

Midshires Care Limited

Helping Hands Camberley

Inspection report

14
The Parade, Frimley
Camberley
GU16 7HY

Tel: 01276543295
Website: www.helpinghands.co.uk

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Helping Hands Camberley provides personal care to people in their own homes. 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. The service was providing support to 12 people with personal care needs at the time of our inspection.

People's experience of using this service and what we found

Risks to people's care were not always identified and comprehensively assessed. This meant staff did not always have the guidance they required when supporting people. Medicines records were not completed in line with guidance and prompt action had not been taken to rectify this. Quality assurance systems were not fully embedded into the service which had led to delays in concerns being identified and acted upon.

In other areas we found that people received safe care and risk assessments were completed to guide staff on how to maintain people's safety. Care calls were monitored and records showed staff arrived on time and stayed for the scheduled duration of the care call. Staff were aware of their responsibilities in safeguarding people from abuse and systems were in place to support this. Safe recruitment processes were in place to ensure staff were suitable for their roles.

Staff received training and support and told us they felt valued by the registered manager. People's needs were assessed prior to receiving a service and personalised care plans developed. Regular reviews were completed to ensure the service continued to meet people's needs. Links had been established with a range of healthcare professionals and guidance provided by professionals was followed.

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, relatives and staff told us the management team were responsive and approachable to any requests. Information regarding how to raise a complaint was shared with people and concerns were responded to. Systems were in place to gather views on the service from people, relatives and staff.

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

Rating at last inspection

This service was registered with us on 25 February 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection schedule.

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

Helping Hands Camberley

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Notice of inspection

We gave the service two working days' notice of the inspection visit because we needed to be sure the provider would be available to support the inspection. Inspection activity started on 13 February 2020 and finished on 24 February 2020. We visited the office location on 17 February 2020.

What we did before the inspection

We reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. 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.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the area manager and one staff member. We reviewed a range of

documents about people's care and how the service was managed. We looked at five care plans, three staff files, medication administration records, risk assessments, policies and procedures and management reports.

After the inspection

We spoke with two people who received care from Helping Hands Camberley and with two relatives to gain their views of the service provided to their family members. We also spoke with an additional staff member. We reviewed additional information requested from the provider including staff training records and further audit information.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people's health, safety and wellbeing were not consistently assessed. Risk assessments were not completed in two people's care records. One person had fallen prior to receiving care from the service although no risk management plan had been completed regarding the person's mobility.
- A second person's care plan stated they preferred soft foods as they could find some things difficult to swallow. There was no risk assessment in place to guide staff on how the person's food should be prepared or if they should stay with them when they were eating.
- Guidance was not available to staff where people had specific health conditions which needed careful monitoring. This included information on catheter care and the risks staff should be aware of. This was of particular importance as staff did not always have an in-depth knowledge of each person and care calls were occasionally covered by staff from another branch.
- The provider was unable to assure themselves medicines were managed safely. Medicines administration records (MAR) were not accurately completed. Dates were not always correctly entered and information relating to people's allergies was not consistently recorded.
- There were gaps in MAR charts where staff had not signed to record people's medicines had been safely administered. The registered manager told us they were aware of these concerns but were sure they were recording issues rather than people not receiving their medicines. They told us they were confident people would alert staff if they had not received their medicines. They acknowledged they could not be certain this was the case and safe systems needed to be followed.

The failure to ensure safe medicines practices were followed and that risks to people's safety were assessed and monitored was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In other areas we found risks to people's safety and well-being were managed well. Detailed guidance was in place for one person who required support to move and re-position. This ensured staff were using the equipment correctly and minimised the risk of causing damage to the person's skin.
- Contingency plans were in place to ensure people would continue to receive their care in the event of an emergency. This included plans for providing care to people in the event of extreme weather conditions. Each person's care needs were given a priority rating to determine who would be at greatest risk should it be difficult to access people's properties.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the staff supporting them. One person told us, "They

are all very nice, very pleasant. I don't worry about them being here."

- Staff understood their responsibility to keep people safe and to report any concerns. One staff member told us, "I'd phone the office straight away and if I needed to, I would phone Surrey MASH (Multi-Agency Safeguarding Hub). I know where to find all the contacts."
- Information regarding how to report safeguarding concerns was available to all staff and training had been completed. Records showed that where concerns had been identified the registered manager had taken action to provide the information required.

Staffing and recruitment

- There were sufficient staff to meet people's needs, although people expressed mixed views on the consistency of staff providing their support. One person told us, "I get so many different ones (staff). They're all very nice but I have to explain what to do every time. It's not good for me or for them, really." One relative told us, "There has been some staff turnover, but that's inevitable. There is generally stability." A second relative said, "(Registered manager) is very good. She always tries to keep to the same carers. She ensures dad gets a rota each week. It's very important to him because he is particular about paperwork and knowing what it is happening. It gives me peace of mind, too."
- The registered manager told us there had been difficulties in recruiting staff and periods of staff sickness which had meant them completing care calls themselves and using staff from another branch. They told us, "We've been doing quite well with recruitment recently and are back on track. We are using our own staff and things are getting easier."
- People told us staff arrived on time and stayed for the planned duration of the call. One person said, "They're very good on time. If anything happens and they're going to be late, they ring me. They can't help that if someone else has had a problem."
- There was an electronic system in place which required staff to log in and out of care calls. Office staff monitored the system to ensure no care calls were missed.
- Safe staff recruitment systems were followed. Records showed pre-employment checks were completed to ensure staff were suitable to work in the service. These included obtaining references from previous employers and completing Disclosure and Barring Service (DBS) checks.

Preventing and controlling infection

- People and their relatives told us staff always used protective equipment when providing their care and made sure the environment was kept clean. One person told us, "They always have their gloves." One relative said, "They keep the house clean."
- Safe infection control practices were followed. Staff told us they had received training in infection control and records confirmed this was the case. One staff member told us, "We pick up PPE (personal protective equipment) from the office whenever we need to. It's always available."

Learning lessons when things go wrong

- Systems were in place to report and monitor actions following accidents or incidents. Staff were aware of the need to report any concerns to the office. One staff member told us, "First of all you make sure they're safe then we would ring the office or on-call to let them know, then report it in writing."
- The registered manager was responsible for reporting all accidents and incidents on the provider's centralised system. This gave senior managers the opportunity to review the actions taken to ensure these were robust and had been fully completed.
- Records showed there had been few accidents and incidents. Where these had occurred, relevant action had been taken to minimise any risks to people's safety.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- Systems were in place to assess people's needs and choices. This meant the provider was able to determine if they were able to meet people's needs prior to their care calls starting. One person told us, "They spoke to me before they started and asked about what I wanted them to do."
- Following assessments taking place, care plans were developed to guide staff on the support people required.
- People's care plans contained information regarding the support they required to eat and drink. Staff demonstrated an awareness of ensuring people were always left with a drink within reach.

Staff support: induction, training, skills and experience

- People and their relatives told us staff were competent in their roles. One person told us, "They're very good. I'm happy to trust them with what I need them to do." One relative said, "The staff are well trained and very dedicated."
- Staff spoke positively of the induction, training and support they received. One staff member told us, "It's been really good. I asked to do a bit more shadowing so I experienced different parts of the job. It's given me confidence and all-round experience." A second staff member told us, "I've had all the training and I'm always asked if there's anything more I'd like to do."
- New staff completed induction training in line with the Care Certificate and their competence was assessed. The Care Certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives. Refresher training was then provided to staff on an on-going basis to ensure their knowledge was updated.
- Staff received regular supervision to support them in their role. This gave staff the opportunity to review their practice and discuss any further training or support they required.

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 healthcare professionals where required. People's care records contained evidence of involvement with healthcare professionals including GPs, community nursing teams, specialist nurses and occupational therapy.
- Where advice had been provided from health and social care professionals, this was followed. Staff were able to describe people's care needs in relation to their health and records confirmed they provided care in line with professional advice.
- Staff ensured people had access to support when required. Care plans contained confirmation that

community alarms were checked regularly to enable people to call for support when required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People confirmed that staff asked for their consent before providing their care. One person told us, "They don't take things for granted, they always ask me."
- Staff we spoke to were able to explain how the MCA impacted on their role. One staff member told us, "We have to always ask them for their permission and honour their wishes."
- Policies and systems were in place to assess people's capacity and record best interests decisions should this be required. At the time of our inspection all those people using the service were able to consent to their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were kind, respectful and compassionate in their approach. One person told us, "They are all very, very nice and very genuine. They would all do anything I asked of them." One relative said, "They all do a fantastic job. I have nothing but praise for them."
- Personalised information was available regarding how people liked to be approached and their preferred names. Care records reflected that this guidance was followed by staff.
- People's care plans contained information regarding their life histories and any religious or cultural needs. Staff told us this information was useful in helping them to get to know the person. One staff member told us, "It's nice to have an idea of what they like. It makes them feel more comfortable if we can talk to them and understand what makes them tick."

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

- People told us they were involved in making decisions regarding their care and their choices were respected. One person told us, "I think they listen. They do what I ask of them and we have a natter."
- Staff understood the importance of offering people choices and ensuring people were in control of their care. One staff member told us, "I'd want to keep making my own choices so we should treat them the same. You just naturally do ask them."
- Care records reflected people's choices, likes and dislikes had been discussed with them such as the times they preferred their care and how they wanted their care provided. For example, one person's records showed they wanted staff to accompany them on a walk around their garden. Daily records confirmed staff offered this opportunity.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with dignity and independence was respected. One person told us, "They help me in the shower but I do what I can. They've never made me feel embarrassed or anything like that." One relative told us, "We've had them since they opened and staff are very respectful."
- People's care plans contained information regarding how to support their independence. For example, one person's care plan highlighted they used a specific cup to enable them to drink independently.
- People told us they felt comfortable with staff and felt staff respected their home. One person told us, "They leave things how I like and any little jobs I ask they do. It's nice to have them here."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 their relatives were involved in the planning of their care. The registered manager told us, "We discuss it during the initial enquiry and at assessment so we can make sure we have to cover for the call when they want it."
- People told us staff ensured they stayed for the planned duration of their visit. One person told us, "They asked me when I wanted them to come and they stick to it. They're very good at times. They stay longer rather than less if anything."
- Care plans were developed following assessments and were regularly reviewed to ensure they remained current. Where appropriate, health and social care professionals were also involved in the review process. For example, where people had specific health conditions or their mobility needs had changed.
- Staff told us they felt care plans contained sufficient information for them to follow when providing support. One staff member told us, "I think the care plans are really good. I always ask them what they want anyway but having the information before I go makes me more confident in what I'm there to help them with."
- People were supported to maintain links within the community which were important to them. One person had support from staff to go shopping and visit local places of interest. The staff member told us, "We plan where we are going to go next time at the end of each outing so we can both look forward to it."

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.

- Care plans contained information about how people communicated. This included information on any sensory loss and how staff could support them with this.
- The provider had an accessible information policy in place. This gave guidance on how to develop information in specific formats such as large print and different languages. Guidance was also available on using technology to support people's communication and how this could be accessed.

Improving care quality in response to complaints or concerns

- People and relatives told us they were aware how to raise concerns and felt these would be taken seriously. One person told us, "I've never had to complain. I'm sure they would do as I asked if there was a problem."

- The provider had a complaints policy and procedure in place which gave information on how to raise a concern and timescales for receiving a response.
- The registered manager maintained a complaints log which demonstrated that any concerns had been recorded and responded to in line with policy and procedures. The log was shared with the provider's quality team and reviewed to ensure relevant actions had been taken to reduce the risk of the same concerns arising again.

End of life care and support

- The service was not supporting anyone at the end of their life. However, staff had completed training in this area. This included the care people required at this stage of their life and also information regarding supporting their loved ones. Staff told us this had given them the knowledge and confidence they required.
- The registered manager was starting to explore people's end of life care plans with them to ensure staff were aware of 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent.

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

- Audits were not completed regularly in order to identify any concerns. During our inspection we requested to see copies of audits and subsequent action plans. The registered manager initially told us that, with the exception of the medicines and daily records audits, no further reviews had been completed. They later found an audit completed by the head office quality assurance team in February 2019. The registered manager was unable to access the full information from the audit and no action plan had been completed.
- Following our inspection, the registered manager told us the last full audit of the service had been completed in January 2020 by the provider's quality assurance team. However, they were unaware this audit had taken place at the time of our inspection. The registered manager forwarded an overview of the actions found but told us they had not received a copy of the audit report. No action plan had been developed to ensure concerns identified were acted upon promptly.
- The January 2020 provider audit highlighted additional details were required within people's risk assessments. These comments reflected the concerns we found during the inspection, such as gaps mobility and swallowing risk assessments. However, due to the long period between provider audits these concerns had not been identified and acted upon promptly. This demonstrated that quality assurance processes were not always effective in ensuring continuous improvements to the care people received.
- The lack of regular auditing meant risks to people's safety were not consistently monitored. Medicine administration records from September 2019 had not been audited until February 2020. This meant that errors had not been actioned in a timely manner to ensure improvements to people's safety and care.

The failure to ensure that effective quality assurance processes were in place was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In other areas we found quality checks were completed regularly and the feedback provided by people and their relatives was positive. The registered manager and senior staff completed spot checks at people's homes to assess staff practice. Checks were recorded and feedback given to individual staff members on any areas which needed development.
- The registered manager submitted information to the provider's quality team each week on areas including complaints, safeguarding, accidents and incidents and staff training. A report was then generated informing them of any outstanding actions in relation to these points. The registered manager told us they found this system useful to monitor that actions were completed and staff training on target.
- The registered manager told us the organisation was going through a period of change. They told us although this had been unsettling at times, they were reassured by the level of involvement registered

managers had in how the changes were implemented. Regular management meetings were held to discuss new processes, the benefits and how any impact of the changes could be mitigated.

- The registered manager was aware of their responsibility to notify the CQC of any significant incidents in a timely manner.

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

- People and their relatives told us the management team were approachable and responded to any requests. One person said, "They always get back to you. They have a chat when you ring them." One relative said, "I've asked (registered manager) that any new staff are shadowed. Dad isn't good with new faces." They confirmed the registered manager had ensured this was the case.
- Staff told us they felt the service was managed well and they were provided with the information required to do their job well. One staff member told us, "It's a good place to work. (Registered manager) is great and always there. If we ring anytime there's always someone there for advice or to come and help."
- The registered manager was committed to ensuring a positive culture throughout the service. The values of the service were clearly displayed and staff were able to describe their motivation in providing personalised care which enabled people to remain living in their own home for as long as possible. The registered manager told us these values were discussed during the recruitment process and underpinned staff induction.
- The provider had a duty of candour policy in place. The registered manager was clear on its purpose and the need to be open and transparent when things went wrong. There had been no duty of candour incidents at the service.

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

- People and their relatives were regularly asked for their feedback regarding the service they received through quality check phone calls, emails and visits. One relative told us, "I get an email every so often from Helping Hands asking for my views and we do six-monthly reviews."
- Staff told us they felt valued and supported in their roles. One staff member told us, "I think (registered manager) is absolutely great. She always says thank you. If she needs to pull you up on anything, she does it a good way so you learn."
- The registered manager had implemented a staff member of the month award where staff were acknowledged for their work. Recognition for acts such as going above and beyond in their role including darning items for one person, putting on music and dancing with someone and reports of staff being exceptionally kind and caring towards people.
- Feedback from staff on their job role was sought. The provider had recently facilitated a staff forum day at the service. This had enabled staff to discuss ideas to enhance their job role. These were in the process of being discussed and an action plan developed. Regular staff meetings were held to give staff the opportunity for discussion and to share information.
- Positive working relationships had been developed with health and social care professionals. This meant the registered manager was able to call for advice and access specialist services for people where required.
- The registered manager had developed a business plan for the service going forward which included looking at ways to develop links within the local community. The office location was in a shop front in the local high street which provided a good community presence. The registered manager had been in contact with local groups with a view to utilising their facilities going forward.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure safe medicines practices were followed and that risks to people's safety were assessed and monitored
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure that effective quality assurance processes were in place