

24/7 Helping Hands Service Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 9 and 10 October 2018.

24/7 Helping Hands Ltd is a 'domiciliary care service.' People receive personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates the care provided, and this was looked at during this inspection. The service provides personal care for older people and younger adults. The registered manager stated that 15 people were receiving a personal care service at the time of the inspection.

This was the second comprehensive inspection carried out at 24/7 Helping Hands Ltd. The last comprehensive inspection was in April 2016 where we rated the service as Good. The overall rating for this inspection was 'Requires Improvement' as there were areas that required improvement in the Safe, Effective and Well Led domains.

The inspection was announced because we wanted to make sure that the registered manager was available to conduct the inspection.

A registered manager was in post. This is a condition of the registration of the service. 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 and associated Regulations about how the service is run.

We identified concerns about a number of issues. A requirement notice has been issued due to a breach of Regulation 17, Good Governance.

Risk assessments were not always comprehensively in place to protect people from risks to their health and welfare.

Management had not carried out comprehensive audits to check that the service was meeting people's needs and to ensure people were provided with a quality service.

Staff recruitment checks were in place to protect people from receiving personal care from unsuitable staff.

Policies set out that when a safeguarding incident occurred management needed to take appropriate action by referring to the relevant safeguarding agency. However, an incident had not been reported to us at the time the service had been aware of them, as legally required.

Staff had largely received training to ensure they had skills and knowledge to meet people's needs, though training on other relevant issues had not yet been provided. Training had not been checked to ensure staff understood care issues. Staff appraisals had not been comprehensive to ensure staff had been providing an effective service.

Staffing was in place to always provide people safe personal care.

People and relatives told us that they thought staff provided safe personal care.

Staff had been trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area.

People and relatives told us that medicines had been supplied so that people could take their medicine safely.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have effective choices about how they lived their lives. A capacity assessment was in place to assess whether any restrictions on choice were needed in the person's best interests.

People and relatives told us that staff were friendly, kind, positive and caring. They said they had been involved in making decisions about how and what personal care was needed to meet any identified needs.

Care plans did not always contain detailed information individual to the people using the service, to ensure that their needs were met.

People and relatives were confident that concerns had been followed up. They were satisfied with how the service was run.

Staff said they had been fully supported in their work by management.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not comprehensively safe.

Risk assessments to protect people's health and welfare had not always contained sufficient information to protect people from risks to their health and welfare. Staff recruitment checks were not fully in place to comprehensively protect people from receiving personal care from unsuitable staff. Evidence of lessons learned from an incident was not in place.

People felt safe with staff from the service. People had been assisted to take their medicines and had been protected from infection.

Is the service effective?

Requires Improvement ●

The service was not fully effective.

Staff had not received all the training and supervision they required to carry out their roles. Staff had not been comprehensively appraised and supported to ensure they were providing a quality service.

People had their needs assessed in order to provide care that was right for them. The service worked with organisations to deliver effective care. Food and drinks had been supplied when needed. People had been asked for their consent before personal care had been provided.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Effective.

Is the service well-led?

Requires Improvement ●

The service was not comprehensively well led.

The provider did not have the systems and processes in place to assess, monitor and improve the quality of the service. The

service had not displayed their inspection rating, as legally required.

People and relatives told us that management provided a good service, listened to them and put things right. Staff told us that the management team provided good support to them.

24/7 Helping Hands Service Ltd

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 comprehensive inspection took place on 9 and 10 October 2018 and was announced. The provider was given 48 hours' notice, because the service provides a community care service and we needed to ensure someone was available to facilitate the inspection.

The inspection team consisted of one inspector.

We planned for the inspection using information from statutory notifications. A statutory notification is information about important events the provider is required to send us by law. We also took into consideration information we had received from commissioners who monitor the care and support of people using the service.

During the inspection, we spoke with three people who received personal care from the service and two relatives. We also spoke with three care staff, the registered manager and the nominated individual of the provider.

We reviewed the care records of three people using the service and three staff recruitment files. We also reviewed records relating to the management and quality monitoring of the service.

Is the service safe?

Our findings

At our previous inspection visit in April 2016 we rated this key question as 'good'. At this visit the rating of the service had reduced to 'requires improvement'.

Some care plans contained risk assessments to reduce or eliminate the risk of issues affecting people's safety. However, a number of risk assessments did not contain detail on how to reduce the risk to people's safety. For example, there was no risk assessment in place for a person recorded as having diabetes. There was also no risk assessment in place for a person who had moving and handling needs. A risk assessment was not in place for a person who had continence needs. The registered manager said these would be put into place and sent us an example of this after the inspection visit.

The service had a restraint policy which outlined that restraint should not be used except in the most extreme situations. However, it did not define what these situations were. This meant staff did not have clear information on when to use restraint. This did not fully protect people's safety. The registered manager said this information would be added to the policy.

The provider did not comprehensively follow safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. However, the provider had failed to obtain a reference from relevant previous employment in care, as they had not checked the employment history for a member of staff. The provider had therefore not taken comprehensive action to fully ensure all staff employed to work at the service were suitable.

The provider's safeguarding policies (designed to protect people from abuse) were available to staff. These informed staff how to recognise and report if people had suffered abuse. The safeguarding policy had details of the type of abuse people could suffer and had contact details for relevant agencies that needed to be informed of any incidents. However, a staff record indicated a person using the service could have been abused. This had not been reported to the safeguarding authority or to CQC as legally required. The registered manager stated that she completely trusted her staff and they would never abuse people and that she had checked with the person and their relative as to what occurred with no evidence of abuse. However, there was still a clear duty to report any incident of suspected abuse. The registered manager carried this out after the inspection visit.

The registered manager was aware of the need to analyse incidents and discuss any lessons learnt with staff to learn from anything that had gone wrong. The registered manager said this had not yet been needed. However, there had been an accident in April 2018 where a person had slipped out of a sling when being assisted with moving. There was no information in place to indicate that any lessons had been learnt from this situation to prevent it from happening again. The registered manager said this would be put into place.

People spoken with told us that personal care had been safely supplied.

One person said, "I have never had a problem with safety." Another person told us, "Carers are good. They take care of me." No one identified any issues or concerns around the safety of equipment they used. They

said staff were patient and had never rushed them.

Staff members told us they were aware of how to check to ensure people's safety. For example, they checked rooms for tripping hazards and made sure equipment was in good condition. There was a system to risk assess identified issues in people's homes, which included checking relevant issues such as security, state of repair, hygiene and fire risks.

Sufficient numbers of suitable staff were available to keep people safe and meet their needs. A person said, "They [staff] always come. I've never had staff missing a call. Another person told us, "I need two staff to help me. I always get them." People did not report any missed calls. This indicated enough staff in place to meet people's needs.

Staff confirmed they had received training in protecting people from abuse and understood their responsibilities to report concerns to management and other relevant outside agencies if necessary, if action had not been taken by the management of the service.

The whistleblowing policy in the employee handbook had details of staff members being able to report concerns to other agencies such as the local authority. However, they did not supply any contact details. This meant staff did not have comprehensive access to information to whistleblow and keep people safe if these situations arose. The registered manager said this would be added.

A person said that staff helped them with their medicine and there had been no problems. Another person said that staff always alerted them to take medicine to help with their digestion. There was a medicine administration policy in place for staff to refer to and assist them to safely provide medicines to people. This included the administration of 'as needed' medicines. Recording of the medicines supplied was in place. Staff had received information about new medicines for people through internet communication.

No one highlighted any issues or concerns around hygiene. One relative told us, "Carers always wear gloves and aprons and change them between doing things." Staff had completed training in health and safety matters to ensure they were up to date with guidance to keep people safe. Staff had been reminded about safe practices such as infection control in staff meetings and internet communication. Spot checks on staff covered hygiene issues to monitor that staff were following hygiene procedures.

Is the service effective?

Our findings

At our previous inspection visit in April 2016 we rated this key question as 'good'. At this visit the rating of the service had reduced to 'requires improvement'.

A staff training matrix provided evidence that staff had received core training. Some information was also available in people's care plans such as NHS advice on preventing weight loss. However, staff had not received training on people's specific health conditions such as training on strokes, diabetes and sensory impairment. Training questionnaires, designed to test whether staff had sufficient knowledge of the subject after completing training, had not been assessed by management to test staff competencies. The registered manager said these issues would be followed up.

Some staff had been supported by receiving one-to-one supervision which covered important issues such as training needs and whether they had provided timely care to people. One staff member who had been in post nearly six months had not yet had supervision. Records of staff appraisal were limited to the staff member's assessments of their own performance and did not include the management assessment. This did not fully support staff in undertaking their role in providing effective personal care to people.

Staff thought they had been sufficiently trained to meet people's needs and they had received refresher training on important relevant subjects. They said that if they needed more training, management would arrange this. An induction training package was available for new staff. This had not included staff undertaking the Care Certificate. The Care Certificate covers the basic standards required for care. The registered manager said this would be reviewed.

People's needs were assessed to achieve effective outcomes and meet people's needs. Everyone said they had been assessed at the beginning of their care and they felt involved in this process.

People thought that staff had been trained to meet their needs. A person said, "They [staff] seem to be trained very well. They do everything I need."

Staff supported people to eat and drink sufficient amounts. A person said, "Staff prepare my meals. They are very nice. They cook salmon the way I like it." Another person told us, "My carers [staff] always make sure I am left with a drink and snacks so I'm never hungry or thirsty." Everyone indicated that staff ensured that people had fluids if needed and staff did not rush them to eat and drink.

The service worked and communicated with other agencies and staff to enable effective care and support. For example, referring to the occupational therapy department to obtain equipment to meet a person's needs.

A person said that staff had contacted the district nurse for them recently. No one else said this support had been required but were confident that it would be provided if needed. People had their health needs assessed. Records showed that people's health requirements were recorded and updated as needed. If

someone had an accident, staff had responded reporting this to management or contacting health services to gain treatment. This included reporting a potential pressure sore to the GP.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. The service worked in line with the principles of the MCA. One staff member said they had not received training in this subject. The registered manager said this would be followed up.

People confirmed that staff sought their consent before providing personal care.

Is the service caring?

Our findings

At our previous inspection visit in April 2016 we rated this key question as 'Good'. At this visit the service remained 'Good'.

People said that staff had a caring attitude and were friendly and chatted to them. One person said that staff, "Are wonderful, kind and caring." Another person said, "They [staff] are really good. So friendly and lovely."

Some people said that communication with some staff who did not have English as their first language, was difficult. The registered manager said this would be followed up and staff provided with support to improve their language skills.

People indicated that they felt involved in the planning of the care and in day to day decisions. They had been given the chance to make changes. This showed Involvement of people in producing their care plans was recorded in care plans.

Nobody raised any concerns about their privacy and dignity. People indicated that they were happy with this aspect of their care. A staff member said, "I'm always conscious about respecting people and treat them as I would want to be treated myself." Information from the service promoted staff respecting people's rights to privacy, dignity, choice and not being discriminated against. This included respect for people's culture, race, religion and sexual orientation. These principles and values were also included in the staff handbook. This helped to orientate staff in their approach towards people receiving a service.

People said they were provided with choices. One person said, "Staff always give me a choice of food." Care plans outlined some people's choices such as choice of how they wanted their drinks to be made. In a care plan it directed staff to provide medium hot water, which was the water temperature the person was comfortable with. Another care plan specified how many sweeteners the person wanted with their tea. Staff were aware of people's individual needs and choices.

Staff understood the importance of keeping personal information confidentially and that personal information was not shared with people inappropriately.

People indicated that they were supported to stay independent. One person said, "They [staff] let me do what I can." A relative person told us, "I have watched staff and they don't take over. They assist." A care plan described how a person liked to do their buttons themselves.

People's cultural needs had been respected. A person told us that they had been provided with staff who spoke their first language. A care plan recorded that a person was only to be provided with halal food to respect their religious beliefs.

Is the service responsive?

Our findings

At our previous inspection visit in April 2016 we rated this key question as 'Good'. At this visit the service remained 'Good'.

People were satisfied service responded to their needs. They confirmed that they were provided with enough staff to meet their mobility needs and got their meals and medicines on time. A person told us, "It does everything I need it to do very well." Another person said, "It is a very good service. I've never had a problem."

There was information in care plans about people's needs and preferences, though only a small amount of information about their personal histories and likes and dislikes. The registered manager indicated this information would be put in place.

People and relatives told us that they received a timely service although records showed that some calls had been early or late. The registered manager said this would be closely monitored in the future.

People and relatives said they had not needed to make complaints about the service, and they were confident if they ever did then any concerns would be put right. They said they knew how to complain.

The provider's complaints procedure in the service user guide gave some information on how people could complain about the service. This contained contact details for the complaints authority and details about the local government ombudsman as agencies who would handle complaints. The procedure set out that that the complainant should contact the service for their complaint to be investigated. The procedure also implied that complainants could contact CQC if they were not satisfied, to have their complaint investigated. CQC does not have the legal power to investigate complaints. The registered manager said the procedure would be amended to include this information.

The registered manager was aware of the new accessible information requirement. The accessible information standard is a law which aims to ensure that people with a disability or sensory loss are provided with information they can understand. It requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss. People's communication needs had been recorded and assessed. The registered manager said that no one currently receiving a service and communication needs. There would be consideration to producing information to people in people's first languages as many people being provided with a service did not have English as their first language.

End-of-life care was not currently provided though the registered manager was aware of the need to obtain and follow the wishes of the person and to ensure that any necessary care such as painkilling medicine was put into place.

Is the service well-led?

Our findings

At our previous inspection visit in April 2016 we rated this key question as 'good'. At this visit the rating of the service had reduced to 'requires improvement'.

People received satisfaction questionnaires asking them about the quality of care. This indicated a high level of satisfaction with the care they were provided with. However, an analysis of surveys had not been carried out. There was no evidence that people who had expressed issues of concern had been contacted. This meant evidence was not in place that issues had been dealt with as no action plan was in place to deal with these issues.

The provider had carried out some quality audits such as medicine management and care records. However, the audits of care records had not always identified that calls had been untimely. Some audits were not in place which meant the provider had not identified the issues relating to staff recruitment and staff training. This absence of detailed auditing had not comprehensively protected the welfare of people. The registered manager acknowledged that the quality assurance system needed to be improved.

In a staff record we found information which indicated a person using the service could have been abused. This had not been reported to the safeguarding authority or to CQC as legally required. The registered manager did this after the inspection visit.

It is a legal responsibility to display the rating of the service issued by CQC. At the time of the inspection this had not been displayed from the previous inspection of April 2016. The nominated individual organised this swiftly so this rating was now displayed.

The provider did not have suitable systems and processes in place to assess, monitor and improve the quality of the service which was potentially a risk to people's safety and welfare. This constitutes a breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014, Good Governance.

People and relatives were satisfied with the service they received. They told us that management and staff were always friendly and approachable. A relative said, "If I contact them they always look into things quickly and get them sorted out." Another relative said, "I would definitely recommend them. There are always helpful."

Staff told us that the management team consistently supported them. A staff member said, "I know I can ring up and one of the managers will always help me."

Staff members we spoke with told us that the management team expected staff to be friendly and approachable and treat people with dignity and respect. Staff said the service was well led and they would recommend the service to relatives and friends because the interests of people had always been put first.

Staff meetings had been held where issues were discussed including staying for the full length of calls and completing people's daily notes in full detailing of personal care that had been provided. This showed that management were trained to provide a quality service.

The service had a registered manager, which is a condition of registration. There was a registered manager who had managed the service since it registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems had been not been comprehensively audited. A potential safeguarding issue had not been reported to the safeguarding authority or to CQC. The service had not displayed their inspection rating.</p>