

Help At Home Care Service Ltd

# Help at Home Care Service

## Inspection report

Bickland Business Centre  
Tregonigge Industrial Estate  
Falmouth  
Cornwall  
TR11 4SN

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Tel: 01326374588

## 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

We carried out this announced inspection on 1 and 5 September 2017. The inspection was announced a day advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. This was the first inspection since the service moved premises which generated a new registration certificate in September 2016.

Help at Home Domiciliary Care Agency is a community service that provides care and support to adults in their own homes. The service supports people in Falmouth, Mylor and Penryn. Services offered by the agency include personal care, shopping, housework and preparing meals and includes supporting people living with dementia. The service mainly provides personal care for people in short visits at key times of the day to help them get up in the morning, go to bed at night and support with meals.

At the time of our inspection 50 people were receiving a personal care service. These services were funded either privately or through Cornwall Council.

The service had a registered manager in post. 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. During our inspection the registered manager was present.

The feedback we received from people was positive; they expressed satisfaction with the caring attitude of staff and the reliability of the service. People were happy about how the way in which care was delivered. People and relatives consistently gave us positive feedback about how the service was personalised to meet people's individual needs. Comments included, "They (staff) are very punctual but they do let you know if the times are going to vary. You know if they are going to be a bit later or earlier which is fine by us," Relatives said, "Likes them coming and you can hear (Person's name) laughing and chatting away with them (staff)" and "They (staff) are excellent, really good, the girls are so nice and helpful."

People had a care plan that provided staff with direction and guidance about how to meet people's individual needs and wishes. These care plans were regularly reviewed and any changes in people's needs were communicated to staff. Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person.

People received support from staff who they knew and who had the skills and knowledge to provide their care. There were enough staff to provide support as people needed it. All new staff were checked to make sure they were suitable and safe to work in people's homes.

People were supported to maintain their independence and to remain in their own homes. This was very

important to them and they valued the support they received.

Medicines were handled safely and people received the support they required to maintain their health. People received the support they needed with preparing their meals and drinks.

People agreed to the support they received and their wishes and rights were respected.

The service was acting within the legal framework of the Mental Capacity Act 2005(MCA). Management and staff understood how to ensure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

There were effective quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously review and improve the quality of the service provided. People told us they were regularly asked for their views about the quality of the service they received.

People had details of how to raise a complaint and told us they would be happy to make a complaint if they needed to. There was a clear well understood management structure in place and staff told us the service on call systems worked well.

## 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. People were protected from abuse and foreseeable risks.

There were sufficient staff to provide the care people required. Checks were carried out when new staff were employed to ensure they were suitable to work in people's homes.

People received their medicines safely.

### Is the service effective?

Good ●

The service was effective. Staff were trained and had the skills and knowledge to provide the support people required.

People received the support they needed to prepare their meals and drinks.

People made choices about their care and agreed to the support they received. The registered manager knew about their responsibilities under the Mental Capacity Act 2005 and how to protect people's rights.

### Is the service caring?

Good ●

The service was caring. Staff were kind and friendly and treated people, their families and homes with respect.

People looked forward to the care staff visiting their homes.

People were supported to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive to people's needs. Care was planned and delivered to meet people's needs. If the support a person required changed, their care was reviewed promptly to ensure they continued to receive appropriate support.

There were systems in place for receiving and handling complaints.

## Is the service well-led?

The service was well-led. People knew the registered manager and how they could contact her.

The registered manager asked people for their views and took action in response to people's feedback.

The registered manager monitored the quality of the service. Where areas were identified that could be further improved, appropriate action was taken.

Good 

# Help at Home Care Service

## **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 of Help at Home Domiciliary Care Agency took place on 1 & 5 September 2017 and the provider was given a few days' notice of the inspection in accordance with our current methodology for the inspection of domiciliary care agencies. One inspector undertook the inspection.

During our visit to the agency offices we looked at the care records for three people who used the service and at the training and recruitment records for two members of staff. We also looked at records relating to how complaints were managed and how the provider checked the quality of the service.

During the inspection we visited two people in their own homes, to speak with them and look at their care records with their consent. Following the inspection we contacted four people who used the service and four relatives by telephone and spoke with four members of the care staff. We also spoke with the registered manager and deputy manager.

Before the inspection, the provider completed 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 reviewed the information we held about the service, including the information in the PIR, before we visited the service. We also contacted the local authority commissioning team for their views of the service.

# Is the service safe?

## Our findings

People who used the service and the relatives we spoke with said they were confident people were safe. People told us that the staff helped them to remain safe in their homes. One relative told us, "Yes, I am sure (my relative) is safe with them. It's nice that someone is in twice a day." A person using the service told us, "They are so pleasant I do feel safe with them (staff)."

Staff told us that they had completed training in how to provide people's care in a safe way. They said this had included how to identify and report abuse. Staff members were knowledgeable when relaying how to recognise the signs of potential abuse and the relevant reporting procedures. If they did suspect abuse they were confident the registered manager would respond to their concerns appropriately.

The registered manager had systems in place to anticipate and manage risks to people's safety. For example, where a person required a walking aid to mobilise, staff were instructed to give the person more space so move around and provided specific instructions to support a person safely in their shower. Staff told us about procedures they had to follow from the risk assessments in place. This helped to ensure people's safety.

Staff working for the agency told us that they were able to contact a senior person in the service at any time, if they were concerned about the welfare of an individual they were supporting. They told us, "We are given the on call number. I've used it a few times and always got a response."

People told us that there were enough staff to provide the support they required. They told us they knew the staff team and although this may change from time to time in general they were consistent. Comments included, "They (staff) are on time (two calls a day)," "The only time they have been a little late was when they were held up at the visit before and not by much" and "It's different ones (staff) we get, but we have got to know them all now and they have been superb." People also told us that the staff stayed the agreed length of time and provided the support they required.

The registered manager used thorough systems when new staff were employed to make sure they were safe to work in people's homes. All new staff had to provide evidence of their good character and conduct in previous employment. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Some people who used the service required support from care staff in handling their medicines. The service had a medicine policy which gave staff clear instructions about how to assist people who needed help. Where staff supported people with their medicines they completed Medicines Administration Record (MAR) charts to record when each specific medicine had been given to the person. All staff had received training in the administration of medicines. Where an error had been reported the registered manager had provided more training and supervision for staff. People received the support they required to manage their medicines safely.

Staff were aware of the reporting process for any accidents or incidents that occurred and there was a system in place to record incidents. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident.

Staff were provided with personal protective equipment, for example; gloves and aprons, which helped to maintain infection control. When visiting people in their own homes were told staff used personal protective equipment when necessary and there was evidence of this equipment being made available to staff during the office visit.



## Is the service effective?

### Our findings

People received care from staff who knew them well and had the knowledge and skills to meet their needs. People told us that the staff team who supported them knew what their needs were and how to effectively deliver the care and support required. They told us staff asked for their agreement before providing any personal care or support. People using the service said, "They all seem well trained" and "The girls all seem to know what they are doing and have been so kind and always ask me what I want." A relative said, "They do seem well trained though some of the young ones are still learning but it's alright."

New staff undertook a period of induction which included working with senior care staff who assessed and developed their skills using the Care Certificate, (A nationally recognised training programme). Staff told us that they had to complete their induction and shadowing with other staff before they were allowed to work on their own in people's homes. A staff member said, "I worked with other staff who were more experienced than me. We (staff) are really supported until we feel confident."

Training was provided for staff to help develop and maintain their skills. Staff said the training was always ongoing and it gave them the skills to give the support people required. A staff member said, "The training is good. We are really encouraged to go on courses or do e-learning (A computer based learning system)". Staff had received training relevant for their role including, Mental Capacity Act, safeguarding of adults, infection control, manual handling, first aid and food safety. Staff received other specialist training to support them to effectively support and meet people's individual needs. For example dementia, diabetes and clinical nutrition.

The registered and deputy manager met with staff regularly for either an office based one-to-one meeting or an observation of their working practices. This gave staff an opportunity to discuss their performance and identify any further training they required. Staff told us they felt supported by the management team. Staff members confirmed they had regular one-to-one meetings and appraisal to discuss their work and training needs. Meetings with staff were documented and showed what discussions and decisions had taken place.

The management had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves' had their legal rights protected. 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. We checked whether the service was working within the principles of the MCA.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Care records showed the service recorded whether people had the capacity to make specific decisions about their care. For example, care records described how people might have capacity to make some daily decisions like choosing their clothes or what they wanted to eat or drink.

Some people who used the service required support to prepare their meals and drinks. People said the staff gave them choices about the meals they prepared and said that they enjoyed the meals the staff provided. One person told us, "Always ask what I would like. They (staff) know what I like and don't like." Another person said, "They (staff) make me a meal and leave me with a drink before they go. I must say, they know how to make a good cup of tea."

## Is the service caring?

### Our findings

People who used this service and their relatives made many positive comments about the staff who visited their homes. They told us, "(Person's name) likes them coming and you can hear (the person) laughing and chatting away with them," "I have to say I can't fault the staff, they are polite and very professional and go beyond to help you, they are so nice, it's lovely" and "So nice with (Person's name), so caring and helpful, you can't fault them."

When we visited people in their own homes they told us that they were generally supported by staff who they knew and understood what was important to them in how their care was provided. They told us there were changes sometimes, but by receiving personal care by staff they knew helped them to feel comfortable.

Some people who used the service lived alone and could experience anxiety about their safety or the security of their homes. The care staff and managers in the service took appropriate action if people were anxious or worried. For example making arrangements for access to people's homes using 'key safe' (A secure system to access keys using a code). Only staff visiting the service were given access to the code. If there were any changes to times of visits people were informed so they knew when to expect a visit. This helped allay people concerns and worries.

People told us that the staff treated them, their families and their homes with respect. One person said, "I have every faith in them (staff). They are very caring and patient." People's care records gave guidance for the care staff about asking people what support they wanted and including them in decisions about their care.

Staff had a good knowledge and understanding of people, respected their wishes and provided care and support in line with those wishes. Care plans contained clear information about the person so staff were able to understand people's needs, likes and dislikes. Care plans detailed how people wished to be addressed and people told us staff spoke with them by their preferred name. For example, some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname.

People told us that the staff helped to protect their privacy and independence. They said that the care staff gave them time to carry out tasks for themselves and said all their personal care was carried out in private. One person told us, "They (staff) do say 'we'll just close the curtains' but I say 'don't mind about that we're in the middle of nowhere and there is no one to see' but they do ask."

People told us staff always checked if they needed any other help before they left. For people who had limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

Staff described how information was communicated between the office and staff members so they knew what calls were to be made and if there were any updates. For example if a person had been admitted to hospital or discharged. This occurred using daily hand over meetings and telephone calls. One member of staff told us, "The information we get is very good. It means we know what we are doing every day."

## Is the service responsive?

### Our findings

People told us that the care they received from this service supported them to remain living in their own homes. They told us this was very important to them and said they valued the service they received. Some people lived alone. They told us that they liked the care staff visiting their homes because it stopped them from feeling isolated. People told us the service was responsive to their needs, Comments included, "I rang up the other day to change a visit because we were going to hospital and they (staff) were most obliging, no problem at all," "We did a care plan at the beginning when (person's name) was in hospital so it was all ready when they came out and they (staff) have been to check on things and asked me lots of questions" and staff said, "If you need anything just ring us anytime and we will come and help' which is lovely isn't it. So if I need help with my shopping or whatever they will do it, so reassuring."

People's care records included risk assessments that had been completed to identify and manage risks associated with the delivery of their care. These included actions staff needed to take to support people to maintain a safe environment and risks specific to the care and support being delivered. For example, supporting people with meals and hot drinks. People were protected from risks because hazards to their safety were identified and managed.

Care staff said they knew the care people required because this was written in their care plans. They said that, if the support a person needed changed, they knew to inform the staff in the agency office, so the person's support plan could be updated. This was reflected in the care plans we observed. For example when a person had returned from a hospital admission the care plan reflected the additional support the person required.

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. This information provided a clear audit trail of the care and support being delivered. It also supported reviews which were regularly held to look at the level of care and support being delivered and if any changes had occurred or were required. People told us that the staff who visited them knew the assistance they needed and how they wanted their care to be delivered. One person said, "The carers [care staff] know me well now, they know what to do, but they still ask. We get on together very well."

People told us that, if they requested any changes to their support, the managers in the service tried to meet their request. This showed that the service was responsive to people's wishes. A relative told us, "They have been very helpful when we needed to change his visit and the little lass said (carer) 'I'll do it for you' and e-mailed them there and then, well wasn't that nice."

There was a procedure for receiving and handling complaints about the service. People told us they knew how they could raise a concern or complaint about the service they received. Most people told us they had never needed to make a complaint but said they knew they could "call the office" if they wanted to raise any concerns. Where previous concerns had related to staff members this was investigated by the registered

manager, actioned and used to identify any patterns or trends.

No one we spoke with raised any concerns about the staff who visited their homes. They said that they liked and trusted all the staff who supported them. People told us that they would speak to a member of the agency management team if wanted their staff team to change.

## Is the service well-led?

### Our findings

People told us they thought Help At Home was "a good service" and that they thought it was "well run". Comments from people using the service and relatives included, "Well it's been really good we have been very happy with it," "they are very nice if you ring the office, you always get someone and they are very helpful" and "We have no complaints, it's working alright."

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager was also the provider of the service and took an active role in the running of Help At Home. They, alongside the deputy manager co-ordinated the day-to-day running of the service, such as completing the rosters and speaking with people and staff. They also worked together when recruiting new staff and making decisions about taking on new referrals.

People told us they knew the registered manager and deputy manager and how they could contact them if they needed to. People told us, "I can't fault it, it has been brilliant" and "If you ring the office they are really helpful, I would recommend them to anyone." They told us they found the registered manager and deputy manager to be "friendly and helpful". Another person said, "I am very happy with it, I've recommended them to several people now and if you ring the office they are very helpful."

Managers carried out checks on the quality of the service provided including checking care and medication records. They also observed staff as they worked in people's homes to assess the quality and safety of the care provided. The managers also worked providing care to people and used this as an opportunity to gather people's views about the service they received.

The registered manager used formal and informal ways to gather the views of people who used the service. These included sending surveys to people and visiting people in their homes to gather their views. The most recent survey demonstrated people were satisfied with the service they received. Comments included, "The service is of a very high standard" and "They are all very good." Most people reported they had the same staff support them and that no visits were missed. They reported staff stayed the allocated time. People told us that the staff in the office were helpful and easy to speak with if they had any concerns.

There were no formal staff meetings taking place. However, staff were spoken with daily by the registered manager or deputy manager. Any updates or operational issues were discussed so staff had the necessary information. The registered manager was considering producing an information sheet for staff so that they had a record of advice available to them. The local authority worked closely with the service to ensure people gained a reliable service.

There was a positive culture within the staff team and staff spoke positively about their work. Staff were complimentary about the management team and how they were supported to carry out their work. The registered and deputy manager were clearly committed to providing a good service for people.