

Helping Hands Watford Ltd

Home Help Watford

Inspection report

173 St Albans Road
Watford
Hertfordshire
WD24 5BD

Tel: 01923461869
Website: www.hhwl.co.uk

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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

Home Help Watford is a domiciliary care agency providing personal care to people living in their own homes and flats. At the time of our inspection the service was providing care and support to 22 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People told us that they felt safe and were supported by consistent, reliable staff. Staff understood their responsibilities with regards to safeguarding people and they had received effective training. There were systems in place to safeguard people from the risk of possible harm. The service had robust recruitment procedures in place.

People's needs had been assessed and they had been involved in planning their care and deciding in which way their care was provided. Each person had a detailed care plan which was reflective of their needs and had been reviewed at regular intervals. Staff were knowledgeable about the people that they were supporting and provided personalised care. Assessments and care plans we looked at during the inspection reflected the detailed knowledge that staff had of the people they supported.

Medicines were being managed well and staff followed good infection control practices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was a positive culture of person-centred, quality care throughout the organisation. Staff told us they enjoyed working at the service and that they were well supported by the management team. Staff felt valued, motivated and were committed to the people they were supporting.

There was positive leadership at the service and people and staff spoke highly of the provider. Senior staff were dedicated to maintaining high standards and there were robust quality assurance systems in place.

People told us they were comfortable in contacting the office and felt listened to. No formal complaints had been raised at the service; however, there was a procedure in place should any concerns be raised.

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

Rating at last inspection

The last rating for this service was Good (published 17 January 2017). Since this rating was awarded the location has changed its name. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Home Help Watford

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 completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission who is also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or a member of senior staff would be in the office to support the inspection.

Inspection activity started on 13 September 2019 and ended on 2 October 2019. We visited the office location on 17 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with five members of staff including the provider, senior care staff, care coordinators and an administrator.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 this key question has 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 told us that they had no concerns and felt safe receiving care and support from the service.
- People were supported by staff who were trained in safeguarding and had a clear understanding of what could constitute abuse and how to report any concerns. Staff understood their responsibilities to raise their concerns with management and how to escalate them further if necessary.
- The provider had policies in place to keep people safe, such as safeguarding and whistleblowing.

Assessing risk, safety monitoring and management

- Risks to people were assessed at the start of their care package and reviewed on a regular basis or whenever there was a change in need. The provider also routinely audited people's assessments, records and care plans.
- Risk assessments were comprehensive and clearly identified the risks posed and the guidance for staff detailing how to reduce and mitigate any risk of harm. An environmental safety risk assessment was also completed to ensure staff were working safely in people's homes. This included assessments of possible risks from the premises, access requirements, security, equipment and infection control hazards.
- Risks were assessed in a positive way to promote people's independence. We saw examples of where people had been supported to become more independent and as a result, the support they required had reduced.

Staffing and recruitment

- The service had enough staff to meet people's needs and to manage changes to the services required. Electronic call monitoring (ECM) was in place, and the records were routinely reviewed.
- People had continuity of care. Staff we spoke with told us that they thought there were enough team members to provide the care required and they visited the same people on a regular basis.
- There were effective recruitment and selection procedures in place. The provider had a robust procedure in place to complete all the relevant pre-employment checks including obtaining references from previous employers, checking the applicants' previous experience, and Disclosure and Barring Service (DBS) reports for all staff.

Using medicines safely

- The support people required with their medicines was assessed and documented.
- Medicines were only administered by staff who had been trained and assessed as competent to do so. A review of the daily records and Medicine Administration Records (MAR), showed that staff were recording when medicines had been given or prompted.

- MAR records were returned to the office and audited regularly. Where mistakes were identified, these were followed up with staff and records kept of action taken.

Preventing and controlling infection

- Staff received training in infection control and had access to personal protective equipment such as disposable gloves and aprons.
- Senior members of staff monitored care staff's compliance with infection control policies and procedures as part of their spot checks.

Learning lessons when things go wrong

- The service had a proactive culture of learning. Detailed records of any incidents were kept, and these were reviewed by the provider. The service had development and improvement plans in place.
- The provider regularly visited people and monitored staff, to identify any required improvements, and they took prompt actions as required.

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 this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs and preferences were assessed and recorded in an appropriate level of detail for their needs. This included information about people's preferred routine and important details such as skin care and nutritional needs.
- Staff were delivering care in line with current guidance and best practice.

Staff support: induction, training, skills and experience

- A comprehensive induction was completed by all staff when they commenced employment with the service. Staff told us that all new staff completed mandatory training courses followed by a period of shadowing experienced team members during which time their competency was assessed.
- Staff told us that the provider had a positive attitude towards training and encouraged them to develop in their roles.
- Staff were experienced, confident and told us they felt supported in their role. They had regular supervision and observation in their care visits by a senior member of staff.

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

- People's needs around eating and drinking were assessed and documented. Their preferences and special diets were documented and recorded.
- Staff monitored people's food and fluid intake as required and followed guidance, where provided, from the speech and language therapist (SALT).

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

- The service worked well with other organisations. Care plans and records showed effective liaison with other health and social care professionals. Records showed that the service had worked with a variety of professionals including occupational therapists and physiotherapists.
- Staff supported people to live healthier lives and to access relevant services, where required.

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

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA. We found these were met.

- People's capacity to make decisions relevant to their care and support were assessed and documented.
- Staff knew and applied the principles of the MCA. They told us they assumed people had capacity unless they had been specifically assessed otherwise and this was recorded in the care plan. They gave us examples of how they sought consent from people and enabled people to make decisions about their day to day care.

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 Good. At this inspection this key question has remained the same. 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

- Staff were caring and treated people well. People described staff as being kind, caring, helpful and attentive.
- People's diverse needs, including religion, culture and language were assessed and included in their care plans appropriately. The service matched people to staff who best understood those needs.
- Staff were passionate about providing good care and spoke of the people they supported with warmth and kindness.
- People's protected characteristics under the Equality Act were identified and any related needs were assessed.

Supporting people to express their views and be involved in making decisions about their care; respecting and promoting people's privacy, dignity and independence

- People felt comfortable expressing their views and felt involved in decisions about their day to day care and support.
- The registered manager and staff understood the importance of involving people in decision making. We saw that meetings were held with people and their relatives when their wishes or needs changed.
- People's support plans promoted their independence. Staff spoke in detail about how they supported people, including those living with limited mobility, to remain independent.
- People were treated with respect and care workers promoted their dignity.
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

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 Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised. Their plans included a background history of the person, communication needs, mobility needs, nutritional support and health conditions. Staff had a good knowledge of the needs and preferences of the people they visited.
- The service involved people in drawing up their support plans and reviewing them.

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.

- People's communication needs were assessed in line with the AIS and recorded in their support plans.
- Staff told us about the different ways they communicated with people, including those people with limited communication or hearing impairments.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people with their interests and social activities. Some people's support plans included time for them to be supported to access the community, such as going shopping with the staff or attending community activities. People's care visits were planned in accordance with their social needs, for example, earlier morning visits were in place when the person was attending a regular activity.
- Visits from regular, caring staff helped people feel less isolated.

Improving care quality in response to complaints or concerns

- People knew how to complain if they needed to and felt confident they would be listened to.
- A complaints policy and procedure was in place. At the time of the inspection, no recent complaints had been made. The system in place ensured that all complaints would be recorded and responded to promptly.
- The provider was responsive to feedback and this was echoed in the comments we received from people.

End of life care and support

- At the time of the inspection, the service was not supporting anyone at the end of their lives.
- Policies and procedures were in place and staff had been trained in end of life care.

- People's end of life wishes and preferences were noted where known.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were at the centre of the service's culture.
- Feedback from people described good outcomes. People had recommended the service to others, who had since began receiving care and support.
- Staff felt engaged in the service and supported by the management team. They told us they enjoyed their work. Staff turnover was accordingly low.
- The office communicated well with people, relatives and staff. A quarterly newsletter was issued to staff and people which provided information, feedback and guidance.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their duty of candour. We could see from the detailed records being kept that feedback had been dealt with in a candid and honest way.
- The provider understood their responsibilities around notifying the CQC and had submitted all the required notifications.

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

- All staff were clear about their roles. People told us that staff supported them with their needs in a caring and responsible way.
- The service had a strong culture of learning and improvement, and there were robust quality assurance systems in place. This included regular quality checks with people, satisfaction calls, audits of all the service's records and analysis of any feedback to identify any concerning trends.
- Detailed records were kept throughout the service.
- There were regular staff meetings. These included discussions of good practice and ways the service could improve.

Working in partnership with others

- The service worked closely with other professionals and services to promote positive outcomes for people. We saw examples of this in people's care plans and records.

- Staff we spoke with gave examples of working in partnership with a range of health and social care professionals.