Helping Hand Care Services Ltd

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## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

This inspection took place on 11 and 14 January 2019 and was announced. At the last inspection, in January 2018 we found two breaches of the regulations, Regulation 12 (Safe Care and Treatment) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the service continued to breach Regulation 17 and remained 'requires improvement' overall.

We asked the provider to complete an action plan to show what they would do and by when to improve the key question; 'Is the service safe?', 'Is the service effective?', 'Is the service responsive?' and 'Is the service well led?' to a rating of at least good. At this inspection, we saw some areas of improvement. However, the service remained in breach of regulation 17.

Helping Hand Care Services Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. At the time of the inspection there were 35 people using the service.

There was a registered manager in post at the time of the inspection. 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.

Medication administration records were not consistently completed to demonstrate people received their medicines as required. There was no formal audit process for medicines administration records, so it was not clear that issues had been identified and actions taken.

Care plans were not always reviewed regularly, and the level of person-centred information was not always consistent, with some templates and documents left blank. Some information about how people wanted their needs met was provided. However, this was not followed up with actions for staff to take. There was no audit process in place to ensure care plans contained relevant information.

People told us they found the service safe, and there were enough staff to meet their needs. Staff had been recruited safely. There were systems and processes in place to protect vulnerable people from abuse.

Staff told us they received good standards of training and support in the form of an induction, training modules, supervisions and spot checks. People were confident that staff had the skills necessary to meet their needs.

Staff understood their role in helping people maintain a healthy lifestyle which included a good diet. People told us staff were attentive to their clinical needs and documents showed the service worked positively with other healthcare agencies.

People's health and wellbeing was monitored effectively, with their food and fluid choices taken into account. The registered manager understood their role in upholding the principles of the Mental Capacity Act 2005, and where people had capacity to make decisions this was clearly recorded and respected.

People told us staff were kind, caring and compassionate. Staff maintained people's independence and upheld their privacy and dignity.

There were systems and processes in place for people to raise complaints and for these complaints to be investigated appropriately. People told us they were confident they knew how to complain and issues would be addressed.

People and staff told us that senior staff were approachable and there was a positive working culture at the service. Furthermore, they would recommend the service both to work for and receive care from.

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

Medicines administered were not always recorded accurately. There was no effective process in place to ensure medicines recording errors were identified and followed up.

There were enough staff to meet people's needs. People told us staff were on time and communicative.

Staff understood how to protect vulnerable adults, and there were systems and processes in place for recording and investigating incidents.

### Is the service effective?

**Good**

The service was effective.

People told us they felt staff had the right training to meet their needs.

People's health and wellbeing were monitored by staff, and there was good communication between the service and other health and social care agencies.

### Is the service caring?

**Good**

The service was caring.

People told us staff were kind and caring. Staff knew people, their personalities and preferences well.

Staff understood the importance of protecting people's privacy and dignity.

People told us their independence was respected and upheld.

### Is the service responsive?

**Requires Improvement**

The service was responsive.

Care plans were not always up-to-date and were not always

reviewed regularly.

Some care plans had detailed person-centred information but this was not always consistent. Care plans contained information on how to meet people's needs.

There were systems and processes in place for raising complaints and people knew how to make a complaint.

## Is the service well-led?

**Requires Improvement**

The service was not always well-led.

Quality monitoring processes were not effective in identifying and implementing improvements required.

The service gathered feedback from people and staff and used this to make improvements.

People and staff told us there was a positive culture at the service, and senior staff were approachable and transparent.

# Helping Hand Care Services Limited

**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 provider is meeting 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 inspection took place on 11 and 14 January 2019 and was announced. We gave the service 48 hours' notice of our intention to inspect because the service is small and we wanted to be sure someone would be in the office.

This inspection was carried out by one adult social care inspector and an Expert by Experience. An expert by experience is a person who has experience of using or cares for someone who uses adult social care services.

Prior to the inspection we gathered information from a range of sources, including the local authority safeguarding teams, notifications the provider is obliged to send us, and the provider information return (PIR). This is information we require providers to send us at least once annually to give key information about the service, what the service does well and improvements they plan to make.

We reviewed a range of documents relating to people's care and the operation of the service, including five people's care plans, four staff personnel files, surveys and quality monitoring documents.

During the inspection we spoke with four staff including the registered manager and care staff, and four people who used the service over the telephone. We also conducted a home visit to speak with someone who used the service.

Requires Improvement

# Is the service safe?

## Our findings

At our last inspection we found that the service was in breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the service was no longer in breach of the Regulation but the service continued to breach Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because of medicines recording issues.

We reviewed the service's systems and processes around medicines management. We found there were some concerns over accurate recording of medicines administered in medicines administration records (MARs). In some instances, there was no signature for administration, which would indicate the medicine had not been administered. However, the person's daily notes stated they had refused their medicines. In one person's record, there were six instances over a five- month period where a medicine had not been signed as administered. The registered manager had signed to indicate the MARs were checked, but these gaps were missed. This meant that people were at risk of not receiving their medicines as prescribed. Furthermore, there was no formal audit process, which meant it was not clear that these incidents had been identified or actions taken to improve the recording of medicines administrations.

Staff received training in medicines administration, and medicines administration was part of the spot check process. However, there was no way for the provider to assure themselves that each member of staff received an annual competency check for medicines administration. This is in line with best practice guidance. Records in staff personnel files did not reflect whether these had taken place.

This was a continuing breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they felt safe. Comments included, "I always know which staff are coming beforehand", "I have definitely no worries about the staff".

There were enough staff to meet people's needs. Comments included, "Yes, there are enough staff. They are always on time unless they have an emergency. Communication is good so they let me know", "The staff come on time", "If the staff are off sick they always put someone else in". One member of staff we spoke with said, "I think there are enough staff for the clients we have so we have enough". Staff rotas showed there were enough staff, and there were no missed visits in 2018.

Staff were recruited safely. There were relevant identification and right to work checks in place, including professional references and a disclosure and barring service (DBS) check. The DBS is a national agency which uses the police national database to help employers make safer recruitment choices.

Staff understood how to safeguard vulnerable adults and received training on the subject. One staff member we spoke with said, "I had concerns from conversations I had with a client, I thought they were vulnerable to abuse so I rang the registered manager straight away and talked about my concerns".

Staff understood the importance of handwashing and wearing Personal Protective Equipment (PPE). Staff received training on preventing the spread of infection and there was a large stock of PPE available in the office.

Risks to people and staff were assessed and managed. For example, in a person's moving and handling risk assessment it detailed what equipment they needed, their history of falls and the control measures in place. Environmental risk assessments considered factors such as the external and internal environment, falls risks, equipment and drug and alcohol abuse.

The service had policies and procedures in place to monitor accidents and incidents. There were no incidents involving people who used the service in 2018.

Good

# Is the service effective?

## Our findings

People told us they were confident staff had the right skills and training to meet their needs. Comments included, "Yes, they do have the right training. They have what they call shadow shifts. They observe what's going on before they do care. Whoever trains them is very good", "The staff are definitely well trained".

Staff told us they received the right support, including regular supervisions and shadow shifts. One member of staff said, "When I was doing shadow shifts we read care plans and got to know everything about them. We knew people better through shadowing as well, building trust. I thought that was good".

New staff received an induction which covered training and shadow shifts, and staff had a full probation of six months to ensure they had the correct skills and knowledge for the role. Staff were supported with supervisions and spot checks. Spot checks included the staff members, attitude, completion of the required tasks, respect and dignity, medicines competency and any feedback from the person about the staff member. One observation we reviewed said, '[Staff name] always asked consent and explained what they were doing', '[Staff name] asked [Person name] which night gown they wanted to wear and what they wanted to eat'. At supervisions, staff discussed the people they looked after and their needs, and any training or personal needs.

Staff were provided training the service considered mandatory, such as safeguarding vulnerable adults, moving and handling safety and medicines administration. The service used both in-house and external providers for training. New care workers completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

The service also conducted 'reflective' discussions for staff who had been involved in incidents such as the death of a person, such as how they felt about what had happened and any support they required.

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 with the appropriate legal authority. For care services at home, applications to deprive people of their liberty must be made to the Court of Protection.

We checked whether the service was operating under the principles of the MCA. Staff received MCA training and care plans contained information about people's capacity. Where capacity assessments had been conducted by the local authority, these were included in people's care plans. We saw an example where a person had been given advice about choices they were making and risks to their health. It was clearly recorded they had the capacity to make those decisions, and that staff were to support them.

Staff monitored people's health and wellbeing. This included food and fluid monitoring, skin integrity, and other health needs. People told us staff helped them maintain a nutritious diet. Care plans contained detailed correspondence and information from health and social care agencies, including information about catheter care or specialised diets. Where health professionals had given advice, this was recorded and followed by staff and any concerns reported to relevant professionals. One person we spoke with said, "If I am sick they always phone the doctor".

Good

# Is the service caring?

## Our findings

People told us staff were kind, caring and compassionate and they had good relationships with them. Comments included, "Staff are kind and respectful", "Staff are very nice and very good" and "I just can't fault them".

Staff described how they protected people's privacy and dignity and respected the need to gain consent. People told us they felt staff made them as comfortable as possible when delivering personal care. One person said, "At first it (personal care) is peculiar, now I just get on with it. I love the shower. Absolutely they make you comfortable and dignified". One member of staff we spoke with said, "We cover people with towels when delivering personal care, talk through with them while you are doing things and if they aren't okay with anything then we just don't do it. We always ask permission first".

Care plans prompted staff to respect people's independence. Comments included, "They always ask me if I am in agreement before doing things with me", "Staff help me to be independent". One person's care plan read, 'I do like to be told what the carers are doing before they do it. I like to be told what clothes they have chosen for me'. Another care plan read, 'Do not assume you know what I want to wear or eat, ask me'. A staff member we spoke with said, "We just ask questions all the time we are there. Even if they can't speak well, a nod of the head or a shake we always respond".

Staff we spoke with were knowledgeable about people's preferences, personalities and things that were important to them. This indicated staff had caring relationships with the people they looked after.

People told us their individual needs and wishes in respect of culture and religion were respected. One person's care plan read, 'I like to go to church. I was a regular church goer and want to start going again. I have a strong belief in Roman Catholicism'. In another person's care plan staff were instructed to help a person with their personal care in preparation for attending Friday prayers. The service's statement of purpose outlined that they were committed to delivering accessible care irrespective of age, disability, race, culture, religion and sexuality.

Staff were aware of how to signpost people to the use of advocacy services if needed. An advocate is someone who supports people by speaking on their behalf to enable them to have as much control as possible over their own lives.

Requires Improvement

# Is the service responsive?

## Our findings

Care plans contained information about the support people needed from staff at each visit, and they contained a good level of detail as to the help required.

However, care plans did not always contain consistent and person-centred information. In one example we found where the person was asked 'what would I like to change?' where the response was 'I would like to be more independent'. But the plan lacked information about how this would be achieved. We found a care plan on 'Keeping myself safe'; this was last updated in 2016 after a hospital visit. The person's needs had not changed, and the person was happy with their care at review, yet the person-centred care plan had not been updated since their discharge. The service had templates for areas such as religious needs, social needs, involvement in decisions and access to the community. However, these had not always been completed.

Care plans were not always organised in an accessible way. There were often multiple versions of care plans in documents, plans that had not been dated, and the organisation of care plans was not always consistent. Information about people's life history and social support were not consistently in place. People we spoke with told us care plans were created in partnership with them, and reviews had taken place. However, the records we were shown did not reflect this.

We found care plans with missing or unsigned consent forms, obsolete care plans alongside current plans and reviews that were not up-to-date. The registered manager informed us care plans were reviewed annually or in response to change. In some care plans we found this had been done, with people stating for example that they were happy with their care and did not want changes. However, in another care plan the last review was dated September 2017. In one review we found it was noted that '[Name] is very difficult to communicate with, unable to conclude review, will try with [Staff name], they have a good relationship'. However, there was no evidence in the records that a subsequent review had taken place.
This was a continuing breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
The Registered manager told us they would begin a review of all care plans immediately.

People's views and feedback were sought through surveys to help drive improvement. One person we spoke with said, "We get surveys from them. My daughter helps me out with those things". From the last survey, as an action the service was sending information about advocates and how to access an advocate because some people fed back that they were unsure about them and their role.

Care plans included information about people's sensory abilities such as communication, hearing, sight and speech. Care plans directed staff as to the level of support required. For example, to give people more time to respond or recorded the person could communicate their needs. People new to the service were initially assessed so the provider could be assured they were able to meet people's needs.

The service had a complaints policy and procedure in place. People told us they knew how to raise complaints and they would be comfortable in doing so. There were no formal complaints received in 2018.

One person we spoke with said, "I'm very comfortable ringing the office, they are always very polite and answer your questions". Information on how to complain was included in people's care plans.

The registered manager told us they had procured and planned to implement an electronic care plan and MAR system. This was currently being piloted with one of the service's teams.

The registered manager was aware of their responsibility in assisting healthcare professionals when people were near the end of their lives, and staff received training on end of life care.

Requires Improvement

# Is the service well-led?

## Our findings

At our last inspection in January 2018, we found that the service was in breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because of recording concerns and because governance and quality monitoring processes were not in place or effective. At this inspection we found the service continued to breach the regulation.

We reviewed the provider's arrangements around quality monitoring. The service did not have robust quality assurance processes in place to monitor performance, identify concerns and drive improvement. For example, care plans had not been audited, and we found concerns with the content and organisation of care plans which could have been identified and improved.

Consent documents were not always signed to indicate the person agreed to the content of their care plan. We found medicines risk assessment agreement plans were not signed by the people using the service, and the forms for people to agree to behavioural standards were not signed by any of the people whose care plans we reviewed.

MARs were not audited through a formal process; each MAR was signed as reviewed by the registered manager as an oversight mechanism. However, we found instances where missing signatures were present and there was no evidence this process had been picked up on and addressed these issues with staff.

This was a continuing breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
The service had procured an electronic care plan and MAR system which the registered manager hoped would address some of the quality monitoring shortfalls.

Staff we spoke with said there was a positive culture at work, they had confidence in the leadership of the service and enjoyed their work. One staff member said, "I think they are a really good company. I feel confident I could go to senior staff with anything, everyone is approachable". Another staff member said, "We can ring at all times, even if it's personal problems they always sort it out and make sure we are happy at work. They are really lovely".

People we spoke with told us the management of the service were approachable and responsive to their needs, and that they would recommend the service to others.

The registered manager understood their legal obligation to notify CQC of incidents and events related to people's safety and the operation of the service such as changes to their registration.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Governance and quality assurance processes were not always robust. We found that there were issues with recording in medicines and care plans which had not been identified. There were no formal processes in place to show that quality monitoring processes enabled continuous improvement. |