

HH Community Care Limited

Helping Hands - East Northumberland

Inspection report

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24 May 2022

26 May 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Helping Hands - East Northumberland is a domiciliary care service providing personal care to a range of adults with a variety of health care needs, living in their own homes. At the time of the inspection, the provider supported 305 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

Staff were kind and considerate and the majority of people we spoke with would recommend the service to others.

Good infection control procedures were in place and staff followed PPE guidance.

Medicines were managed safely, and a new IT system was in place to monitor this. Care records reflected how people wished to be cared for and included clear details of how staff should do this.

People and their relatives were involved in planning their care and were encouraged to provide feedback regarding the service during reviews and surveys undertaken.

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 were enough safely recruited staff available to meet people's needs. Although it was acknowledged that at times recruitment had been slow due to nationwide shortages of care staff.

The vast majority of people, relatives and staff were positive about the changes to the organisation, including the new IT processes the provider had introduced. The provider worked with other healthcare professionals to ensure people received good quality care.

The management team monitored the quality and safety of the service. There was an improved programme of audits and checks in place.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 5 March 2021) and there were breaches

of regulations.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focussed inspection of this service on 28 January 2021. Breaches of legal requirements were found. We issued a warning notice. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, Safe, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Helping Hands – East Northumberland on our website at www.cqc.org.uk.

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?

The service was safe.

Details are in our safe 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 - East Northumberland

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 two Experts 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 houses and flats and specialist housing.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave a short period of notice to ensure we gained consent from people and their relatives to contact them.

Inspection activity started on 23 May 2022 and ended on 8 June 2022. We visited the location's office on 24

and 26 May 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from three local authorities and professionals who work with the service. We also contacted Healthwatch to gather any views they had. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with five people who used the service and 14 relatives. During our visit to the office we spoke with the registered manager, deputy manager, nominated individual, quality and clinical lead manager, a care and support officer and a senior care coordinator. We also contacted every member of the staff team via email to seek feedback and contacted a selection of these to continue conversations via telephone.

We also contacted seven care managers/social workers and local district nurse teams.

We reviewed a range of records. This included a review of 16 people's care plans and multiple medicines records. We checked five staff files in relation to recruitment. We also reviewed records related to the management of the service, which included incident reports, complaints, quality assurance checks, minutes of meetings, policies and procedures and a range of health and safety records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We further reviewed training data, quality assurance records and policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection infections prevention and control procedures were not robust. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were protected from the risk of infection, including in relation to the COVID-19 pandemic.
- Staff had received infection, prevention and control training.
- People and their relatives said staff always wore PPE to protect them and disposed of it safely. One person said, "Certainly, they wear the PPE...put them in the blue bin outside when they leave."
- Infection control policies and procedures were in place to guide staff. These had been regularly reviewed.
- Staff followed current guidance, including being tested for COVID-19 twice weekly. One staff member said, "Test twice weekly and I have not seen any problems with care staff not wearing PPE as they are supposed to and like the guidance states." After feedback the registered manager enhanced their staff COVID test monitoring procedures.

Using medicines safely

At our last inspection the provider needed to make further improvements in medicines management. These improvements had been made.

- Medicines were safely managed. People received medicines in a timely manner, and this was monitored remotely by a live system which showed when this had not occurred.
- The provider had introduced robust medicines procedures and enhanced their quality monitoring processes to ensure the safety of medicines was maintained.
- Staff had received suitable training and had their medicines competencies checked to ensure they were safe to administer medicines.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Daily risks to people's health, safety and wellbeing were evaluated and assessed.
- Accidents and incidents were recorded and reported appropriately. Where actions were required, these were followed up to completion by management. One relative said, "Well, if anything happens it gets put

right and doesn't happen again."

- Relatives were informed of incidents involving their loved ones and the actions taken.
- Systems were in place to escalate any safety concerns. There was an open and transparent culture with staff being encouraged to report concerns or safety incidents.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and were protected from the risk of abuse. One relative said, "I know my relative is perfectly safe with the carers." Another relative said, "Can only speak as I find. I think the carers are really fantastic, can't fault them."
- Staff received mandatory safeguarding training and told us they would report any concerns they had.
- The management team were robust in reporting any safeguarding concerns. This ensured that issues identified were quickly investigated by the relevant local authorities.

Staffing and recruitment.

- Enough staff were employed to meet people's care needs. There were no missed calls reported.
- The provider always tried to maintain continuity of the care team into people's homes, however this had not always been possible during the recent COVID-19 pandemic. One person said, "Have a regular team, more or less, unless one of them is sick."
- Safe recruitment procedures were followed. The provider completed specific pre-employment checks to ensure they employed staff of good character. This included gathering suitable references and undertaking Disclosure and Barring Service (DBS) checks. DBS checks were updated every three years as good practice. A small number of staff commented on how recruitment processes were a little slow. We shared this with the provider for them to review.
- The provider had a continuous recruitment process in place but had, at times, found it difficult to fill roles due to the pressures in the current work market. They had introduced incentives to encourage new staff to join them.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has improved to 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; 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

At our last inspection the provider needed to make further improvements in travel times between care calls. These improvements had been made.

- Travel times were allocated between care calls as necessary. This was continually monitored for further improvements.
- Care plans were personalised with details of how people wanted to be cared for and supported. A relative said, "I've seen the care plan, they discuss everything with us."
- People received care from staff who were kind, caring and responsive to their needs and gave choices to people. One relative said, "They [care staff] are very kind and considerate to my father. They treat my father like their own relatives."
- People were helped to maintain relationships, specifically through the recent COVID-19 pandemic. This had included supporting people to make video calls to relatives when visiting was not permitted due to government restrictions.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and details recorded in their care plans.
- People and their relatives told us staff knew how to communicate with them. One relative said, "Oh yes, they [care staff] all try to understand what [Person] is saying, probably understand better than I do."

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place. Where concerns had been raised, these were investigated and resolved by the management team.
- People and their relatives knew how to complain and were supported by staff to do this. One relative said, "Once had an issue with a carer and how they 'spoke over' [person], but I didn't need to report her, the other carer reported her."

End of life care and support

- Staff cared for people at the end of their lives, including working with other organisations to support this.
- Care records documented any end of life wishes or preferences. This included details of people's resuscitation status. This information was used to help support people to remain in their homes as long as possible.

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 promotion of a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for the person.

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

- Staff were very clear about their roles. Office staff were very knowledgeable about systems in place and how that linked with the work of care staff.
- Majority of people and their relatives highly recommended the service. One relative said, "I would simply say to anyone whose thinking of using the service, you can be absolutely confident of a good service overall."
- A range of quality assurance audits and checks were in place to monitor and continually improve the service.
- The registered manager submitted notifications to the Care Quality Commission in line with their legal requirements.

Continuous learning and improving care

- Continuous learning was in place to improve the care provided. New IT systems had been introduced to improve recording systems and quality monitoring. The provider continued to look for new ways of interpreting data and enhancing systems.
- Regular reviews of care took place to continually assess the support people required and ensure it remained adequate to meet their care needs.

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

- People and their families were involved in the service provided. Care reviews took place and people and their families were contacted regularly to check on the care being delivered. One relative said, "Get a six-monthly questionnaire, asking what we feel about the service. Last one was a few months ago."
- Staff meetings took place. These allowed staff opportunities to discuss areas of importance to them and gave management a chance to cover, for example, pertinent issues arising or remind staff of procedures. Meeting had been mostly virtual via video calls due to the COVID pandemic, but these were starting to take place in person again. One staff member said, "I found the meetings good but I like face to face ones better."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service promoted an open and person-centred culture. One staff member said, "Whenever I phone the office they answer straight away and listen to what I've got to say and then help me to sort out whatever the

problem is."

- The vast majority of people and their relatives said they would recommend the service, and this was supported by the recent survey completed by the provider where a similar response was received. One relative said, "I would recommend Helping Hands without hesitation from my experience and the respect for [relative]."
- Staff spoke positively about improvements made at the service, including in the use of new technologies to support them in their roles.

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 complied with their duty of candour responsibilities which included apologising when things had gone wrong.
- Throughout the inspection the registered manager was open and honest with us. They acted immediately on feedback and strove to improve the service wherever they could.

Working in partnership with others

- Staff worked in partnership with other healthcare professionals. One person said, "They (care staff) were here when I had a heart attack. Gave me my angina under the tongue meds and called for an ambulance. Stayed with me until it arrived."
- Communication with healthcare professionals was good. One care manager said, "Communication has been very positive" and "I am impressed with staff members that I have had contact with."