, "I totally trust them."
- People and relatives told us that staff treated them with kindness and we observed friendly interactions. One person told us, "I am cared for very well, they are all so kind and friendly."
- To prevent and control the risk of infection staff wore gloves and aprons when supporting people.
- People were supported to maintain their health and had support to access health care services when they needed to and people were supported to maintain a balanced diet. One person said, "They prepare my lunch and offer me the choice."
- Staff had received essential training and knew how to care for people, in line with their needs and preferences.
- 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.
- Systems supported people to stay safe and reduce the risks to them, ensuring they were cared for in a person-centred way. The provider had quality assurance systems in place to monitor the standard of care and drive improvement.
- People, relatives and staff spoke positively about the culture of the service and said it was well managed. One relative told us, "The Manager has excellent communication skills, she will always respond to my calls and emails."

Rating at last inspection: Requires Improvement (report published 21 March 2018).

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Good.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# Helping Hands Worthing

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out over one day by one inspector and an expert by experience, who had experience of supporting older people. 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:

Helping Hands is a domiciliary care service, which provides personal care and support services for a range of people living in their own homes. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was announced inspection. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Before inspection:

- We used information the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
- We reviewed notifications we received from the service about important events.
- We looked at Information sent to us from other stakeholders for example the local authority and members of the public.
- We sought feedback from professionals who work with the home, including health and the local authority.

During the inspection:

- We spoke with six people who use the service, five relatives, the registered manager, area manager, care co-ordinator and four members of staff.
- We pathway tracked the care of three people. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care.
- We reviewed records including accident and incident logs, quality assurance records, compliments and complaints, policies and procedures and two staff recruitment records.

# Is the service safe?

## Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 31 January and 02 February 2018. 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 question Safe to at least good. At the last inspection We found that management of medicines was an area of practice in need of improvement. At this inspection on 18 March 2019, improvements had been made.

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and systems were in place to ensure staff had the right guidance to keep them safe from harm.
- Staff had access to guidance to help them identify abuse and raise concerns in line with the providers policies and procedures to the local authority.
- A Staff member gave an example of a care visit, where the person was not able to answer the door. The staff member gained entrance through the side door to find the person on the floor, they called 999 and stayed with the person, covering them with a blanket and reported the incident to the office immediately.
- Staff received safeguarding training and knew the potential signs of abuse. Staff told us, they would document any changes in the persons physical appearance or behaviour. Contacting the office to share any concerns.
- One person told us, "The carers ensure doors are locked when they leave and I feel safe." A relative said, "The care is safe, the carers show confidence in all they do."

Assessing risk, safety monitoring and management

- Risks to people were assessed and their safety was monitored and managed to support people to stay safe.
- One member of staff told us, "When I visit people I check for any trip hazards in the person's home, make sure that external doors and windows are locked. If the person is a regular user of hot water bottles I check them to ensure they have covers on them."
- Care plans detailed people's individual risks and gave clear guidance to staff highlighting how the person should be supported to minimise the potential risk. For example, to maintain people's skin integrity we found highlighted guidance in care plans where people were at risk of pressure sores. This included information such as, "Please check my skin for any red areas. If you see any redness please log in the daily log book and report to the office immediately."
- Risks associated with the safety of the person's home and equipment were identified and known to staff. For example, how to evacuate the person in the event of a fire.
- The registered manager gave an example, where one person had a power cut, the staff member stayed with the person during the night until the electricity supply was restored the next morning, as the person was

afraid to stay alone at night. The person said, "The carer made me feel safe and secure, as I was so scared to be left on my own."

### Staffing and recruitment

- The service had sufficient numbers of suitable staff to support people to stay safe and meet their needs. People told us, staff visit at the agreed times and how they never feel rushed during their care call.
- Staff told us that changes to the rota are communicated by email, phone or text and that the office is very prompt at responding and informing staff about any changes to the rota.
- Staff recruitment files showed that staff were recruited in line with safe practice and equal opportunities protocols.
- We found that staff recruitment folders included, employment history checks, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the health and social care sector such as disclosure and barring Service (DBS).
- New staff completed an induction and this included a competency checklist to ensure staff were safe and competent to work with people.

### Using medicines safely

- The provider ensured the proper and safe use of medicines by staff who were trained and competent to do so. One staff member told us, "Medicine training took place in the office with practice MARs charts and care plans. "We shadowed medication rounds and were only signed off once we were competent to administer medication."
- Staff followed policies and procedures to support the safe storage, administration and disposal of medicines. Staff received regular training to ensure their practice remained safe.
- There was guidance for administering medications 'as and when' required. We checked the Medicine Administration Records in a person's home and found these were correctly recorded.

### Preventing and controlling infection

- People were protected from the risk of infection. People told us that staff always used Personal Protective Equipment (PPE) such as gloves and aprons and we observed this in practice. One person told us, "They wash their hands and wear gloves when they cream my legs".
- One member of staff gave an example, where staff were taking their shoes off when visiting a person's house. The person used a wheelchair, it was raised as a potential safety issue, due to staff not wearing shoes. It was agreed that all staff must wear shoe covers when supporting the person, to protect staff's feet and ensure safe infection control when working in the person's home.
- Staff had training in infection prevention and control and information was readily available in relation to cleaning products and processes.
- One person said, "They leave the house tidy and put my bins and recycling out for me"

### Learning lessons when things go wrong

- Systems were in place to record and identify lessons learned and improvements were made when things went wrong.
- The registered manager recorded information from accidents and incidents and acted to prevent further accidents, as far as possible. For example, the registered manager told us about a missed call due to the staff member being stuck in traffic on bonfire night. The registered manager acted to contact the district council to obtain details of all organised events taking place for the year ahead This meant that the person's

care could be planned ahead and an earlier call arranged to ensure they did not miss their care call again.

- Staff understood their responsibilities to raise concerns, record incidents and near misses. Staff told us, they would contact the manager straight away and complete an incident report form.

# Is the service effective?

## Our findings

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager carried out a pre-assessment before people received care from the Helping Hands. This assessment helped to form the person's care plan and to understand their care and support needs, including their background, interests, hobbies and preferences.
- The registered manager told us, when they carry out a pre-assessment with someone who has dementia. They take with them a 'dementia bag' which includes memorabilia that may be familiar to the person, sensory items such as squeeze balls and fabrics. This helped to put the person at ease when doing the pre-assessments, to get as much information about the person as possible.
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these.

Staff support: induction, training, skills and experience

- Staff completed a comprehensive induction and training programme and staff who were new to care undertook the 'care certificate' training. This familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life.
- The registered manager had good systems to monitor training to ensure staff training was up to date and they received regular refresher training.
- People told us they thought staff were knowledgeable and skilled. One relative told us, "I do think they are well trained, and more importantly the main carer is passionate about helping dad to be at his best, he genuinely cares."
- Another relative gave an example, where a new member of staff had not shaved men before. The registered manager suggested they practice shaving their husband at home. The relative thought this was a really good way for the staff member to grow in confidence with such task.
- Staff received regular supervision and annual appraisals and told us they felt supported. One member of staff told us, "I have yearly appraisals and 3 monthly supervisions, where I feel supported and have the opportunity to raise concerns. The manager is very approachable and I am always able to speak to her."

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

- People were supported to eat and drink enough to maintain a balanced diet. Where people needed support with eating and meal preparation, this was detailed in their care plan. People's care plans gave direction to staff such as, "I like my tea with milk and two sugars. Please note that I drink a lot of tea throughout the day."
- One person told us, "Staff prepare my breakfast and I choose what I would like that day."
- Food and fluid charts were found in people's care plans. Staff knew to report and record any risks to people's malnutrition and dehydration and seek appropriate advice from the GP to ensure staff supported people effectively.
- One member of staff told us, "One person likes a lot of processed food which cause problems with their

digestion. I discuss with the person the importance of eating fresh fruit and vegetables. Slowly the person is starting to make some changes to their diet."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked effectively within the team and across the organisation. A staff member told us, "It's so important that we have good communication as a team and with a range of agencies as people are living independently."
- Staff's knowledge of people and their good working relationships with other professionals ensured they received treatment in a timely way, reducing the risk of any further complications to their health.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives, and had access to healthcare services and support to receive ongoing healthcare.
- One member of staff gave an example, where they supported someone with their shopping and noticed that the person had a blood shot eye. On their way back, they popped into the GP surgery to book an appointment for the next day.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. At this inspection there was no one on a DoLS.
- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. Staff had a good understanding of MCA and were aware of their responsibilities to enable person-centred care.
- The providers policies and systems in the service supported this practice.

# 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

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

- People were treated with kindness and were positive about the staffs' caring attitude. We received feedback from people and relatives which supported this. One person told us, "Yes, they are kind, they always make sure I am okay before they leave and are happy to do anything I ask."
- Staff had developed positive relationships with people and we observed friendly and warm interactions at care visits between the staff and people.
- Staff spoke affectionally about the people they supported and knew people well, which supported them to meet their needs. For example, one relative told us how their mum is very wobbly on her legs so staff put a chair in her bathroom as she gets tried out after her wash.
- Staff had a good understanding of equality, diversity and human rights and people's differences were respected. One member of staff told us, "I support one person with strong religious beliefs, we often talk about them and how important they are to the person."
- People were supported to maintain their identity and personal appearance, in accordance with their own wishes.
- Staff knew people's preferences and used this knowledge to care for them in the way they liked. One relative told us, "They chat about his days in the RAF and he shows them his old photographs from when he was in the RAF."

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their views and were actively involved in making decisions about their care, support and treatment, as far as possible.
- One person told us, "They talk to me like a human being, I am involved in all decisions".
- People and relatives were involved in developing their care plans and felt included in decisions about their care and support, involving other care professionals, such as GPs and specialist nurses, where possible.
- A relative gave an example from the last care review, where her mum was helping herself to medication at night. Following the registered manager advice, they purchased a medicine box. The relative told us, "It's little things like this we may not have thought of that is invaluable to keeping them home for as long as possible".

Respecting and promoting people's privacy, dignity and independence

- People's privacy was protected. Staff gave examples of how they respected people's privacy by ensuring they closed the door when supporting with personal care, and used peoples dressing gowns and towels to

maintain their dignity.

- One person told us, "They encourage me to do some bits, but they don't embarrass me if I cannot do something".
- Care plans provided guidance to staff to promote people's independence and they had a good understanding of the importance of supporting people to remain independent. One relative told us, "My father is quite independent with his mobility and staff always encourage him to do as much as possible by himself, we all agreed that is best for him."
- People's private information was secure. Care documentation was held confidentially and sensitive information was stored securely in the office which was locked when staff were not present.

## Is the service responsive?

### Our findings

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

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 received personalised care that was responsive to their needs. People, their relatives and healthcare professionals were involved in developing and reviewing care plans.
- Assessments were carried out before providing personal care and people's preferences, needs, goals and interests were recorded to ensure staff knew how to deliver person-centred care. For example, one person's care plan detailed, "I normally enjoy my own company and like to read my paper and crosswords. I will brush my own hair and apply my makeup."
- The registered manager told us how they have developed a 'pen profile' of staff. This information was used to match new customers to staff. For example, if the person wanted a male or female carer, a younger or older carer and carers that have similar interests.
- Referrals to and visits from healthcare professionals were found in people's care files with detailed guidance for staff on how to provide care and support following advice from district nurses, physiotherapists and GP's.
- People's needs were identified, including those related to protected equality characteristics, and their choices and preferences were regularly met and reviewed.
- People told us that they felt staff knew them and their history. We observed one member of staff talking to a person about their family and when they were next due to visit.
- People were encouraged and supported to pursue their interests and hobbies and these were detailed in people's care plans. For example, one person's care plan detailed that they enjoyed crosswords, playing the piano and watching programmes such as countdown.
- People were given details from the service about local community services and activities they could get involved with such as Age UK. This helped people to access the local community and reduce social isolation.
- Staff supported people to go swimming and access the local gym.
- Some people had access to technology such tablets and mobile phones to keep in touch with friends, family and communicate with the service. Some people had other assistive technology such as a 'careline alarm'. Careline is designed to help older, frail or disabled people to remain in their own homes, with the knowledge that they always have somebody to help them in an emergency.
- The registered manager gave an example, where one person had always wanted to learn to use a tablet. Staff supported the person to use skype to stay in touch with family in Australia. The person always wanted to see her grandchildren more often and now she is able to speak to them twice a week.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). All providers of NHS care and publicly-funded adult social care must follow the AIS in full. Services must identify, record, flag, share and meet people's information and communication needs. The AIS aims to ensure information for people and their relatives is created in a way to meet their needs in accessible formats, to help them understand the care available to them.

- People's communication needs were identified, recorded and highlighted in people's care plans. Large print documents were available for people with visual impairment and some documents were in other languages and brail.
- The provider had accessible information guidance for people to refer to, highlighting low cost and free apps for people to use and access.

#### Improving care quality in response to complaints or concerns

- People knew how to make a complaint and told us that they would be comfortable to do so if necessary.
- People had a copy of the complaints procedure in their home. One person told us, "My son made a complaint about a carer before, that was dealt with fine, the carer never came back."
- Complaints were managed and responded to openly and in a timely manner. The registered manager used the information to identify lessons learnt to minimise similar situations taking place again.
- For example, following the implementation of a new scheduling process for care calls, there was a missed call caused by an error at the main office. The registered manager took action to investigate the complaint and identify the reason for the missed call ensuring that it did not happen again.

#### End of life care and support

- There was no one using the service who was at the end stages of life, however staff had received end of life training to support people to have a comfortable, dignified and pain-free death.
- Staff told us that people's care plans were updated with specific information about how the person wanted to be supported and they worked closely with families and professionals where appropriate.
- One member of staff gave an example, where a person's daughter passed away. The member of staff drove the person to the funeral and supported them throughout the day offering emotional support. Without this support the person would not have been able to attend their daughter's funeral.

# Is the service well-led?

## Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 31 January and 02 February 2018. 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 question Well Led to at least good. At the last inspection, the service had been without a formal registered manager since 6 January 2017. There was not always effective management of staff and quality assurance systems. This meant staff had not always had the right support and quality issues had not always been identified or acted on quickly enough. This is an area of practice in need of improvement. At this inspection on 18 March 2019, improvements had been made.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff knew people well and understood their individual needs. One member of staff told us, "Helping Hands believe that the best place for people is to be in their own home and we support people to stay in their own home."
- Good quality care was maintained because the registered manager carried out quality assurance audits. For example, people's care plans were audited monthly to ensure they reflected people's current need and any changes in their care.
- Following the previous inspection, the area manager told us, how significant improvements have been made to improve quality assurance systems. The organisation now has a regional quality assurance lead, who carries out spot checks, audits and regularly speaks to people and relatives encouraging them to feedback on their experiences of the service.
- The quality assurance lead produces action plans for improvements to be made with a deadline for completion. For example, the quality assurance lead identified that the service did not have a falls and wheelchair risk assessment in place. The registered manager took action to ensure that these assessments were introduced.
- A relative told us, "I have fairly regular courtesy calls to check we are happy with the everything, they have very good customer service. I can ring anytime if I have a query or need to change anything. They are very open and welcoming in the office."
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Day to day management of the service was carried out by an acting manager, who was supported by the registered manager.
- People and staff told us they were accessible and supportive. One member of staff told us, "The manager is easy to talk to, will always phone you back and says thank you."
- The registered manager understood the regulatory responsibilities of their role and notified CQC appropriately, if there were any incidents or events that took place at the service.
- Staff understood their roles and responsibilities and what is expected of them. Staff understood the providers vision and values of the service and could tell us what they were.
- The register manager told us, how the vision and values of the service are discussed at team meetings and during staff inductions. Staff were given a 'staff handbook' which detailed what the service expects from staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and visiting professionals were given opportunities to be involved, through daily feedback with staff and regular reviews about their care in a meaningful way.
- People, their relatives, staff and professionals took part in yearly surveys.
- Quality assurance questionnaires were analysed to highlight areas for improvement. We reviewed the most recent questionnaires and found that feedback was very positive. Comments from people included, "Everyone is so helpful and goes the extra mile, they are outstanding with everything they do."
- Staff meetings were held regularly and staff used people's daily communications books to share key information about the person with other staff.
- The service produced a three-monthly newsletter to keep people and relatives up to date with news and events taking place.

Continuous learning and improving care

- The registered manager understood the importance of continuous learning to improve the care people received. They kept themselves up to date with changes in legislation and was part of a registered managers networking group, to learn from others and share good practice.
- Systems were in place to continuously learn, improve, innovate and ensure sustainability. One staff member gave an example, where people have a key safe for staff to access their property. The member of staff suggested that the rota was changed to state if the key safe was to be used for normal entry or emergency only. As some people had complained that staff let themselves in unannounced. This was agreed as an area for improvement and the registered manager made changes to the staff rota.
- The provider had a 'staff recognition scheme'. This meant staff were recognised and rewarded for their hard work.
- Staff were encouraged to make suggestions and explore new ideas to support people. Staff told us they felt listened to and valued.

Working in partnership with others

- Staff worked in partnership with other organisations to ensure people's needs were met. Staff worked closely with a range of professionals and community organisations, such as GP's and district nurse's.

- The registered manager attended local GP meetings for health and social care services to network, share ideas and best practice examples.
- The registered manager gave an example where staff worked in partnership with a local hospice, to provide palliative care and companionship calls to ensure that the person remained at home.
- The registered manager kept abreast of local and national changes in health and social care, through Skills for Care, the Care Quality Commission (CQC) and government initiatives.