

Midshires Care Limited

# Helping Hands Ferndown

## Inspection report

12 Victoria Road  
Ferndown  
Dorset  
BH22 9HZ

Tel: 01202983146  
Website: [www.helpinghands.co.uk](http://www.helpinghands.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on the 15 and 18 December 2017 and was announced.

The service is registered to provide personal care to people living in their own homes. At the time of our inspection the service was providing personal care to 24 people.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. Not everyone using Helping Hands Ferndown receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff knew the risks that people faced and understood their role in managing these. However people's risks were not consistently recorded and the registered manager told us that this would be addressed.

People received their medicines as prescribed but improvements in recording were required as there were gaps and errors in the records we viewed.

People were not always involved in reviews about their support and changes to their needs were not always reflected in care records.

Complaints were recorded and investigated but these were not consistently managed within the timescales set by the service.

People's care records did not include details about their preferences for end of life care or the views of their loved ones.

There were gaps in the audits and oversight which meant that areas for improvement were not consistently identified or acted upon. Some feedback was used to drive changes but again, this was not always consistently used.

People were protected from the risk of harm by staff who understood the possible signs of abuse and how to recognise these and report any concerns.

People were supported by enough staff to provide effective, person centred support. Staff were recruited

safely with appropriate pre-employment checks and received training and support to ensure that they had the necessary skills and knowledge to meet people's needs.

People were supported to make choices about all areas of their support.

Assessments of capacity and decisions in people's best interests were not consistently in place. We have made a recommendation about assessing capacity in line with MCA.

People were supported to have sufficient to eat and drink where they needed assistance with this. Staff had training in food hygiene and infection control and understood their roles and responsibilities with regard to protecting people from the risks of infection.

Accidents, incidents and near misses were recorded and learning from these used to prevent reoccurrence and improve support provided for people.

The service worked with other external agencies to provide joined up care and support and ensured that people had access to health care professionals as required. People were supported to retain their independence in their own homes.

People were supported by staff who showed kindness and compassion. Staff protected people's privacy and dignity and were respectful of people's homes.

Care records included person centred details including people's preferences and what was important to them.

Feedback about the office was positive from people, relatives and staff and management were approachable and available.

Staff understood their roles and responsibilities and good practice was recognised and encouraged.

## 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 the risks people faced and how to manage these. Some individual risks needed to be recorded to ensure that information about managing was available to staff.

Medicines were given as prescribed but not consistently recorded accurately or audited to ensure errors were identified and acted upon.

People were protected from the risks of abuse because staff understood their role and had confidence to report any concerns.

People were supported by staff who had been recruited with appropriate pre-employment, reference and identity checks.

Staff understood how to protect people from infections and received relevant training.

Lessons were learnt and improvements were made when things went wrong.

### Is the service effective?

**Requires Improvement** ●

The service was generally effective

People were asked to consent to their support but assessments of capacity and decisions in people's best interests were not consistently in place.

Staff received training and supervision to give them the skills they needed to carry out their roles.

Staff were supported and given opportunities for additional training and personal development.

People were supported to eat and drink enough and dietary needs were met.

The service worked within and across other healthcare services to deliver effective care.

Staff prepared and provided meals and drinks which reflected people's preferences.

People were supported to access healthcare professionals appropriately.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were compassionate and caring in their approach.

Staff knew how people liked to be supported and offered them appropriate choices.

People and their relatives were listened to and felt involved in making decisions about their care.

People were supported by staff that respected and promoted their independence, privacy and dignity.

### Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People and those important to them were not consistently involved in reviews about their support.

People's preferences and choices about their end of life care were not recorded or reviewed.

Complaints were not always responded to within the providers' timescales.

Peoples care plans were person centred and reflected what was important to them

## Is the service well-led?

The service was not consistently well led.

Audits did not consistently highlight areas for improvement or development.

Some feedback was sought but not always used to drive improvements

Staff felt supported by the Ferndown office and management.

The service had development plans in place and involved staff in decisions.

**Requires Improvement** 

# Helping Hands Ferndown

## **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.

The inspection took place on 15 and 18 December 2017. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and able to assist us to arrange home visits.

The inspection was carried out by a single inspector and an expert by experience telephoned people to gather their views about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Inspection site visit activity started on 15 December and ended on 19 December. We visited the office location on 15 and 18 December to see the manager and office staff; and to review care records and policies and procedures. We visited people in their homes on 18 December and contacted some people by telephone on 19 December to gather their views.

Before the inspection we reviewed information we held about the service. We had not requested that the provider submit 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 improvements they plan to make. We gathered this information during the inspection. In addition we looked at notifications which the service had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We also spoke with local commissioners to obtain their views about the service.

During the inspection we spoke with 10 people who used the service and three relatives. We also spoke with five members of staff, the registered manager and a regional manager. We spoke with a professional who had knowledge of the service.

We looked at a range of records during the inspection. These included seven care records and three staff files. We also looked at information relating to the management of the service including quality assurance audits, policies, risk assessments, meeting minutes and staff training records.

We requested that the registered manager send us an example of a capacity and best interest's decision following the inspection and this was provided.



# Is the service safe?

## Our findings

Risk assessments did not consistently reflect the individual risks people faced, or provide staff with clear details about their role in managing these risks. One person had a urinary catheter and there was no risk assessment to inform staff about the potential risks of infection or guide them about signs or symptoms. Another person had a medical device which was used to provide them with medicines, food and drinks. There was no risk assessment in place to guide staff about the potential risks they needed to be aware of or how this risk should be safely managed. Staff understood the risks people faced and how to manage these but documentation did not provide them with sufficient guidance to ensure people's risks were safely managed. This could be a potential risk if staff were new or did not know the person they were visiting well. The registered manager told us that they would look at improving risk assessments to ensure they were individual and provided the necessary guidance for staff.

Accidents and incidents at the service were reported and the quality officer provided us with the accident and incident summary record. These reflected what had happened and any actions taken. The information was analysed by head office to identify any patterns or trends and identify whether there was any learning.

People received their medicines as prescribed. We observed staff administering medicines to one person. Where they had a medicine prescribed to be taken 'as required', staff asked the person whether they wanted this and recorded this in the Medicine Administration Record (MAR). Another person needed their medicines administered with four hours between each dose. This was understood by staff and the person told us that they received support with their medicines at the times they needed to ensure these were administered safely. People's MAR indicated that staff were not consistently recording people's medicines accurately. For example, if a person did not want their 'as required' medicine, there were gaps in their MAR. Good practice would require staff to record that the medicine had not been needed and the reason for this. The registered manager was aware of the recording errors and was considering ways of improving this including medication recording training for staff.

People received safe support because staff understood their responsibilities to report concerns and near misses and to use this information to learn and improve the service people received. An error in a person's medicines administration had been identified and appropriate advice from a medical professional was sought. This was recorded as a near miss and we saw that actions had been taken to speak with the staff member and provide further training to learn from the error and improve the safety of the service provided.

People and relatives told us that they received safe care. One person told us "I feel safe they talk to you with a smile on their face. I have the same carers most of the time". One relative told us that they had peace of mind that their loved one was receiving the support they needed. We observed a member of staff assisting a person to move safely using some equipment. They reassured the person and explained what they were doing as they supported them and ensured that the person's arms and hands were out of the way of the equipment to prevent any injuries.

People were protected from the risks of abuse because staff understood the types of potential abuse and

were confident to report. One staff member told us that they would be aware of any bruising on people and another explained that they would consider "how they are in themselves" and consider any changes in behaviour or presentation. There was a safeguarding policy in place but because this was a corporate policy, it did not include contact details for the local authorities. The provider told us that the internal safeguarding procedure included an attachment with local contact details which were accessible to staff.

Recruitment at the service was safe with appropriate pre-employment checks in place. A staff file included references from previous employers, identification checks and application forms. Checks with the Disclosure and Barring Service (DBS) were in place before staff started in their role to identify whether staff had any criminal records which might pose a threat to people. One file did not have sufficient checks about conduct in their previous employment. The regional manager explained that in other incidences where they had not been able to obtain certain documentation, they had completed risk assessments to identify whether this presented an increased risk and what actions were required. They advised that they would ensure that a similar risk assessment was implemented if they were unable to source sufficient evidence of previous conduct from potential new staff.

There were enough staff available to meet people's assessed needs. The registered manager explained that they considered the availability of staff when deciding whether to accept new packages of support and staff told us that they were asked about extra work where needed or in emergencies if staff were off for any reason.

Staff had access to suitable equipment to support people safely where this was required. The registered manager explained that the service had links with a local equipment specialist and where people were identified as needing any equipment, staff signposted them to this service if the person wanted to look at purchasing any equipment privately.

People were supported by staff who understood how to protect people from the risks of infection. Staff had appropriate Personal Protective Equipment (PPE) which they were able to replenish by visiting the Ferndown office when needed. We observed staff wearing gloves and aprons when they provided support for people. Staff had received training in infection control. The service had an infection control policy which had been last reviewed in December 2017. This gave guidance to staff about topics including effective handwashing techniques, food hygiene and disposal of clinical waste. A staff member explained "we use gloves and aprons, keep our hands washed when preparing meals". They also explained how they disposed of infectious waste appropriately. Staff were observed to be following the good practice outlined in the policy.

Systems were in place to ensure that people received safe care in an emergency. This considered whether people had other support options or identified where people would be at increased risk in an emergency and therefore were identified as a 'red' priority to be visited. For example, one person could potentially be supported by a loved one if there was an emergency situation. Another person would still require a visit but the times could be flexible if it was an emergency.

## Is the service effective?

### Our findings

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.

The majority of people were able to make decisions about their care and treatment options and staff sought consent from people before providing them with support. Staff explained to people what they were doing and asked permission before giving personal care and respected people's wishes if they refused this. The registered manager told us that everyone receiving a service from Helping Hands Ferndown had capacity and there were therefore no capacity assessments in place.

We found that one person's care plan identified that they had been deemed to lack capacity by their GP. Some other people receiving a service had dementia and some received assistance to manage their medicines because they would not remember to do this. We asked to see the MCA and best interest's paperwork used by Helping Hands and were informed by the regional manager, that there were no templates in place to ensure that people's capacity could be considered and assessed in line with the legislation. The service had a MCA policy in place which indicated that decisions about a person's capacity would usually be made by their GP or DN. This was not in line with national guidance and we discussed this with the regional manager.

By the second day of inspection, the service had made contact with the local authority MCA team and developed appropriate recording paperwork for capacity assessments and best interest's decisions. The registered manager had identified four people who required consideration of their capacity to make specific decisions about their care and treatment. An example of a capacity and best interest's decision was provided for us following the inspection but this indicated that the principles of MCA were not fully understood by the registered manager.

We recommend that the provider considers good practice guidance to ensure that the service understands and meets the requirements set out in the Mental Capacity Act 2005.

Staff understood how to offer people choices in ways which were meaningful to them. One person said ""They know who I am and what I need doing. They ask if I'm happy and what I need done". One staff member told us "I offer choices about what people want to wear that day.....what they want to eat. I don't assume, I always check".

Before people started to receive a service from Helping Hands Ferndown, their needs were comprehensively assessed to ensure that their needs were able to be met. Where people wanted their loved ones to be involved in planning their support, this was respected and their views were included. Assessments included what was important to the person and what they wanted to achieve by receiving the service. For example,

one person identified that they wanted to maintain their independence and remain in their own home. Another wanted to continue in their current employment. Assessments included whether people had specific cultural or religious beliefs which needed to be respected and the information was then used as a basis for the person's care plan. One person explained "The manager came and assessed me. They involved me and I asked some questions".

Staff had the appropriate qualifications, skills, knowledge and experience to provide effective support to people. One person told us "They all do ok I think they are well trained." Another explained "They sit and chat when they've got time and are good listeners they know what's important to me." Staff completed learning as part of their induction which covered all the topics included in the national care certificate. The Care Certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. Staff told us that more experienced staff shadowed them as part of their induction before they commenced lone working in the community. One staff member told us that they had been asked whether they wanted additional shadowing time before they started working alone and felt their induction had been positive. We observed that staff were confident and knowledgeable about the people they supported. A professional told us that they had observed staff with a person and staff had been "confident and knew what they were doing".

Staff received training in some areas which the service considered essential and had opportunities for other learning in topics which were relevant to the people they supported. Essential training covered topics including medication, moving and assisting and safeguarding adults. Other training was available online for staff and specific training was offered if this was needed to provide effective support. For example, one person used a piece of equipment to receive adequate nutrition and medicines. Staff who supported them had all received face to face training in how to use this.

Supervision was provided regularly for all staff and provided an opportunity to discuss any practice issues, training or development needs and availability for work. One record showed that a staff member had expressed a preference for not working on a particular day due to their religious beliefs and this had been respected. A staff member told us that they received an annual appraisal and were encouraged to consider development options including national qualifications.

Some people required assistance from staff to prepare meals and drinks and ensure that they had adequate nutrition. We observed staff offering people choices about what they wanted staff to prepare for them and saw that these were respected. Daily notes in people's homes provided a clear record about what people had eaten and the registered manager explained that they would provide further monitoring if a person was found to be losing weight or there were concerns that they were not eating or drinking enough. Staff wore gloves when preparing food and drinks for people and had all received training in food hygiene.

People were supported with effective care by staff who worked in partnership with other agencies in a timely way. The service worked closely with the local acute hospitals to support people to be discharged home and receive support. For one person, the service had worked closely with the local authority and health services to ensure that the person received a joined up approach to their support. The registered manager advised that they had been asked to provide support for another person but on their assessment visit had been concerned about the person and liaised with the local authority to ensure that this information was communicated.

People were enabled to access health professionals when required and we saw evidence that people's GP's and other health professionals had been contacted when people had consented to this. Examples included monitoring whether people's medicines had been delivered by their pharmacy and calling emergency

services after a person was found on the floor when staff arrived for their visit.

# Is the service caring?

## Our findings

Staff were kind and compassionate in their approach and we observed that people were relaxed and comfortable with staff in their homes. A relative told us "staff are kind and know how to approach (name)". They felt this was important because the person reacted best to a certain type of approach and staff understood this. Another relative told us that staff were "fantastic...they are gentle".

Staff knew people well and ensured that their likes, dislikes and preferences were understood and respected. Staff told us about people's histories and what was important to them and this was reflected in people's care plans. We observed that a staff member knew the specific ways in which a person liked their drinks and breakfast to be prepared which were important to them. The person explained that this familiarity meant that they did not have to explain what they needed and how they wanted to be supported because staff already knew this.

Staff understood how to communicate with people in ways which were meaningful and ensured that any barriers to effective communication were managed. One relative explained that their loved one sometimes struggled to verbally communicate and be understood. This could cause them to become frustrated. They explained that staff "understand to speak with (name) calmly which helps" and we observed staff communicating with the person as their relative had described.

People were supported by staff to express their views and wishes. Staff worked closely with one person's family to ensure that their wishes were respected. The person was sometimes reluctant to accept support and staff involved the person's family and worked with them to ensure that the person received support in the way they preferred. This meant that on some occasions, the family provided support as this was the person's decision. Staff worked with other people and only involved their families if this was the person's wish.

Staff protected people's privacy and were respectful of people's homes. We observed that staff entered people's homes in the way they preferred and that this information was reflected in people's care plans. A staff member explained how they covered a person while supporting them with intimate care to protect their dignity. One person told us "they (staff) respect my home when they come in". A staff member explained that they always removed their shoes in one person's home because this was their preference.

People were supported to remain independent in their own homes by staff who encouraged them to do what they could for themselves. A staff member explained how they encouraged and motivated one person to get up as this enabled them to retain their mobility. The person's mobility could be poor but staff encouraged them to stand and take a few steps whenever possible to encourage them to stay as mobile as they were able. A relative explained that their loved one could be better at walking on some days. They said that staff encouraged them to walk when they were able but assisted them to sit on a stool when they supported them if it was a day when they were less able to walk.

Staff undertook training in equality and diversity and there was a policy in place at the service which stated

that the provider was 'committed to the promotion of equality and opportunity.....this policy is designed to enhance and improve employee's awareness and appreciation of beliefs, values and cultures of different groups within society'. The service did not support any people with protected characteristics under the equality act at the time of inspection, but had worked to support staff who had faced discrimination working in the community. The registered manager gave an example of a member of staff who had been spoken with inappropriately by a person using the service who had used discriminatory language. The registered manager explained that they had spoken with and supported the member of staff and was clear that any such instances of discrimination would not be tolerated and that they focussed on "recognising the individuality and treating with dignity and respect".

## Is the service responsive?

### Our findings

People were not consistently involved in reviews about their support and records did not reflect people's involvement in their reviews. The majority of feedback from people and relatives indicated that they had not been involved in reviews about their care. Two relatives told us that they had not been asked or involved in any reviews but another relative told us, "they (the service) have contacted us recently and discussed if (the care) needed increasing". Six people told us that they had not been involved in reviews about their care although one person did tell us "they ask me all the time whether anything has changed and I'm happy". People's care plans were all recently dated and the registered manager explained that the dates were updated following each review. However the recording did not show what had been discussed as part of a review, who had been included or whether any changes had been made in response to these. The registered manager told us that they would look at changing how they recorded reviews to ensure that they reflected people's involvement and any changes made as a result.

Care plans did not consistently include accurate information about people who received support. The registered manager told us that the family of a person had advised that a slower, gentle approach worked well with their loved one and that staff should try to re-approach if the person was initially reluctant to accept support. Staff were aware of the need to try to re-approach but it was not reflected in the person's care plan. The same person's care plan included a service agreement which identified that staff were not responsible for assisting the person with medicines. This had not been updated since it had been signed in 2016 and was inaccurate because staff were assisting the person to manage their medicines safely. Another person had previously suffered a fracture and had a plaster cast in place. This had been removed some time before but their care plan, reviewed in October 2017, stated that the person still had a plaster cast in place.

People receiving support from the service did not have any end of life plans in place. At the time of inspection, no-one was receiving end of life support from Helping Hands Ferndown. Care plans included details about whether people had any resuscitation decisions in place but there were no details about people's preferences, choices or who they would wish to be involved for their end of life care. We were told that the provider did not have a policy in place in relation to end of life care. This meant that there were no clear plans in place to ensure that discussions around people's wishes took place or that staff were aware about how people would wish to be supported to have a comfortable, dignified and pain free death.

Complaints received by the service were not consistently responded to within the timescales set by the provider. There was complaints policy in place but this did not include any timescales for complaints to be acknowledged, investigated or responded to. The registered manager investigated this and advised that complaints were acknowledged within one working day and responded to within 20 working days. We saw that two complaints which had been received in the last 12 months, had not been acknowledged or responded to within the timescales. Both complaints had been received in August 2017 and neither response had been sent until October 2017. The quality officer checked and confirmed that the response dates were correct but it was not clear why responses had been delayed. People and relatives told us that they would be confident to complain if they needed to do so and we observed that people had copies of the complaints policy in their homes.



The service had received several compliments over the past year and comments included "very attentive, observant", "(name) is excellent...very efficient" and "Noticed a change in (name) mood...wanted to compliment all of the care staff". The registered manager explained that they provided staff with verbal feedback when they received compliments to ensure that staff were recognised when they had done a good job.

## Is the service well-led?

### Our findings

The service had been providing support for people since February 2016 but during this time, limited audits had taken place at Helping Hands Ferndown to provide oversight about any gaps, trends or areas for improvement. The registered manager had been in post for a short period at the time of inspection and had started to identify areas where improvements were needed to ensure effective oversight. We saw that they had started to implement audits and checks but there were still significant gaps in oversight at the time of inspection.

We looked at the medicines administration records for four people and saw that there were significant gaps in recording for three of these. Medicines audits had not been in place and we saw evidence of repeated errors in recording by staff. The registered manager had recently implemented monthly audits of medicines administration records (MAR) and identified issues with recording. Some of the issues were systemic and needed addressing across the staff team. For example, staff were consistently incorrectly recording medicines prescribed to be taken 'as required'. The medicines policy did not provide detail about 'as required' medicines and that registered manager told us that they were planning further training around accurate recording to ensure that staff understood how to correctly record when medicines had been administered.

Quality assurance systems were not effective in supporting and evaluating learning or driving improvements. Although people's reviews, complaints and safeguarding were all recorded, this information was not evaluated to learn and improve the service people received. The registered manager, regional manager and quality officer were not aware that complaints had not been responded to within the advised timescales or why these had been delayed.

People's care plans did not consistently provide information about reviews or reflect people's changing needs. This meant that records available to staff about people was not always accurate and there was no clear system to identify where reviews had taken place and if people had been involved.

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

Feedback was sought through six monthly staff surveys and monitoring calls to people who received a service. We saw that three staff responded to the last survey in June 2017 and feedback was mixed. Some responses were positive about the staff team, rotas and the availability of the registered manager. Areas for improvement included consideration of time for staff to travel between visits, information provided about new people before staff visited for the first time and whether the new system to communicate through mobile phones was useful.

Some of the feedback from staff had been included in an internal audit at Helping Hands Ferndown which had been completed in October 2017. Staff told us that they still needed to ring the office to obtain

information about new people and that they were sometimes not able to get to visits on time due to the travel time provided on their rotas. This meant that some of the feedback received had not been included as part of the overall internal audit or any actions planned to drive improvements. Other areas for improvements had been identified including changes to risk assessments to ensure they included clear actions for staff and were up to date and relevant to people. This was identified as completed on 10 November 2017 but we found that risk assessments for people were still an area for further improvement to ensure that they were individual and provided clear guidance for staff about how to support people safely.

The registered manager worked some shifts at the service and people and relatives felt that this was positive because they were visible and accessible to people. Staff felt supported by the office team and told us that they were able to access help and support when they needed to, if this was outside office hours, the on call service was also responsive and helpful. People and relatives who had needed to ring the office or out of hours told us that they had been able to speak with someone and that staff had been friendly and helpful. They also told us that they received rotas weekly to let them know who would be coming at each visit and that the office made contact with them if this changed. For example, one person told us that the office rung when a member of staff was delayed to let them know.

Staff were recognised through a carer of the month scheme for good practice and where they had gone 'the extra mile' for the people they supported. Feedback for this was gathered through monitoring calls to people and overall performance and was discussed and agreed by the registered manager. Staff received a certificate of recognition and their picture was displayed in the office. They also received a gift of their choosing and the registered manager explained that they had asked staff what they would like to ensure that gifts suited peoples' preferences. They explained that they told staff why they had received the recognition and which of the core values they had demonstrated.

Helping Hands Ferndown had some development plans in place which included further expanding the use of the mobile phone pilot to enable staff to access people's care plan information online. Other developments included linking with local organisations to consider ways of improving links with the community for people living in their own homes. The service had also linked with a local residential home to consider whether people could access coffee mornings and other community activities arranged at the residential home. The provided had also allocated some funding to improve staff engagement and the registered manager was asking staff for their opinions about how to most effectively use this.

Communication between staff and the Helping Hands Ferndown office was effective and staff had access to mobile phones which were used to ensure that they had their rotas for visits in advance. The office were able to monitor whether staff had read their rotas and contacted staff to remind them to do this if they had not done so. Staff told us that if they had a new person to visit for the first time, the office would verbally provide some information for them and that the care plans provided them with sufficient information to support the person effectively. One staff member told us "the office team are there for you and they are very supportive".

People received their visits as planned because the service had a system in place to monitor any possible missed calls. Staff used their mobile phones to alert when they arrived to visit and person and when they left again. The care co-ordinator showed us how they were able to monitor this in the office and we observed that office staff checked with staff if the system showed that they had not arrived at a person's house as expected. The registered manager explained that this was a relatively new system which was being trialled but had been successful so far and accepted positively by staff.

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  Systems were not operated effectively to maintain accurate records or monitor and improve the quality of the services people received.