

24/7 Helping Hands Service Ltd

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Inspection report

137 West Avenue
Wigston
Leicestershire
LE18 2FE

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12 April 2016

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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

The inspection took place on 12 April 2016 and was announced. We gave the provider 48 hours' notice because the service is a small home care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be in.

24 / 7 Helping Hands is a home care agency supporting people who live in their own homes in the Leicester and Leicestershire. At the time of our inspection 13 people used the service.

The service had a registered manager. 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.

People who used the service were safe when they received care and support. The provider advised them about safety in their home. The provider had a robust recruitment policy and procedure but this was not always followed. Reasons why staff were considered suitable were not recorded.

People's care plans included risk assessments of activities associated with their personal care routines. The risk assessments provided information for care workers that enabled them to support people safely but without restricting people's independence.

Enough suitably skilled and knowledgeable staff were deployed to meet the needs of the people who used the service. This meant that home care visits were consistently made at times that people expected. Staff arranging home care visits were skilled and knowledgeable about people's needs and ensured that people were supported by the same care workers.

All staff were trained in how to support people with their medicines. Support was restricted to reminding people when to take their medicines.

People were cared for and supported by care workers who had the appropriate training and support to understand their needs. People who used the service and their relatives spoke about staff in consistently complimentary and positive terms. Staff were supported through supervision, appraisal and training. Staff valued the support that they received.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA) 2005. Staff had awareness of the MCA. They understood they could provide care and support only if a person consented to it.

Care workers either prepared meals for people or supported people to make their meals.

Care workers received training to help them understand about medical conditions people lived with. They supported people to attend healthcare appointments and to access health services when they needed them.

Care workers were caring and knowledgeable about people's needs. People were consistently supported by the same care workers. The registered manager had 'matched' care workers language skills with those of people they supported.

People who used the service were involved in decisions about their care and support. They received the information they needed about the service and about their care and support. People told us they were always treated with dignity and respect.

People contributed to the assessment of their needs and to reviews of their care plans. People's care plans were centred on their individual needs. People knew how to raise concerns if they felt they had to and they were confident they would be taken seriously by the provider. Only one complaint had been received by the service.

People who used the service and staff had opportunities to be involved in the development of the service. The registered manager and care workers were well regarded by people who used the service and their relatives.

The provider had effective arrangements for monitoring the quality of the service. These arrangements placed a high value to people's feedback which was acted upon. The quality assurance procedures were used to continually improve people's experience of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff understood and consistently practised their responsibilities for protecting people from abuse and avoidable harm.

The provider's recruitment procedures were not always supported by documentation about why care workers were suitable to be employed. Care workers were effectively deployed to meet the needs of people using the service.

People were supported to take their medicines at the right times by staff who were trained in safe management of medicines.

Is the service effective?

Good ●

The service was effective.

People told us they were supported by staff who had the right skills and knowledge to meet their needs.

Staff were supported through supervision, appraisal and training that enabled them to understand and provide for people's needs.

Staff understood their responsibilities under the Mental Capacity Act 2005.

When people required it, they were supported with their meals. Staff supported people to access health services.

Is the service caring?

Good ●

The service was caring.

Staff developed caring relationships with people they supported. They were able to do this because they consistently supported the same people.

People were involved in decisions about their care and support and they understood the information they received about their care and support.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was centred on their personal and individual needs.

People knew how to raise concerns and they were confident their concerns would be listened to and acted upon.

Is the service well-led?

Good ●

The service was well led.

People using the service and staff had opportunities to be involved in developing the service.

The provider had robust arrangements for monitoring the quality of the service that were used to drive continual improvement.

The registered manager and staff shared the same vision of providing the best possible care to people using the service.

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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 12 April 2016 and was announced. The provider was given 48 hours' notice because the service is a small home care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be in.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

On the day before our inspection visit we spoke with eight of the people who used the service. We looked at three people's care plans and associated records. We looked at information about the support that staff received through training and appraisal. We looked at three staff recruitment files to see how the provider operated their recruitment procedures. We looked at records associated with the provider's monitoring of the quality of the service.

We spoke with the registered manager and two of the five care workers working for the service.

Is the service safe?

Our findings

All eight people we spoke with told us that they felt safe from abuse and harm. They gave a variety of reasons why they felt safe. Most people felt safe because they received care and support from the same care workers. A person told us, "I always have my regular carers who I know well and they know me well". Other people felt safe because care workers were reliable and visited when people expected them to. A person told us, "I've never had a missed call at all". Another factor in people feeling safe was that on the few occasions a care worker was delayed, the registered manager telephoned the person to let them know so that they would not feel worried or insecure. A person told us, "If a carer is running late the agency will always phone me up and let me know". Another person explained they felt safe because "I have the same regular carer, I know who is coming all the time and she will just say if there is going to be a problem with the timing for a call".

People were advised about how to stay safe in their homes. This happened when the registered manager visited people to make an assessment of their needs when they began to use the service. The registered manager carried out a risk assessment of the person's home environment and advised them about safety, for example closing windows in the evenings and ensuring they locked the door. Some people had 'key safes' which meant that care workers could lock people's doors so they were able to feel secure.

Staff knew how to identify and respond to signs of abuse. They knew about the provider's procedures for reporting suspected or actual abuse. All staff had received training in safeguarding people from abuse or avoidable harm. Staff we spoke with demonstrated when we spoke with them that they retained what they had been taught at the training. Staff told us they were very confident that if they raised any concerns with the registered manager they would be taken seriously. When care workers had reported concerns about people's safety and welfare, the registered manager informed the appropriate local authority social services department.

People we spoke with told us that they were confident about raising concerns about their safety, though they emphasised they had never needed to do so. Comments from people included, "I would soon report somebody to the agency if I felt they were doing something wrong in my care" and "I would tell my son and get him to speak to the manager, but I couldn't imagine my carers ever being like that."

The provider had policies that protected people from abuse. These included policies about safeguarding people from harm and policies concerning staff conduct. The provider also had a policy which stated that staff were not able to accept presents or gifts from people. Staff were also not permitted to enter into any private care arrangements. These policies protected people from financial abuse.

People's care plans had risk assessments of activities associated with their personal care routines. The risk assessments were detailed. Risks were assessed according to a person's dependency levels for a wide range of their daily needs; for example their mobility, their dietary needs, health and care routines. Care workers told us that they referred to people's risk assessments to read how people could be supported safely. A person using the service told us that they felt safe when they received personal care. They told us, "The carer

make's sure that I am steady on my feet in the bathroom, and am not left alone."

The provider had procedures for care workers to report incidents and accidents that occurred or were in connection with home care visits. Care workers were aware of those procedures. No accidents or incidents had occurred so none were reported.

The provider had been able to guarantee to people who used the service that they would receive home care visits at times they wanted. This was because there were enough care workers deployed.

People using the service had no concerns about the suitability of the care workers who supported them. A person told us, "I can only describe everyone who works at this agency as very professional, caring and always ready to do whatever is needed to make sure that I am alright." The provider had a recruitment procedure that covered what was required by regulations. When we looked at recruitment documentation we saw that the required pre-employment checks were carried out. These included Disclosure Barring Scheme (DBS) checks. DBS checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce. However, although care workers who applied to work for the provider were interviewed, no record was made of the interview which meant there was no evidence of how candidates had demonstrated their suitability for the role. The registered manager told us that they were entirely satisfied with each the candidate's suitability but that they had made no record of why they made that judgement. The registered manager told us they would review all staff files and would add a record of why the staff had been judged to be suitable. They confirmed a few days after our inspection that they had done this.

People who used the service did not require support with their medicines other than to be reminded to take their medicines. Care workers recorded whether a person had taken their medicines. All staff had training in the safe management of medicines. This meant that if in future a person required more support, care workers were suitably trained to provide that support. The registered manager advised people about safe storage of medicines in their homes.

Is the service effective?

Our findings

People who used the service told us they felt that staff had the right skills and knowledge to meet their individual needs. A person told us, "I can only say that I have never been let down by anybody here at this agency since I started with them and I would certainly recommend them to anybody who was looking for care to be provided. I can only describe them [care workers] as truly professional". Another person told us, I can't think of anything the carers could do better".

Care workers received training that was relevant and helped equip them with skills and knowledge to carry out their roles. All care workers had induction training that was based on the Care Certificate that was introduced in April 2015. A care worker told us, "I was new to care work. I valued the four days induction training that I did. It was very comprehensive and useful". New care workers 'shadowed' an experienced care worker before they provided care and support alone. A person using the service told us, "In the past when I have had a new carer start, they would always come with my regular carer for at least one or two visits so they know what it is I need doing and they can read the care plan while they watch my carer doing the jobs". Another person told us, "Usually, the manager will bring someone new out herself, so that I can meet them, and then she will watch whilst one of my carers shows her what it is I need doing for me."

The registered manager designed a training plan that reflected the needs of the people who used the service and prepared care workers to know what to expect. For example, during some training classes they wore clothing and equipment that helped them appreciate what it was like to have limited mobility and impaired sight and hearing. Training also included teaching about medical conditions people lived with. A care worker we spoke with told us their training was "helpful and educational".

The registered manager evaluated the effectiveness of training by monitoring whether care workers put their training into practice. This was done through visits when they supported a care worker as part of a 'double-up' team or when they visited people who used the service and carried out a 'spot-check' of a care worker's practice.

All care workers were provided with an employee handbook that explained their responsibilities and referred them to the provider's policies. They received support through 'hands-on' support from the registered manager. They had one-to-one meetings with the registered manager every three months. All care workers were scheduled to have an annual appraisal after completing 12 months service with the provider.

People who used the service told us that care workers had good communication skills. Where people did not speak English as a first language the registered manager ensured that they were supported by care workers who spoke the person's first language. A person told us, "English isn't my first language and it is really pleasing that the agency has Punjabi speaking carers because it makes my life very much easier".

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. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

All of the people who used the service were presumed to have mental capacity to make their own decisions about the care and support they received. That was the correct position to take, because under the MCA a person must be presumed to have mental capacity unless there is evidence to the contrary. The registered manager demonstrated understanding of the MCA when we spoke with them. Care workers we spoke with were aware of the MCA. They understood that they could provide care and support to a person using the service only with the person's consent. They told us that if a person decided they did not want all or part of their personal care during a home care visit they respected the person's wishes and recorded that in their notes of their visit and reported it to the register manager.

None of the people using the service had nutritional needs that they required support with. Support from care workers was limited to preparing meals or supporting people to make their meals. A benefit to people of the registered manager's matching of care workers to people was that people had their cultural preferences for food met. A person told us, "It has been brilliant to find somewhere that has carers who understand the culture".

Care workers supported people with their health needs. They were able to do that because they had received training and education about medical conditions people who used the service lived with. This meant that they were able to identify signs of changes in a person's health. They reported concerns to the registered manager who then contacted the person and if necessary arranged support from the relevant health services. Care workers supported people to attend health care appointments. A person who used the service told us, "My carer will usually come with me when I need a GP appointment and as it is so difficult to get these and they usually only happen at the last minute, I am very grateful for the fact that the agency is always able to help me out." People who used the service could be confident that the service was alert and attentive to their health needs.

Is the service caring?

Our findings

Care workers were able to develop caring relationships with people because the registered manager had a practise of matching care workers to people who used the service. For example, if a care worker was from the same cultural background or spoke a person's first language the registered manager 'matched' them with a person. The 'match' was confirmed only after the person met the care worker and decided they wanted to be supported by them. A person told us, "English isn't my first language and it is really pleasing that the agency has Punjabi speaking carers because it makes my life very much easier." Other people made similar comments.

People told us that they were able to develop a caring relationship with care workers because they were cared for and supported by a core team of care workers. Two people told us, "I always have my regular carers who I know well and they know me well", "I like the fact that my carer is now really like a member of my family".

The provider's did all they could to help people feel they mattered to the service. They were able to ensure that the 13 people who currently used the service would receive home care visits at the times they wanted. This was possible because it was a small service and five care workers, the registered manager and another senior manager also carried out home care visits. People regularly saw the registered manager. A person told us, "I think I've probably seen the manager at least three times this month. If my carer is unwell, the manager will sometimes step in and do her shift for her".

Every person we spoke with told us the care workers and registered manager were caring and kind. A person told us, "My carer is lovely and she never mind's what it is I ask her to do for me." Another person told us, "I just pray that they don't lose the lovely carers they have at the minute because I am so happy with the care that I get." People told us why they were pleased with their care and support. One person told us, "I've never had a problem, and my carer never rushes me. In fact, if I need extra things doing she will always stay a few minutes longer in order to do them". Another said, "My carer always takes her time and she will always make me a drink if I want one before she goes, whatever the time is."

People who used the service were involved in decisions about their care and support. People decided the times of their home care visits. Two people told us how they decided they wanted to change their times and that the provider acted in accordance with their wishes. One told us, "I can just text the office to let them know that I need to change my visit time and then they text me back to say that it's been changed". The other said, "I find the office staff to be very helpful. I will sometimes ask them to change a time as it fits in with something that I want to do on a particular day and they have never let me down so far."

People had access to information about their care and support because they had a care plan in their home. This meant they knew what care and support to expect. A person told us, "I know I have a care plan which tells the carers everything I need doing". Another person told us, "I know it's all written in my care plan and if there is a problem, my carer can always have a look at that to see what it is I need doing". A person told us that the information in their care plan was up to date. They said, "It's up-to-date as it gets looked it every

time the manager comes to see me." People told us that they were also provided with information about how to contact the office or independent advocacy service or community support groups if they needed to. People told us that they could contact the registered manager at any time if they had any concerns.

Care workers respected people's dignity and privacy when they provided care and support. A person told us, "There are a lot of us living under one roof, but my carer always makes sure that the door is shut and that the family know we are going to be busy and shouldn't be disturbed until she has finished undressing me for the night." This showed that care workers put their training about supporting people with dignity and respect into practice and that they followed the provider's policies about this.

Is the service responsive?

Our findings

People received care and support that was centred on their needs and preferences. Care plans we looked at contained evidence that people contributed to the assessments of their needs. The care plans included details about the care and support people wanted. People's most important needs were that care workers visited them at times they expected, that the same care workers came and that they completed all the care routines people required. Three people explained how important that was to them. One told us, "I wouldn't like not having just a small number of regular carers and I think I would look to change agency if it was a different carer every time." Another said, "In the past, other agencies that I've tried have not been able to guarantee a carer arriving at the times when I needed them because I like to do things during the day. I've never been let down by this agency and that is really important." The third person told us, "It is one of the best things about this agency, that I always have the same carer looking after me from one week to the next".

People's first contact with the service was when the registered manager visited a person to carry out an assessment of a person's need. The registered manager then carried out the first three home care visits for a person during which time they got to know them and understood about a person's likes, dislikes and preferences. They carried out more home care visits until they allocated a care worker they matched to the needs of the person and who the person was agreeable to being their main care worker. People therefore received personalised care from the outset and could be confident they were cared for by staff who understood their needs.

People's requirements were met. A person told us, "Because I've had my regular carer so long, she knows better than me how it is I like things to be done and we just get on with things now." Another person told us, "Because I always see the same carer, she knows what I do during the day and make's sure that she has plenty of time to get me ready so I don't miss anything." People told us about how care workers supported them. My carer comes each morning to make sure that I have a good wash. I would not be able to manage it without her help." Another said, "I like early-morning washes, so it suits me best to have an early morning visit which my carer does for me."

Care workers adapted to how people wanted their care and support to be provided. A person told us, "I can be a bit fussy about the way I like things to be done, but my carer never makes any bother about this". Another person told us, "I will sometimes decide that I fancy going somewhere different to do the shopping. She never minds where we go". The care and support some people experienced made a significant positive difference to their lives. A person told us, "When I started with the agency probably eight or nine months ago, I was very depressed and would sit around in my pyjamas all day going nowhere and doing nothing. Since then, they have really encouraged me to start to try to do things for myself and their support has meant that I now feel that I no longer need the amount of visits each day that I previously had been having and that's all down to their care for me". This showed that care workers placed people's needs at the centre of their delivery of care and support.

Care workers completed the care routines that were in people's care plan and often did more. A person told

us, "My carer spends best of the time cleaning and helping me with the washing. She will often say that my bedding needs changing and she tells me she hates the thought of me sleeping with dirty bedclothes." Another person told us, "I can only describe everyone who works at this agency as very professional, caring and always ready to do whatever is needed to make sure that I am alright."

The provider ensured that people's cultural needs were provided for. Some people told us that they were particularly pleased that the agency had Punjabi speaking carers because it made things a lot easier for them. They explained that care workers understood their culture.

Care workers made written records of their home visits at the end of each visit. We looked at three people's notes. We found that the notes were informative because they recorded how people had been supported with the care routines in their care plans. The notes provided assurance that care workers supported people in line with their care plans, and sometimes did more. Those records and what people and relatives told us about the care and support provided were entirely compatible and together provided evidence about the quality of care people experienced.

People's care plans were reviewed every month by the registered manager or a senior care worker. People were involved in the reviews if they wanted to be. Relatives could be involved in reviews, but only if the person who used the service agreed.

People who used the service knew how they could make a complaint about the service. Information about how to complain was included in their care plan that every person had in their home. People told us that they had no reason to have made a complaint, but they were confident that if they did they would be taken seriously. A person told us, "I know who I would need to talk to if I had a complaint but I haven't. Knowing how I'm treated by the agency would make me think that they would take any concerns I had seriously". Another said, "I couldn't even think of anything that I would need to complain about. But I do know who I would need to talk to and I think the folder has all of the information about how I would do it".

The registered manager told us that only two complaints had been received since the service began operating in March 2015. Both had been investigated and responded to. Improvements to the service were made as a result of one of the complaints, which was about how the service informed people or relatives about a delay in a home care visit. The provider's complaints procedure made clear that people's complaints and concerns would be used as an opportunity to identify areas of the service that required improvement. The procedure also referred people to organisations they could approach if they felt their complaint was not satisfactorily dealt with, for example the local government ombudsman.

Is the service well-led?

Our findings

Under the direction of the registered manager care workers supported people to receive the care and support they wanted and needed. The registered manager had very much of a 'hands-on' approach and was involved in providing care and support. They had an in-depth knowledge of all of the people who used the service which they passed on to care workers. A person told us, "That's what I like about this agency, that the manager is very kind and spends time out visiting the clients".

The approach and ethos of the registered manager was borne from their determination to run a caring service that provided the best quality care and support possible. A care worker we spoke with told us they were motivated by the registered manager's approach and had learnt a lot from them.

People's needs were very well known to the registered manager. They carried out an assessment of every person's needs before they began to use the service and they carried out the first three homecare visits. During this time they developed a clear understanding of the needs of people who used the service and established a professional relationship with people that was characterised by care and compassion. People who used the service trusted the registered manager and staff. One told us, "I see the manager quite often and I would tell her if there is anything that I felt needed changing or was concerned about." Another person told us, "Because I know the manager and the staff so well, I know that even if I have a problem or a difficulty that I need them to sort out, they will be able to help me."

The service had an open and transparent culture, with clear values and vision for the future. This was communicated through policies and procedures, training, supervision meetings, staff meetings and daily dialogue with the registered manager. A care worker told us, "The manager is very supportive".

People who used the service and their relatives were confident that they could raise any concerns they had without fear of repercussion. All spoke highly of the registered manager and staff. They told us the registered manager was approachable. A person told us, "If I needed to see her, I know I only need to lift up the phone and she will be here as soon as she can."

Staff knew that they were able to raise concerns through a whistle blowing policy or directly with the local authority social services or Care Quality Commission. They told us that if they had concerns they would raise them directly with the registered manager because they had confidence in them. This showed that the registered manager had successfully created a culture that was open and where staff could confidently raise concerns.

The provider had effective arrangements for monitoring the quality of the service. This included seeking the views of people who used the service, their relatives and staff and a variety of audits. People's views were sought at reviews of their care plans, telephone monitoring calls and during visits the registered manager made to people's homes to observe the care provided by care workers. The registered manager was planning the service's first 'satisfaction survey' at the time of our inspection.

Other monitoring and quality assurance activity included of audits of care plans and care records, and checks that care workers made home care visits at times people expected, stayed for the duration of the scheduled visit and completed all care routines. At the time of our inspection the registered manager was introducing a home care visit monitoring system that informed them in `real time' when care workers arrived and left people's homes.

The registered manager understood their legal obligations including the conditions of their registration. This included ensuring there was a system in place for notifying the Care Quality Commission of serious incidents involving people using the service.

We found that the service was very well led and focused on providing the best possible care for people who used the service. The registered manager's aim was to deliver a high quality service for people who currently used the service as a stepping stone to being ready to accept more private and local authority funded care referrals. This showed that the service put quality care ahead of business expansion.