

24/7 Helping Hands Service Ltd

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

24/7 Helping Hands Service Ltd is a domiciliary care service providing personal care to people living in their own homes. At the time of the inspection there were 17 people using the service.

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

At our last inspection the provider had failed to assess and monitor the quality of service. The provider had not reported safeguarding concerns to the Care Quality Commission which they are required to do.

At this inspection we found the provider had made improvements. Systems and processes were in place to assess and monitor the quality of care provided. The registered manager was aware of their legal responsibilities and notified the Care Quality Commission as required. Improved communication and systems ensured the views of people, relatives and staff were sought. The registered manager shared information and learning with the staff team when things went wrong. The provider was no longer in breach of the regulation.

All staff completed an induction and training for their role. Staff training had improved. Staff received further training to increase their knowledge and awareness about specific health conditions that affects people. Staff followed procedures which included safeguarding adults, health and safety and infection control and prevention. Staff were supervised, and their practices were checked to ensure they provided care that people needed.

People told us they felt safe. Risk to people had been assessed and reviewed. Care plans provided staff with guidance to meet their needs safely. People were supported to maintain good health, were supported with their medicines and had accessed health care services when needed. Where assessed, staff prepared food and drink to meet people's dietary needs and requirements.

People were supported by regular reliable staff who knew them and their needs well, which promoted continuity of care. The improved staff recruitment process ensured staff were suitable and safe to work with vulnerable people. Staff knew how to report concerns when people's safety and wellbeing was at risk.

People made decisions about their care which were documented in their care plans and respected by staff. 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 were supported by kind and caring staff who they trusted and had built positive relationships. People's privacy, dignity and independence was promoted. People were supported by staff who were committed to non-discriminatory practices. People's communication needs were met and understood by staff.

People received person centred care. The registered manager and staff had a good understanding of people's needs and their individual preferences. Care plans were personalised and took account of people's lifestyle interests and their cultural needs. Staff worked flexibly to enable people to maintain their independence and contact with family and the wider community friends. People had the opportunity to express their wishes in relation to end of life care.

Everyone we spoke with felt the registered manager was approachable and responsive. People were confident complaints would be listened to and acted on. People's views about the service were sought individually and through surveys.

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 requires improvement (published 5 December 2018). At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous 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 24/7 Helping Hands Service Ltd 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 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 remained caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service remained 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 ●

24/7 Helping Hands Service Ltd

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

This inspection was carried out by one inspector.

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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that there would be staff in the office to support the inspection. The inspection started on 2 December 2019 and ended on 3 December 2019, after we visited the registered office.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications and the provider's action plan. We sought feedback from the local authority 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 five people who used the service and four relatives about their experience of the care provided. We also spoke with five members of staff, which included the registered manager, a senior carer and three care staff. We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, and policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from management to validate evidence found which included the amended procedures and the updated staff training information. We received this information. We also received positive feedback from a relative.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last inspection risks to people were not always identified and care plans did not always provide guidance for staff to follow to meet people's needs safely.
- At this inspection risks associated with people's care needs such as their mobility, continence care and medical conditions such as diabetes had been assessed. Risk within people's homes was assessed to ensure there were no hazards. A relative told us the registered manager had explained their family member would be supported by two staff. They checked the hoist was safe to use and there was enough space for staff deliver the care safely. Staff we spoke with knew how to support people and were trained in topics related to health and safety and how to use equipment safely.
- People's care plans provided staff with guidance to reduce risks and to keep people safe. Risks were regularly reviewed, and care plans were updated to reflect changes to the support required.

Systems and processes to safeguard people from the risk of abuse

- At the last inspection safeguarding incidents were not always reported to the Care Quality Commission (CQC) and the local safeguarding authority. At this inspection records showed the provider had reported safeguarding incidents and action was taken to protect people from further risk of harm.
- The safeguarding and whistleblowing procedures had been updated. This information was included in the information pack given to people when they first start to use the service and in the staff handbook.
- People told us they continued to feel safe. A person said, "I feel safe because I have the same carers who know me."
- Staff were trained in safeguarding procedure as part of their induction. Staff were aware what abuse looked like and how to report to the registered manager and the external agencies. A staff member said, "Any kind of abuse must be reported from the smallest bruise to something much worse."

Staffing and recruitment

- At the last inspection the provider had not followed the staff recruitment process fully. At this inspection we found staff recruitment process was followed. Staff records contained evidence of a Disclosure and Barring Services (DBS) check and references were obtained to ensure staff were safe to work with people. These checks help employers to make safer recruitment decisions.
- People told us staff were on time. One person said, "My carers are usually on time but if they are running ten minutes late then they do call me, so I don't worry."
- Staff told us they supported the same people, and they had enough time to deliver the care and support people needed and to travel between calls. The electronic call monitoring system was used to sign in when staff arrived at the person's home and left. This enable the registered manager to monitor the timeliness of

staff and manage any potential delays.

Using medicines safely

- People were supported with their medicines in a safe way. One person said, "I take my tablets myself, [staff] just give me the (dosset) box and a glass of water."
- People were assessed for their ability to manage their own medicines. Care plans described where the medicine dosset box was stored and how the person liked to take their medicine such as with water and before or after food. The emergency grad sheet included information about people's medicines and any known allergies, in the event emergency medical care was needed.
- Staff had received training in the safe administration of medicines and their practice was checked by the registered manager. Staff knew what action to take if the person declined to take their medicine or in the event of a medicine error.

Preventing and controlling infection

- People and their relatives told us staff used personal protective equipment (PPE) and disposed of them safely. A person said, "My carers have to wash their hands and wear gloves and aprons before doing anything."
- Staff were trained in how to minimise the risk of infection for people and had information in the staff handbook which they could refer to. Staff practices were checked by the registered manager to ensure infection control procedures were followed. Staff confirmed they had a good supply of PPE and disposed of them after each task.

Learning lessons when things go wrong

- Staff we spoke with knew how to report incidents and accidents. Incident forms were kept in the folder in people's homes which staff completed and returned to the office.
- All incidents and accidents were logged and analysed to identify any trends, so action could be taken to reduce risks. Learning from incidents was shared with staff, so all staff were aware of any changes they needed to make in how they delivered safe care.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At the last inspection staff lacked insight and awareness of people's health conditions. At this inspection staff training had improved. All staff had completed an induction which covered the care certificate standards. Training comprised of e-learning and practical competency-based training related to health and safety, promoting person-centred care and training on specific health conditions such as stroke and diabetes. Further training was planned for all staff to complete on pressure care management and falls prevention.
- Staff told us training was good and individual learning needs was supported by the registered manager. One staff member told us they had completed the essential training for their role and their practice was checked by the registered manager. Some staff told us they wanted to complete a professional qualification in care. We shared the feedback with the registered manager and they assured us staff would be supported.
- Staff felt supported by the registered manager. Supervisions enabled staff to discuss their work and identify further training needs. Team meetings enabled staff to review their care practices and share ideas to improve the care people received.

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

- People's physical, mental and social needs had been assessed by the registered manager and they took account of the assessment completed by commissioners. This ensured staff had the skills needed to provide care and if further training was required to meet specific needs.
- Assessments were complete in line with best practice guidelines and reflected the Equality Act. People were involved in this process to ensure their individual needs, their culture, age and disability were recognised and met.
- A person told us staff knew how their health condition impacted on the daily support they required. This person's care plan described how staff were to support them at times when they experienced pain or needed more support than usual.

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

- People's dietary needs were met. People who had their meals or snacks prepared by staff were involved in discussions about what they wanted to eat and drink. One person told us they were supported by a staff member to prepare vegetarian meals of their choice. A relative said, "[Family member] usually had porridge or cereal with fruit, toast with marmalade and a cup of tea. Staff will show the meal choices and [they] chooses what [they] want. [Name] has soup or sandwiches for tea and [name] eats well."
- People's care plans described people's dietary requirements and preferences such as non-vegetarian

meals and the level of support required to eat and drink. The food and drink logs were completed by staff when needed to ensure the person had enough to eat and drink. This helped to identify risks related to eating and drink, so action could be taken.

- Staff were aware of people's dietary requirements. Staff were trained in food hygiene and safety and encouraged people to eat a healthy balanced diet.

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 to access health care services when needed. Care plans included clear guidance for staff to follow. For example, guidance from the community nurse to manage a person's a skin condition and the symptoms that would indicate concerns about another person's diabetes. Staff were aware of people's health conditions and knew what action to take when someone was unwell.
- The registered manager worked closely with health and social care professionals to provide support in a coordinate and timely way. For example, if people needed additional equipment they contacted occupational therapists for a further assessment. The registered manager had to liaised with the commissioner to include some flexible time, so a person could be supported to purchase ingredients to prepare their own meals.
- Records did not always show the referrals made and any advice from the health care professionals. This was raised with the registered manager. A contact log was put in place to record all calls received and made in relation to each person and would be used as part of the care review.

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.

- The service worked in line with the principles of the MCA. People's ability to make informed decisions had been assessed. There was evidence of mental capacity assessments when need and their outcomes.
- People told us staff sought their consent before providing support. One person told us staff respected their decisions if they declined care and this was documented. Relatives we spoke with confirmed staff sought their family member's consent and respected their decisions.
- Staff encouraged people to make day to day decisions. A staff member said, "All are able to give consent and make decisions about how and what help they need. I'm always talking with them, asking them how they are doing, what would they like me to help them with next."

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

- People told us they valued the service they received and positive comments were received about the attitudes of staff. One person said, "Carers are very caring and kind to [family member]." Relatives said, "[Family member] has got really good carers" and "[Staff name] is excellent I wish I could have [them] every day or carers that were more like [them]."
- People's diverse needs, such as their cultural needs and lifestyle choices, were reflected in their support plans. A person said they were grateful that their cultural wishes had been met by staff.

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

- People were involved in the care planning process. This enabled people to express their needs and how they wished to be supported. One person told us staff communicated well and respected their decisions and choices about their day to day support.
- Care plans described people's individual needs, daily routines and preferences such as the gender of staff to support them. One person was supported by only female staff, which was appropriate for them whilst another person preferred a male member of staff.
- People received a weekly call from the office staff to check they were happy with the care. People spoke with the registered manager who also delivered care to people. This was important for some people who preferred to have a face to face conversation.
- Staff were kept informed about any changes to people's needs. Care plans were updated in people's homes and staff could read a summary of care needs using the hand-held devices.

Respecting and promoting people's privacy, dignity and independence

- Everyone said staff showed respect to people when providing care. People told us their privacy and dignity was maintained. A person said staff closed blinds and the bedroom door to maintain their privacy. Another person said, "I only have lady carers to help me. They close the door (when using the toilet) but it's not shut so they can help me when I call them that's what I want. They will keep talking to me from outside."
- People made decisions daily about what they wanted to eat and what to wear. A person said staff encouraged them to dress appropriately for the weather if they were going out.
- People were encouraged to be independent. One person said, "[Staff] helps me by walking with me. I have to use the trolley for support when I walk. [They] walk with me to the kitchen and back." Another person told us they were due to meet with the registered manager to discuss the support they needed with the daily exercises to improve their mobility.
- People's confidentiality was maintained. Records were completed accurately, were stored securely and

electronic records required a password.

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 continued to receive person centred care based on their individual needs. The assessment and care planning process ensured their identified needs could be met. Care plans provided clear guidance for staff to follow which included information about people's likes, dislikes, lifestyle and interests. Staff gave examples that showed they ensured people were protected from the risk of discrimination.
- People were introduced to staff to ensure they felt comfortable. This meant they could explain what was important for them to staff. People were supported by regular reliable staff who understood how to support people. One person said they were contacted if staff may be late due to traffic, so they did not worry unnecessarily.
- Staff monitored people's care and when changes were identified these were assessed and care plans were updated as needed. A relative told us the daily reports completed by staff for each visit assured them their family member received the care as agreed.
- People's care plans were reviewed regularly. One person said, "[Staff] read the care plan to me to make sure I was happy with it." The senior care staff told us one of their key role was to review and update everyone's risk assessments and care plan to ensure the content was accurate and provided staff with the information they needed to support people.

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 had been assessed and were met. Care plans included people's referred language, how they communicated and used specific non-verbal communication. A person said they expressed their wishes fully because they could speak with the registered manager and staff in their preferred language which was not English.
- The registered manager had made information available in formats people could easily understand. This included information produced in people's first languages, easy read and electronically. There was awareness of other communication methods which could be used in the future to help people who needed support to communicate.

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

- People and relatives told us they had developed good relations with the staff and the registered manager.

One person told us they had made new friends and chatted to people when they were shopping or visiting the park with the family. A relative praised the staff who they and their family member had developed a good relations and said, "You hear [name] and [staff] laughing and joking."

- Staff had good insight about people's family and interests. Staff found the information documented in their care plans useful topics of conversation when providing care and support to people. A staff member told us when they recognised someone was low in mood they would talk about things they liked such as films and used the photo album to show them photographs of family members and special occasions.
- Staff worked flexibly to enable people and their relative to maintain links with family, friends and the wider community. For example, the timing of a visit was changed to enable people to attend medical appointments, place of worship, family gathering or social events.

Improving care quality in response to complaints or concerns

- People did not have any complaints and knew how to contact the office or the registered manager. They said, "No complaints. If there is a problem I will call [registered manager]" and "I would tell my [relative] who deals with all that." A relative said, "I will call [registered manager] if there are any concerns or they will ring me if [family member] doesn't look well."
- The provider's complaints procedure included the contact details for local authority, advocacy services and the local government ombudsman.
- The provider had received no complaints since the last inspection.

End of life care and support

- At the time of our inspection, there was no-one who needed end of life support.
- People had the opportunity to discuss their end of life care when they felt they were ready. Care plans included information about people's religious beliefs, wishes and any decisions made were documented.
- The were procedures in place and links made with relevant health care professionals. Further training was planned for staff to ensure people received personalised support based on their wishes.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection the provider did not audit, assess and monitor the quality of service. The provider had not reported incidents and safeguarding concerns to the Care Quality Commission and the local safeguarding authority. The latest inspection report and rating had not been displayed, which is a legal requirement. This was a breach of regulation. The provider was required to submit an action plan that set out how they planned to meet the regulation.
- At this inspection we found the provider had made enough improvement and was no longer in breach of regulation. The registered manager understood their legal responsibilities. They had notified the Care Quality Commission as required and had displayed the previous rating in line with regulations. Risks were clearly identified and reported to the relevant agencies when required. Quality audits and checks were carried out regularly on people's care and their care records. Staff practices were checked through unannounced spot checks and the electronic call monitoring system. All incidents and complaints were analysed and where any trends were identified action had been taken, for example changes made to the call times.
- The provider's policies, procedures, and the business continuity plan had been updated. This ensured the service delivery would not be interrupted by unforeseen events.
- The registered manager understood the duty of candour. They were open and honest when things had gone wrong and were responsive to issues raised during this inspection.

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

- People and relatives we spoke with told us they were happy with the quality of service provided. They had developed good relationships with the registered manager and staff. They said, "The company is good otherwise I would not be using them for this long" and "It's a small company and the [registered manager] comes to see us too - she's very good too."
- People, relatives and staff felt the service was well-led. Staff worked flexibly when required to fit in with people's preferences and planned appointments. Everyone we spoke with knew who the registered manager was by name, knew how to contact them and were confident any concerns would be resolved.

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

- People were regularly asked for their views about their care individually, during the weekly calls and at the care review meetings. These checks assured people and the provider, that people's care needs were met safely and as agreed.
- Surveys were used to gather feedback about the quality of care. The completed surveys were all positive. The registered manager had plans to review the responses and analyse the results to see if there were any trends.
- Staff understood their role to provide quality care and report concerns to the registered manager. Staff were aware of the whistleblowing procedure and were confident that any concerns and suggestions made would be listened to and acted on.
- Staff were well-supported and had regular training and supervisions. They said, "[Registered manager] is very approachable and supportive" and "[Registered manager] is supportive, works every day and provides on-call support when [senior carer] is not working." Staff meeting minutes showed staff were informed about changes to the service and their views and ideas were sought about how to improve people's quality of care and life.

Continuous learning and improving care; Working in partnership with others

- Since we last inspected the service there were changes to the management team. The registered manager had recruited a senior carer and administrative staff. The registered manager has kept their knowledge up to date with changes in best practice by reviewing the CQC guidance and changes in legislation. They had undertaken a professional qualification in health and social care management.
- The registered manager worked in partnership with key professionals such as community nurses and commissioners to ensure people received joined up care. Any learning from these was shared with staff team.
- The registered manager recognised effective monitoring was essential to deliver good quality care. They were committed to increasing the use of electronic systems to support all functions of the service.
- The provider had received compliments, cards and letters of thanks from people, relatives and professionals, which had been shared with the staff team.