

Mrs Nicola Kay French

Helping Hand

Inspection report

Autumn Park Business Centre
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Tel: 01476512394

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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

Helping Hand is registered to provide personal care for adults of all ages in their own home. It can assist people who live with dementia or who have mental health needs. It can also support people who have a learning disability, special sensory needs and/or a physical disability. At the time of our inspection the service was providing care for 36 people most of whom were older people. The service had its office in Grantham and covered Grantham, Colsterworth, Corby Glen, Long Bennington, Allington and surrounding villages.

The service was owned and operated by an individual who was the registered provider. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. In this report when we speak about both the registered provider and the registered manager we refer to them as being, 'the registered persons'.

We last completed an inspection of the service delivered by the registered provider on 27 September 2016. At that inspection we said that the overall quality rating for the service was, 'Good'. Shortly after our inspection the registered provider opened a new and larger office from which to deliver the service and this change meant that the service was newly registered for the purposes of the Health and Social Care Act 2008. Although to all intents and purposes the service delivered by the registered provider is the same as before, we have completed the present inspection because of the new registration.

At the present inspection we found that there were systems, processes and practices to safeguard people from situations in which they may experience abuse including financial mistreatment. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. In addition, medicines were managed safely and sufficient numbers of suitable care staff had been deployed to complete care calls in the right way. Background checks had been completed before new care staff had been appointed. People were protected by there being arrangements to prevent and control infection and lessons had been learnt when things had gone wrong.

Care staff had been supported to deliver care in line with current best practice guidance. People received the assistance they needed to eat and drink enough to maintain a balanced diet. In addition, suitable steps had been taken to ensure that people received coordinated and person-centred care when they used or moved between different services. People had been supported to live healthier lives by being supported to have suitable access to healthcare services so that they received on-going healthcare support.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance.

People were treated with kindness, respect and compassion and they were given emotional support when

needed. They had also been supported to express their views and be actively involved in making decisions about their care as far as possible. This included there being provision to introduce them to lay advocates if necessary. Confidential information was kept private.

People received personalised care that was responsive to their needs. Care staff recognised the importance of promoting equality and diversity by supporting people to make choices about their lives. People's concerns and complaints were listened and responded to in order to improve the quality of care. In addition, suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

There was a positive culture in the service that was open, inclusive and focused upon achieving good outcomes for people. People benefited from there being a robust management framework that helped care staff to understand their responsibilities so that risks and regulatory requirements were met. In addition, various steps had been taken to promote the financial viability of the service. The views of people who used the service, relatives and care staff had been gathered and acted on to shape any improvements that were made. Quality checks had been completed to ensure people benefited from the service being able to quickly put problems right and to innovate so that people could consistently receive safe care. Good team work was promoted and care staff were supported to speak out if they had any concerns about people not being treated in the right way. In addition, the registered persons were actively working in partnership with other agencies to support the development of joined-up care.

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.

Care staff knew how to keep people safe from the risk of abuse including financial mistreatment.

People had been supported to avoid preventable accidents while their independence was promoted. As part of this positive outcomes were promoted for people who lived with dementia if they became distressed.

Medicines were safely managed.

Suitable arrangements had been made to ensure that sufficient numbers of suitable staff were deployed in the service to enable care calls to be completed in the right way.

Background checks had been completed before new care staff were appointed.

People were protected by the prevention and control of infection and lessons had been learnt when things had gone wrong.

Is the service effective?

Good ●

The service was effective.

Care was delivered in line with current best practice guidance.

People were supported to eat and drink enough to maintain a balanced diet.

People received coordinated care when they used different services and they had received on-going healthcare support.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, respect and compassion and they were given emotional support when needed.

People were supported to express their views and be actively involved in making decisions about their care as far as possible.

People's privacy, dignity and independence were respected and promoted.

Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

Care staff recognised the importance of promoting equality and diversity by supporting people to make choices about their lives.

People's concerns and complaints were listened and responded to in order to improve the quality of care.

Suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

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Is the service well-led?

Good ●

The service was well led.

There was an open culture and people benefited from care staff understanding their responsibilities so that risks and regulatory requirements were met.

People who used the service, their relatives and care staff were engaged and involved in making improvements.

There were suitable arrangements to enable the service to learn, innovate and maintain its sustainability.

Quality checks had been completed and the service worked in partnership with other agencies to promote the delivery of joined-up care.

Helping Hand

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered persons continued to meet the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people, young adults, people who live with dementia or who have mental health needs. It can also provide a service to people who have a learning disability, special sensory needs and/or a physical disability.

Not everyone using Helping Hand receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Due to technical problems, the registered persons were not able to complete a Provider Information Return. This is information we require registered persons to send us at least once annually 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. Before the inspection site visit we examined the information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

Shortly before our inspection site visit to the service's office, we spoke by telephone with six people who used the service and with six of their relatives. We wanted to find out what it was like to receive care from the service. We also spoke by telephone with seven care staff so that they could tell us about their experience of working in the service.

We visited the service's office on 21 November 2017 and the inspection was announced. We gave the

registered persons 48 hours' notice of the inspection site visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. We spoke with the care coordinator who organised the completion of care calls and we met with the registered persons. In addition, we looked at the care records for four people who used the service. We also examined records relating to how the service was run including the times and the duration of care call, staffing, training and quality assurance.

Is the service safe?

Our findings

People told us that they felt safe using the service. One of them said, "I'm pleased to have Helping Hand because I know I can rely on the staff to turn up and I like to see them because it's reassuring." Relatives were confident that their family members were safe. One of them remarked, "I think that Helping Hand is a very good home care service. It's professional and the service quite simply is top notch."

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that care staff had completed training and had received guidance in how to protect people from abuse. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. In addition, we noted that the registered persons had established robust systems to support care staff when handling people's money while shopping for them. This included care staff keeping a careful record of the money given to them and providing receipts to support the purchases they had made.

We found that risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. An example of this involved the registered manager liaising with health and social care professionals so that people were provided with equipment to help prevent them having falls.

We saw that care staff were able to promote positive outcomes for people who lived with dementia including occasions on which they became distressed. An example of this involved a member of staff describing how they used indirect observations to establish when someone who lived with dementia and who had special communication needs was not feeling well. They said that they could often tell because the person sometimes was quiet and appeared to not be themselves when the member of staff chatted with them. Another example was a member of care staff describing how they reassured a person when they became anxious. This involved sitting quietly with the person, giving them a cup of tea and chatting about everyday subjects such as their favourite television programmes.

Medicines were managed safely. People said and records confirmed that care staff had provided them with the assistance they needed to use their medicines at the right time and in the right way. They also said that care staff helped them to make sure that they always had enough medicines to hand so that they did not run out. Relatives were also reassured about this matter. One of them said, "It's very helpful to know that the care staff are checking on my family member's medicines so that they don't get in a muddle with them."

We found that there were enough care staff to reliably complete all of the care calls that had been planned. Records showed that care calls were consistently being completed at the right time and they had lasted for the correct amount of time. This helped to reassure people that their care was going to be provided in line with their expectations. A number of people commented positively about this, with one of them saying, "The staff are very good with their time keeping considering the traffic. If they are running a bit late which isn't often, they always telephone to let me know and they always arrive in the end."

We examined records of the background checks that the registered persons had completed when appointing two new care staff. We found that a number of checks had been undertaken including with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, references had been obtained from people who knew the applicants. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service.

We found that suitable arrangements had been made to help people to promote good standards of hygiene in their homes in order to prevent and control infection. Records showed that potential risks of avoidable infection had been identified when people first started to use the service so that action could quickly be taken to put problems right. An example of this was a person who was assisted to replace some carpets that had become stained and which could not be cleaned to a normal standard. Furthermore, we noted that care staff had received training and recognised the importance of preventing cross infection. We saw them wearing clean uniforms and they told us that they were provided with antibacterial soap with which they regularly washed their hands.

The registered persons had ensured that lessons were learned and improvements made when things had gone wrong. Records showed that the registered persons had carefully analysed accidents and near misses so that they could establish how and why they had occurred. We also noted that actions had then been taken to reduce the likelihood of the same thing happening again. These actions included recommending to people that they seek professional advice about the installation of equipment in their home such as hoists. They also included people being advised about the benefits of subscribing to a lifeline service to enable them to quickly call for assistance if needed.

Is the service effective?

Our findings

People were confident that the care staff had the knowledge and skills they needed. They were also confident that staff had their best interests at heart. One of them said, "The care staff have got to know me very well and they know what help I need." Relatives were also confident about this matter. One of them said, "My family member knows their care staff really well and it helps with it usually being the same staff who call because they can build up a relationship with my family member."

We found that robust arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed that the registered manager had carefully established what assistance each person needed before they started to use the service. This had been done to make sure that the service could reliably meet each person's needs and expectations. Records also showed that the initial assessments had suitably considered any additional provision that might need to be made to ensure that people's lifestyle choices were respected. This helped to ensure that they did not experience discrimination. An example of this was the registered manager carefully asking people if they had a preference about the gender of the care staff who provided them with close personal care.

Records showed that new care staff had received introductory training before they provided people with care. In addition, records showed that established care staff had received on-going training that was designed to keep their knowledge and skills up to date. We found that care staff knew how to care for people in the right way. An example of this was care staff knowing how to support people who lived with particular medical conditions. Other examples were care staff knowing how to correctly assist people who experienced reduced mobility, who were at risk of developing sore skin or who needed help to promote their continence.

We found that people were being supported to eat and drink enough to maintain a balanced diet. Records showed that some people were being given gentle encouragement to eat and drink regularly. For other people care staff were preparing and serving food so that they could enjoy having a hot meal. Relatives valued this part of the assistance their family members received. One of them said, "It's very important for my family member to eat and drink enough and the care staff help a lot with that."

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. An example of this was the registered manager carefully liaising with health and social care professionals so that people who were in hospital could quickly have their care calls started again when it was time for them to be discharged.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists, opticians and dietitians. An example of this was the service having liaised with a practice nurse after care staff had noticed that a person was experiencing difficulties with using a catheter. This had enabled the device to be modified so that it better met the person's needs.

We found that suitable arrangements had been made to obtain consent to care and treatment in line with

legislation and guidance. This involved the registered persons and care staff following the Mental Capacity Act 2005. This law provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that people were being supported to make decisions for themselves whenever possible. Care staff had consulted with people who lived in the service, explained information to them and sought their informed consent. Records showed that when people lacked mental capacity the registered manager had ensured that decisions were taken in people's best interests. An example of this was the registered manager liaising with relatives when a decision needed to be made about how best to ensure that a person secured their home at night. This had enabled careful consideration to be given to how the person could be kept safe while at the same time enabling care staff to have access to provide the person with the assistance they needed.

Is the service caring?

Our findings

People were positive about the care they received. One of them remarked, "The staff are very good and they call as regular as clock work to care for me." Relatives were also confident that their family members were treated with compassion and kindness. One of them remarked, "I know that my family member really gets on well with the care staff who call to see them and see them as friends."

People told us that the service ensured that they were treated with kindness and that they were given emotional support when needed. An example of this was a person who said, "The staff think nothing of doing little extra things which they don't have to." Another example was a person who told us, "The staff are just good people and they're not watching the clock wanting to get away on time. Indeed, they'll stay on for longer if they need to which is very reassuring." A further example was a member of care staff who sang with a person who lived with dementia so that they did not become distressed when their personal care was being provided.

We found that care staff knew about things that were important to people. This included staff knowing which relatives were involved in a person's care so that they could coordinate and complement each other's contribution. A relative spoke with us about this and remarked, "I like to know that the care staff will let me know if my family member needs something. It's sort of team work between me and the care staff which is how community care should be done."

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Most people had family and friends who could support them to express their preferences. Records showed and relatives confirmed that the registered manager had encouraged their involvement by liaising with them on a regular basis. In addition, the service had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. We noted that care staff recognised the importance of not intruding into people's private space. Records showed that when people had been first introduced to the service they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people's wishes while ensuring that people were safe and secure in their homes. In some instances this entailed care staff knowing how to obtain the keys to people's homes if they preferred not to answer their door bell. In addition, there were arrangements for care staff to follow if they were not able to obtain access to someone's home. If necessary this included contacting the emergency services so that help could be provided if a person needed assistance and could not open their front door.

Care staff told us that they had received guidance about how to correctly manage confidential information. We noted that they understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis. In addition, we found that care staff were aware of the need to only use secure communication routes when discussing confidential

matters with each other. An example of this was care staff saying that they never used unsecured social media applications for these conversations. This was because other people not connected with the service would be able to access them.

Is the service responsive?

Our findings

People said that care staff provided them with all of the assistance they needed. One of them remarked, "Over time I've got to know the care staff really well and we've developed a routine for the care calls that suits me as I get all of the help I need." Relatives were also positive about the amount of help their family members received. One of them commented, "I can see that my family member gets all of the assistance they have agreed to receive. When I call I can see that things have been done such as my family member having a meal and the washing up being done."

We found that people received personalised care that was responsive to their needs. Records showed that the registered manager and care staff had carefully consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. These care plans were being regularly reviewed to make sure that they accurately reflected people's changing needs and wishes.

Other records confirmed that people were receiving the personal care they needed as described in their individual care plan. This included help with managing a number of on-going medical conditions, washing and dressing, changing position safely and promoting their continence.

The registered person said that as far as possible each person received their care from the same member of staff. This was so that people could be relaxed in the company of care staff who they knew them well. Several people commented on this aspect of the service. One of them said, "I really like knowing who will be calling to see me because after a time you feel more relaxed in the company of someone you know."

Care staff understood the importance of promoting equality and diversity and they had been provided with written guidance about how to put this commitment into action. An example of this was the registered persons recognising that people may have cultural identities that influence the meals they choose to have and the way in which they dress. In addition, we noted that the registered persons knew how to support people who used English as a second language. They knew how to access translators and the importance of identifying community services that would be able to befriend people by using their first language.

We noted that care staff had supported people to pursue their interests and hobbies. An example of this involved a person who lived in a residential care setting being supported to go out and about into the community to visit places of interest. We also found that the service helpfully re-arranged the times of visits so that people could attend events such as hospital appointments and family gatherings. A relative commented about this saying, "I find the service to be very flexible and it fits around the people who use it and not the other way around."

There were robust arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. Records showed that when the registered persons had received a complaint the matter had been thoroughly investigated and resolved to the satisfaction of the complainant.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. We noted that the registered persons had gently asked people if they wanted care staff to assist them at the end of their life. This included coordinating the support provided by the service with treatment from healthcare professionals. It also included any support relatives wanted to receive when making arrangements to celebrate and commemorate a person's life.

Is the service well-led?

Our findings

There was a registered manager in post. We found the registered manager was clear about their responsibilities and they had notified us of significant events in the service. People told us that they considered the service to be well run. One of them said, "I think it's professional at the same time as being friendly. When you telephone the office the staff there are always helpful and they seem to know exactly what they're doing. If you change a call time it happens and so communication within the staff team must be good." Relatives were also complimentary about the management of the service. One of them remarked, "I am very confident about how well managed Helping Hand is as it provides a reliable and quality service."

We found that there was a clear vision and strategy to deliver high-quality care and to promote a person-centred culture to achieve good outcomes for people. In relation to this care staff had been provided with a number of policies and procedures each of which emphasised the importance of providing people with responsive care that promoted their dignity.

The registered persons understood and managed risks and complied with regulatory requirements. Records showed that the registered persons had subscribed to a number of professional websites in order to receive up to date information about legal requirements that related to the running of the service. This included CQC's website that is designed to give registered persons information about important developments in best practice. This helps registered persons to be more able to meet all of the key questions we ask when assessing the quality of the care people receive. In addition, we noted that the registered persons had established suitable systems to ensure that we are quickly told about any significant events that occur in the service. This is necessary so that we can be assured that people are being kept safe. Furthermore, the registered persons had suitably displayed on their website the quality rating we gave to the service at our last inspection.

Care staff were clear about their responsibilities. There was a care coordinator who prepared the lists of care calls each member of care staff completed. We examined a selection of these lists and we found them to be well organised and neatly presented. There were also two senior members of care staff. They managed teams of care staff in the community and were responsible for ensuring that care calls were delivered as they had been planned. In addition, there was always a senior member of staff who could be contacted by care staff if they needed advice. Furthermore, there were staff meetings at which care staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff had the systems they needed to care for people in a reliable and coordinated way.

People who used the service, their relatives and staff were engaged and involved in making improvements. We noted that the registered persons had invited people to complete quality questionnaires to give feedback about their experience of using the service. Records showed that in their responses people had been consistently positive about the service. We were also told that the registered provider telephoned a number of people each month to receive further feedback about the service. We noted a number of examples of the suggested improvements being put into effect. One of these was a change that had been made to times when some of a person's care calls were completed so that they were more convenient.

The registered persons and care staff told us there was a 'no tolerance approach' to any member of staff who did not treat people in the right way. As part of this care staff told us that they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

We found that the registered persons had established suitable arrangements to enable the service to learn and innovate. This included members of staff care being provided with updated information about developments in national good practice guidance.

We noted that the registered persons adopted a prudent approach to ensuring the sustainability of the service. This included operating efficient systems to match the number of new care calls they agreed to undertake with the number of care staff they employed. This helped to ensure that staffing resources were used efficiently. In addition, records showed that the registered persons operated robust arrangements to balance the service's income against expenditure. This entailed the registered provider examining regular updates about how much money had been spent and setting up projections of how much was left for the remainder of the financial year. These measures helped to ensure that sufficient income was generated to support the continued operation of the service.

Records also showed that the registered persons, the care coordinator and the senior care staff completed a number of quality checks. These were done to ensure that the service was running in the right way to reliably provide people with the assistance they needed. The checks included regular examining the records care staff created each time they completed a visit. This enabled the registered persons to check that visits were being completed on time and that they lasted for the right amount of time. They also involved making sure that each person had been provided with all of the care they had agreed to receive. In addition, records showed that the senior care staff regularly completed unannounced 'spot checks' to make sure that that care staff were in practice delivering care in the right way.

We found that the service worked in partnership with other agencies. There were a number of examples to confirm that the registered persons recognised the importance of ensuring that people received 'joined-up' care. One of these involved the registered persons liaising with the local authority to enable people to use the service by spending the personal budgets they had been given through the care management system. This helped to ensure that people could benefit from using the service and in so doing it increased the overall capacity of local care at home providers to meet people's needs for assistance. Another example of cross sector working was the service keeping in contact with people when they were admitted to hospital. This was done so that their care calls could quickly be reinstated after their treatment had finished and they were ready to go home.