

Helping Hands Exmouth Limited

Helping Hands Honiton

Inspection report

East Devon Business Centre, Office 7A
Heathpark Way, Heathpark Industrial Estate
Honiton
EX14 1SF

Tel: 01395264767

Date of inspection visit:
24 November 2021

Date of publication:
24 December 2021

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 Honiton, is an agency which provides personal care to people living in their own homes in Honiton and surrounding villages. At the time of the inspection the agency was providing care to 23 people and employed nine staff. The visits undertaken ranged from 30 minutes to 105 minutes.

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 and relatives told us they felt very safe and relaxed with the staff who supported them.

Risks to people were reduced because people's individual risks and needs had been assessed and planned for. Staff had access to clear information about people's personal risks and how they should be supported.

In August and September 2021 due to staff shortages the provider had worked closely with the local authority to hand back commissioned packages of care. They ensured people received their packages of care throughout. After this time the registered manager had developed new staff runs to minimise travel time between visits and to try and create more staff consistency for people. This had caused some upheaval for some people and their relatives which was still causing some concerns about the timings of people's visits. The registered manager told us how they were going to improve communication with people and their relatives to reassure them.

Staff knew how to recognise and report abuse. When a safeguarding concern was raised with the registered manager, they worked with the local authority to minimise any future concerns.

Staff were recruited safely. Staff were trained to administer medicines safely using the providers new electronic care support system. Competency checks were completed to ensure staff were following safe medicine practices.

Staff had received training in infection control and demonstrated an understanding of what personal protective equipment (PPE) should be used when supporting people. People told us that staff wore PPE whilst spending time in their homes. The management team undertook spot checks which included checking staff were using PPE in line with the provider's policy and current government guidance.

People's needs were assessed and regularly reviewed as and when required if a change occurred. The provider's training manager ensured staff completed the necessary training to support people's needs.

Staff supported people with their eating, drinking and to access healthcare support.

People received care and support which was personalised to them and their unique circumstances and wishes. People and their relatives spoke very highly of the way staff cared for them. Comments included, "Can't fault them. They are really genuine".

People could be assured that if they required support at the end of their lives, they would receive care that was kind and compassionate.

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. People confirmed their views were sought and they were involved in making decisions about their care.

The provider had a complaints process and the registered manager had recorded concerns and complaints raised with the service. These had been responded to in line with the providers policy. People and relatives said they knew how to make a complaint. Some were positive about the response they had received regarding their concerns and others were not.

People and relatives, we spoke with were not clear who the registered manager was. Following our feedback, the registered manager sent a letter to people and their relatives to make it clear who they were and gave their direct contact details.

People and their relatives were able to give feedback about their care in a variety of ways. Examples included, through care reviews and surveys.

People could be confident that their care was provided by an agency who monitored risks and followed up to date guidance to keep people safe. The provider had systems and processes in place to retain oversight of people's care and ensure good standards were consistently met.

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

Rating at last inspection

This service was registered with us on 11 August 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Helping Hands Honiton

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

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

The service had a manager registered with the Care Quality Commission (CQC). 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

We gave the service two days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered managers would be in the office to support the inspection.

Inspection activity started on 22 November 2021 and ended on 6 December 2021. We visited the office location on 24 November 2021.

What we did before the inspection

We reviewed information we had received about the service since it registered. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the nominated individual and a team leader during our visit to their office.

We reviewed further records. This included two people's care records, two staff files in relation to recruitment and staff supervision, staff training matrix, complaints and compliments, quality monitoring audits and surveys.

The expert by experience contacted people and their relatives to ask for their views about the service. The Expert by Experience spoke with 11 people who use the service and five relatives. The inspector spoke with one person who uses the service as they contacted CQC as they wanted to share their views.

After the inspection

We contacted staff to give them the opportunity to share feedback with us. We received feedback from two of them. We also contacted and health and social care professionals who support people using the service to ask their views. We received a response from three of them.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt very safe and relaxed with the staff who supported them. Comments included, "Able to talk to staff who are approachable", "Staff sit and have a chat. It's the only people I may see" and "Service supports me. If I have a letter, they will read it for me. Ask me if I need anything... very helpful, top marks."
- People were supported by an agency which had systems in place to identify and report concerns. Staff had received training in safeguarding and knew how to recognise and report abuse.
- When a safeguarding concern was raised with the registered manager, they worked with the local authority to minimise any future concerns.

Assessing risk, safety monitoring and management

- People's individual risks and needs had been assessed and planned for. Staff had access to clear information about people's personal risks and how they should be supported.
- Risks to people were minimised because staff were very observant and took action to make sure risks were minimised. Example of risk assessments included, Covid-19, malnutrition screening tool, tissue viability, premises and moving and handling.

Staffing and recruitment

- The agency had identified in the summer 2021 they did not have enough staff to undertake their commissioned packages of care. They worked with the local authority to ensure people were safely supported during the transition, moving to new services. At this time the Director and higher management team went and met people face to face to reassure them.
- The provider had a computerised system in place, which alerted if staff did not attend a scheduled visit. This system ensured people received their visits and prevented missed visits.
- People and relatives raised concerns about the timings of their visits. Comments included, "Times vary. Timetable comes in the post, but they don't keep to it", "Lots of swapping of staff. Communication not good. Don't always get told if there is a change of staff" and "I have one that is regular. It's difficult, sometimes the organising of the hours could be better, and letting me know."
- We discussed this with the registered manager and nominated individual who explained the work they had undertaken since August 2021 to minimise disruption to people. This had included setting up consistent runs for staff, with less travel time so people had visits in line with their commissioned packages. This had caused some disruption but was regularly reviewed by the registered manager. They told us in the provider information return, 'The run system is reviewed weekly... The gaps will then be either filled, or the client's times moved for a short-term period, but still within their timings.'
- People received a weekly schedule to tell them who would be undertaking their visits. We saw telephone

logs showing that staff contacted people to inform them about any changes.

- The registered manager and nominated individual were very concerned that people had raised concerns and put into place further actions to improve communication and monitoring.
- Staff had been safely recruited. Employment and criminal record checks had been carried out to ensure staff were of good character to work with people. The provider recorded in their provider information return, "Our recruitment processes have not been changed by Covid, other than interviews taking place by Zoom for example. We have kept the same approach to robust recruitment with DBS (Disclosure and Barring Service checks) and references and have used the 'Proud to care' scheme to ensure that we have sufficient staff levels."

Using medicines safely

- There was a medicine policy in place to guide staff.
- People received their medicines safely because staff received training to handle medicines safely and had their competency assessed.
- People and relatives told us they were happy with the support they received with their medicines.
- Staff recorded support provided with medicines on a computerised administration system. This system would flag up if a person's medicines were missed so action could be taken.

Preventing and controlling infection

- The risks of the spread of infection were minimised because staff received training in how to reduce risks. Staff were kept well informed regarding Covid-19 and were kept up to date with all government guidelines about how to work safely during the pandemic.
- People and relatives told us that they felt safe being supported during the pandemic and staff wore Personal Protective Equipment (PPE) whilst spending time in their homes.
- Staff had access to appropriate PPE to help to keep themselves and people safe. The registered manager told us that staff could access PPE from the office when they required additional.
- The management team undertook spot checks which included checking staff were using PPE in line with the provider's policy and current government guidance.
- The registered manager recorded in their PIR, "Throughout the pandemic our policies have ensured that staff have all the protection they need when out on the front line. We provide hand sanitiser, gloves, aprons, masks and face shields, alongside shoe covers and any additional PPE needed ..."

Learning lessons when things go wrong

- The registered manager and nominated individual were very responsive to concerns raised by people. It was evident that they learnt from mistakes and treated them as an opportunity to make improvements.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 needs were assessed and reviewed three monthly or as and when required if a change occurred.
- People's preferences likes and dislikes, past life histories and background information were recorded in a 'This is me' document.
- People and relatives commented positively about the service provided and told us they were involved in developing their care plans. Comments included, "Carers are doing a fine job", "Feel involved in any decisions. Happy with care plan" and "I was included. I had a say what I wanted. I am getting what I asked for."

Staff support: induction, training, skills and experience

- The provider had a training manager who supported staff to complete their induction training, the providers mandatory training and the care certificate, training for staff new to care.
- An induction was in place to support new staff. This included face to face manual handling training, on-line training and shadowing more experienced staff.
- People and relatives said they felt staff had the right skills and knowledge to support them and undertook specific training to meet their needs. Comments included when asked about staff skills, "They (staff), seem to have dementia knowledge. They talk to him and distract him. Very, very good", "Staff use a stand turner, they put me on the commode and then into my chair. They operate that ok. I feel safe when they use it" and "Staff are training at the moment about his condition, so that they can understand him."
- Staff received regular supervision and an annual appraisal to discuss any concerns and identify further training and development needs.

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

- Not all the people who used the service required support with eating and drinking. People's dietary needs were assessed, and plans were put in place that supported these needs. Staff assisted some people with the preparation of a favourite meal, drink or food.
- People confirmed that staff supported them with their food and drink in line with their care plans. Comments included, "Carers give me breakfast and they leave me juice and water during the morning" and "They (staff), ask me what I want to eat. Always a choice."

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

- People were supported by staff who were aware of their healthcare needs. People's care records included a detailed record of people's health conditions and needs and how staff would manage these. Staff used an

electronic handheld device which detailed the support tasks they were required to carry out for each visit. If tasks were not carried out an alert would flag up on the providers computerised system so the management were aware of any missed support needs.

- People confirmed staff or family members would contact their GP or healthcare professionals if required. Comments included, "Staff are very good at spotting when things are not right and, in the past, have rung the surgery or District nurse" and "Carers have phoned the GP for me in the past."
- Relatives confirmed that staff kept them informed about any changes in a person's presentation or needs. One relative said, "Carers gives me information if the wife is feeling off colour or down. Very reassuring."
- The registered manager said staff worked with health and social care professionals to ensure people's changing needs were addressed, and people received the support they needed.

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.

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.

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.

- No one being supported by the agency was being cared for under the Deprivation of Liberty Safeguards (Community DoLS.) The registered manager was familiar with the legislation and knew the process to follow if anyone required this level of protection to keep them safe.
- Suitable processes were in place to give people's maximum choice over their lives. People had opportunities to give and withdraw their consent.
- People and relatives said staff asked for consent or permissions before undertaking care. One person told us, "Good as gold. No concerns. They will ask me what I want. They know me pretty well." Another said, "I am involved in all decisions".

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People and their relatives were positive about the staff who supported them. Comments included, "Kind and friendly", "Actually very caring, makes her laugh and makes me feel better" and "Can't fault them. They are really genuine".
- Staff had completed training in equality and diversity and demonstrated an understanding of people's care needs and the importance of respecting diversity. Everyone said they were treated with kindness and respect.
- The management team carried out spot checks to make sure staff were working in a way that respected people and ensured they received kind care.
- The management team and staff had gone out of their way to provide additional support and to help people. For example, helping a person's confidence by colouring their hair each month, taking and printing photographs of motorbikes as this is one person's passion, and supporting a person above contractual arrangements while their relative has some personal time.
- The registered manager told us how they had supported a person to move into a care home. They had helped with packing their possessions and sorting out their tenancy and kept them informed throughout. They said, it had enabled the person, "To be comfortable and moved in a smooth transition".

Respecting and promoting people's privacy, dignity and independence

- Staff supported people with dignity and respect. People said when asked that they felt their privacy and dignity was respected. A person said, "No problem can't fault that." A relative said, "Always good at putting a towel round him if giving personal care."

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

- When people and relatives were asked if staff gained consent or permission before giving care everyone said yes. Comments included, "They do ask, for example, they ask if I want a shower, they actually do what I want, if I don't want a shower that's ok" and "I hear them ask him if he would like a wet or a dry shave."
- Staff understood people's needs encouraged people to make choices about their care.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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 received care and support which was personalised to them and their unique circumstances and wishes. The provider told us in the provider information return (PIR), "Staff are trained with a person centred approach to the delivery of care plans and managers perform initial care planning with the service user so they are able to have input in how they wish their care and support to be directed."
- Staff supported people according to their care plans which generated tasks on the provider's computerised system for each visit undertaken. These met people's needs and reflected their preferences.
- The registered manager had implemented staff visit runs to help with visit timings and consistent staff delivering support. People said staff knew them well and how they liked to be cared for.

End of life care and support

- At the time of our inspection one person was receiving palliative care. The nominated individual shared with us that the providers training manager had been working with a hospice to produce an 'End of life learning path' for staff to complete. This was going to be used at Helping Hands Honiton to support staff to develop key skills and knowledge about supporting someone at the end of their life. This learning pathway had been nominated for a Patient Experience Network National Award.
- Talking with the management team it was evident that people could be assured that if they required support at the end of their lives, they would receive care that was kind and compassionate. The registered manager told us how staff went above and beyond to support people at this time. For example, one staff member stayed with a person until the early hours to ensure they were comfortable and until their family arrived.

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.

- The provider told us in the PIR, how they supported people with specific communication needs. This included for one person, "ensuring staff were aware of their communication needs, so that time and patience are exhibited to allow (person) to speak...use short and simply worded sentences to enable (person) to answer in one-word responses." We saw these in people's care records and included, how I communicate and get information.
- The provider used 'communication cards' developed by Mencap for AIS for everybody supported by the service. They told us in their PIR, 'It is an excellent document to capture the basic communication wishes

and preferences of all individuals and record their preferences for others to be involved if they wish.'

Improving care quality in response to complaints or concerns

- People and relatives said they knew how to make a complaint, and some said they had raised concerns and were positive about how their concerns had been managed. However, six people and relatives told us they had raised concerns about the timings of their visits and were not happy about the response. We discussed this with the registered manager and nominated individual. They wrote to us to explain what had happened and the actions they had taken to rectify the concerns. They felt some (concerns) were still regarding the upheaval the service experienced in the summer when they had needed to hand back commissioned packages of care due to staffing shortages. They wrote to CQC, 'We now recognise that the disruption and unsettledness from the August / September period may have caused some ongoing feeling that needs more reassurance and more monitoring of the stability of the service which we will perform.'
- The registered manager had recorded concerns and complaints raised with the service and these had been responded to in line with the providers policy.

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

- Although the agency was not responsible for providing activities for people, the registered manager told us how they supported people on outings into the community, one person to their favourite pub, another to specific retail shops and another to look at motorcycles.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The registered manager is also registered for one of the provider's other locations with CQC. They added Helping Hands, Honiton to their registration in August 2021 when they took on responsibility for the service. They had been working with the provider to implement improvements.
- People and relatives we spoke with were not clear who the registered manager was. We discussed this with the registered manager and providers nominated individual. They shared with us a letter they sent to people and their relatives in response to our discussion and in response to the same concerns raised in the survey they had carried out. The letter made it clear who the registered manager was and gave their direct contact details.
- People and relatives gave us mixed views about the office contact they received. Comments included, "Communication with office is terrible", "Office staff fine, no problem" and "Office listened and very responsive."
- People also gave us a mixed response when asked about the management and whether they would recommend the service. Comments included, "I can't fault carers but no, management lets them down", "No I wouldn't recommend them. Times are important to me and I am not getting it", "I would definitely recommend them" and "Too true I would." We discussed these mixed responses with the registered manager and nominated individual. They were very concerned to hear that not everyone was happy with the service they received.
- Following our discussion, they sent CQC a detailed response to the concerns raised and measures they were going to put into place to reassure people and their relatives. These included the registered manager monitoring staff quality and manner responding to calls and developing a policy on standard telephone management. The registered manager wrote, "...have reflected back on the past year, as there have been many changes, we have looked at different types of communication and how we can involve the staff and clients in a more interactive way. We are looking at forms of communication, we now have a tighter team in Honiton and the office being more available has promoted communication and promoted more face to face meetings and general discussions.'
- The director visits the service a minimum of every three months to undertake the registered managers supervision and give their support. The registered manager said they spoke with the director two or three times a week and they were always available. They also hold a weekly call with the registered managers they support, to discuss trends and successes. The nominated individual told us that the Director was very hands on and included facilitating training for team leaders and managers.

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 registered manager and nominated individual were open and approachable. They acknowledged it had been a difficult time in the summer, when they had needed to hand back some commissioned packages. It was clear they had learnt from the mistakes that had been made and had put in place actions to prevent re occurrence.
- People and relatives had completed a survey and had identified areas which required improvement. The registered manager and nominated individual explained the actions they were going to take in response to the surveys. This included speaking with some people regarding their concerns and improving communication.

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

- The registered manager is registered for one of the provider's other locations with CQC. They added Helping hands, Honiton to their registration in August 2021 when they took on responsibility for the service.
- People could be confident that their care was provided by an agency who monitored risks and followed up to date guidance to keep people safe. This inspection was conducted during the Covid-19 pandemic and the agency were working in line with all up to date guidelines to keep people safe.
- Records showed appropriate action and improvements were made when needed and staff and managers were committed to continuously improving the service.
- The provider had a system for monitoring and managing service quality. The nominated individual or the compliance assistant visit the service every six weeks and undertake monitoring checks. The registered manager was given feedback and actions needed and these were monitored and reviewed at each visit.
- The management team completed spot checks and observations on staff to monitor staff performance and competency.
- The registered managers understood their role and legal responsibilities, including appropriately notifying CQC about any important events that happened in the service
- The provider had a 'business continuity plan'. The provider said in the provider information return, 'Our business continuity plan gives guidance for short notice absence such as during adverse weather conditions, winter flu and in planning for the possibility of shortages caused by Covid'.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had been working with people and their relatives to keep them informed. People and relatives told CQC that communication was still an area which required improvement. We discussed this with the registered manager and nominated individual and improvements were put into place.
- The provider had asked people and relatives to complete a survey, to ask their views about the service. They had collated the results of the survey and told us they would share the findings and the actions taken. People and relatives' views about the care and support they received were also discussed at their three-monthly care reviews.
- Staff were encouraged to raise concerns about the care provided, including through whistleblowing processes. The registered manager said they had undertaken some teambuilding sessions and had plans for further team building events.
- The registered manager recorded in their PIR, 'We regularly communicate with the Mental health team, hospitals, rehabilitation teams... We try to glean feedback from other professionals through our annual survey'.