

## Help at Home (Medway) Limited

# Main office

### Inspection report

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Date of inspection visit:

17 July 2019

18 July 2019

23 July 2019

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14 August 2019

### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Main Office is a domiciliary care agency which provides care and support to people living in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection 50 people were receiving personal care. An application to change the name of the service to Help at Home (Medway) was in progress with the Care Quality Commission. People and staff referred to the service in this way and throughout the report we use Help at Home as the name of the service.

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

Risks to people were not consistently assessed, identified, monitored and reviewed. There was not enough information for staff about how to reduce risks to people's health and safety. Quality checks and audits were not consistently effective and robust and had not identified some of the shortfalls we found during the inspection. Care plans lacked holistic, person-centred information. There was little information about people's likes, dislikes, preferences and the things and people that were important to them. The records did not reflect the care and support people told us they received, and staff said they provided. We have made a recommendation about person-centred care planning.

People said they felt safe having staff from Help at Home supporting them. People were protected from the risks of abuse and discrimination by staff who were trained to recognise the signs and knew how to report concerns. There were enough staff to support people and they had been safely recruited. People received their medicines safely and on time and were encouraged to manage their own medicines safely.

People's health care needs were assessed and regularly reviewed. Care plans were kept up to date with any changes in people's requirements. People were supported by a team of staff who were skilled and knowledgeable. Staff completed regular training and met with the provider for one to one supervision to discuss their personal development. People were encouraged to have a healthy and balanced diet and to drink enough. Staff worked with health care professionals, such as community nurses and the local enablement team, to make sure people remained as healthy as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us the staff were kind, caring and patient. One person said, "They are all very good and very kind". People were encouraged to remain as independent as possible. People were involved in the planning, managing and reviewing of their support. They told us they felt in control of any decision making about their support. People told us staff were respectful and their privacy and dignity were maintained.

People knew how to complain but did not have any complaints about the service they received. The provider addressed any minor issues as soon as they arose and resolved them satisfactorily. The provider

worked collaboratively with the staff team and shared their visions for the service. There was an open and transparent culture where people and staff were valued. People told us they thought Help at Home was a good service and that it was well-led.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 18/07/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on our current inspection programme.

Enforcement

We have identified breaches in relation to the lack of detail in risk assessments, quality checks were not always effective and there was inconsistent holistic, person-centred information in the care records at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Main office

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission (CQC). The registered manager had recently left the service and the provider had taken over the day to day running of the service. The provider had an application to register in progress. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice. This was because the service is a domiciliary care agency and we wanted to make sure we were able to meet and speak with people and staff.

Inspection activity started on 17 July 2019 and ended on 23 July 2019. We visited the office location on 18 and 23 July 2019.

#### What we did before the inspection

Before the inspection we reviewed information we had received about the service since they registered with CQC. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people by telephone and visited one person in their home to talk about their experience of the care provided. We spoke with five staff and the provider. We reviewed a range of records. This included four care plans and associated risk assessments, staff training and supervision records and a variety of documents relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

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

### Assessing risk, safety monitoring and management

- Risks to people were not consistently assessed, identified, monitored and reviewed. Guidance for staff on how to reduce risks to people was not always detailed. For example, when a person was at risk of choking there was general guidance about what to do if a person choked but it was not specific to the individual they were supporting.
- Staff told us they were aware of the risks to people and had provided the appropriate support. However, the risk assessments did not contain enough detail. For example, when a person lived with epilepsy, there was a generic risk assessment and information about epilepsy. There was no information about what the person's seizure looked like and at what point to seek medical advice. There was a risk staff may not recognise the person was having / or had a seizure or know what support to provide.

We did not identify that anyone had come to harm. However, the provider failed to do all that was reasonably possible to assess, manage and mitigate risks to people's health and safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Risks to the environment were completed and staff had guidance to follow to make sure people's living space was clear of obstacles. When people wore a lifeline pendant staff checked the person was wearing it before they left them. One person said, "The girls check I have my stick and I am wearing my lifeline."
- The provider's whistle blowing, and safeguarding policies were available to all staff. Staff said they felt the provider would listen to them and take the right action.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe having support from their carers. They said, "I feel very safe using Help at Home. If I didn't they would soon know about it" and, "I feel safe. The girls use a keysafe. They always knock, come in and call out".
- People were protected from the risks of abuse, discrimination and avoidable harm. Staff knew how to recognise signs of abuse and understood who to report any concerns to. For example, the local authority or the Care Quality Commission (CQC). Staff said, "If I thought something was wrong, like seeing bruises, I would report it straight away. [The provider] would report it to the local authority."
- The provider liaised with the local authority when they had a concern.
- Staff completed training about keeping people safe and their knowledge and understanding was checked by the provider.

### Staffing and recruitment

- People were supported by staff who had been safely recruited.
- Checks were carried out to make sure new staff were safe to work with people. Disclosure and Barring Service criminal record checks were completed to help the provider make safer employment decisions. References were obtained to make sure people were of good character. The provider was continuously recruiting to ensure there were enough staff.
- People were supported by enough staff. People said their calls were on time and no calls had been missed. They told us, "Carers are usually on time and stay until the end", and "The carers are generally on time, give or take. I know they might get caught up with someone who needs that extra bit of help, so I am a realist and understand they may be a few minutes late."
- An on-call system was used outside office hours for staff to obtain advice or guidance.

#### Using medicines safely

- People received their medicines on time. Most people were only prompted with their medicines.
- Staff were trained about medicines management and their competency and understanding were checked before they supported people.
- People's care plans contained leaflets and information about each medicine to enable staff to understand what they were for and any potential side effects.
- When people needed special creams to keep their skin healthy there was guidance for staff to make sure it was applied correctly. The provider had identified there were no body maps in the care plan to follow good practice and was in the process of actioning this.

#### Preventing and controlling infection

- People told us staff used gloves and aprons when they were supported with their personal care.
- Staff said they used personal protective equipment (PPE) and had a supply of this. They were able to collect more stock whenever they needed it.
- Staff completed training about infection control to keep up to date with best practice.
- Senior staff completed spot check to observe staff and checked they wore PPE as they should.

#### Learning lessons when things go wrong

- The provider understood their responsibility to record safety incidents, concerns and near misses. They knew when these needed to be reported to the local authority and CQC. There had not been any reportable incidents.
- The provider monitored late and missed calls to ensure measures were in place to prevent it happening again. Although people told us they had not experienced this there had been four occasions when calls were late or missed and the provider monitored this closely.
- Group supervision meetings were used to share learning and reflect on how things could be done differently.



# Is the service effective?

## Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they began using the service to make sure the provider could be confident they could provide the right support. One person said, "We talked about what I needed when I started using Help at Home."
- When people had needs relating to their protected characteristics under the Equalities Act 2010, such as needs relating to their sexual identity and religious needs, this was recorded to make sure staff could provide the appropriate support.

Staff support: induction, training, skills and experience

- People told us the staff were trained and knew how to provide the right care and support. One person commented, "They all know what they are doing. [Carer] really works outside the box. They know me really well and makes sure things are done as I like it."
- Staff completed an induction when they joined the service and shadowed experienced colleagues to get to know people.
- Training was completed in groups. Staff told us, "The training is great. We don't do on-line like I have done in other places. We do our training in a group and talk about what we are learning. It's a much better way of learning."
- Training was monitored to make sure staff completed refresher courses when needed to make sure they kept up to date with best practice.
- Staff received regular one to one supervision when they had the opportunity to discuss their performance and development. The provider encouraged and supported their team to complete NVQs.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were happy with the support they received with their meals. People said, "[Staff] make me a sandwich. They know how I like it. I have Philadelphia with lettuce which needs to be cut up very small" and "[Staff] prepare my evening meals. They are pretty good."
- When people needed support with their meal preparation there was guidance for staff about what support was needed, including leaving drinks for people. People told us staff left drinks for them, within reach, when they left the call.
- People were assessed to see if they were at risk of malnutrition or dehydration. When needed staff recorded information on food and fluid charts to make sure people ate and drank enough.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's physical and mental health were monitored and reviewed. People were supported, when needed, to contact their GP or community nurse.
- The provider and staff liaised with health care professionals, such as the enablement team and local authority, to deliver effective, joined-up care. The provider said, "A six-week enablement programme gives people the confidence they are being supported to return to being fully independent in their own home. It avoids people having to be transferred to long term care."
- Staff communicated effectively to ensure people's needs were met. When staff had a concern about a person's health they discussed this with the provider to make sure the right health care professionals were contacted.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA. There was no-one subject to an order of the Court of Protection at the time of the inspection.

- People told us staff asked their consent before they supported them. Each person had signed a 'consent to care' form and an agreement to their care package.
- People's care plans noted what decisions people could make and when they may need additional support. When people needed additional support to make decisions about their care, staff knew meetings needed to be held with people's relatives or advocates and health professionals to make a decision in the person's best interest.

# Is the service caring?

## Our findings

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

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

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

- People told us they were treated kindly and had regular staff supporting them. They said, "I told them from the start that I needed consistency - that is really important to me. To be fair they have given me the continuity I wanted. I don't ever have people I don't know. I trust them" and "The girls are exceptionally good. They are very caring."
- Staff were kind and compassionate. They were patient and allowed people to take the time they needed.
- Staff knew people well and had built positive relationships with them.
- People told us staff were compassionate. One person said, "They know me well - this morning I wasn't great – [staff] gave me a hug - I cried a little bit but felt better by the time they left."

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

- People told us they felt in control of any decisions about their care and support. One person said, "I am involved in any decisions about my care."
- People were involved in the planning, managing and reviewing of their support. People signed their care plans to confirm they agreed with the level of support to be provided.
- People told us they did not feel rushed and staff had time to chat with them. People commented, "I don't feel they rush too much" and "They don't rush me - it takes whatever time it takes."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected, and their independence promoted.
- People told us staff treated them respectfully and maintained their privacy when supporting them. Their comments included, "They are respectful and know how I want to be supported" and "They always respect my privacy."
- People were encouraged to maintain their independence and do as much for themselves as possible.
- People's confidential personal information was securely stored, in line with General Data Protection Regulations, to protect people's confidentiality.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans did not always include information about the person's life history, likes and dislikes or people and things that were important to them. Whilst staff knew people well there was a risk new staff would know very little about the person they were supporting.
- The provider had identified there was not enough detail and was in the process of reviewing all the care plans with people to obtain more information and create more person-centred care plans. They agreed this was an area for improvement.

We recommend the provider seek guidance from a reputable source about person-centred care planning.

- People had a care plan which had been written with them to make sure they continued to have as much choice and control as possible. People told us they had a care plan in their home and they knew what information it contained.
- Each care plan included a step by step guide to the tasks each person required doing at each call. For example, what support a person may need with their personal care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff looked at different ways to communicate effectively with people. For example, staff told us of a person living with dementia who was struggling to remember things that were important to them. Staff used a series of 'sticky notes' to remind them of things like having their hair done, and that they had a sandwich in the kitchen for tea. This creative way of reminding them put their mind at rest. However, this was not recorded in the person's care plan and relied on staff telling each other via the office staff.
- People's communication needs were considered during the assessment process and reviewed when people's needs changed. For example, whether a person wore a hearing aid or glasses.
- Care plans and associated documents were available in larger print when required.

Improving care quality in response to complaints or concerns

- People said they knew how to complain. They told us, "If I needed to complain then I would. I haven't had any complaints so far" and "I've got no complaints".
- People were given a copy of the complaints process when they began using the service and this was kept

in their homes.

- The provider monitored any issues or complaints. There had not been any formal complaints. Minor issues had been recorded and satisfactorily resolved. For example, when a person had not been able to build a rapport with a carer the provider changed their support. When a theme was identified action was taken to reduce the risk of further issues.

#### End of life care and support

- There was no-one being supported with end of life care at the time of the inspection.
- Staff completed training to enable them to compassionately support people on palliative care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- Quality audits were not always effective. Some of the shortfalls identified during the inspection had not been identified. For example, the lack of detailed information in risk assessments about how to reduce the risk of a person choking or what staff should do if a person had a seizure.
- The person-centred care that staff spoke passionately about, and that people told us they received was not reflected in the records.
- For example, staff had knowledge about people, their loved ones and their preferences however, this was not consistently recorded and reflected in the care plans. People's care plans did not consistently contain enough information about the person and their preferences. This had been identified as an area for improvement by the provider after the registered manager left the service. There were plans to update these with people to make them more individualised.

The provider failed to consistently monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Missed and late calls were monitored, and action taken to reduce the risk of it happening again.
- The provider kept up to date with changes in legislation and best practice from several sources, including local registered manager forums, Skills for Care, The National Institute for Health and Care Excellence, the Care Quality Commission (CQC) and the local authority.

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

- People told us they thought the service was well-led. They knew the provider and spoke positively about them.
- People said, "I think Help at Home is well run. I would recommend them" and "All I have to say is good things about Help at Home. I have used quite a few agencies and Help at Home are the best by far."
- The provider had a clear vision and set of values for the service which was shared by staff. They held a vision of working collaboratively and inclusively with people using the service and staff. They told us, "The staff are proud of the standards they have set within the company and we all work equally to feel that we are building a service based on genuinely valuing each other. Also, the difference we can make to someone in their daily living whilst caring for each other. We all feel a pastoral care over each other."
- Staff spoke positively about the provider and told us they enjoyed working for Help at Home. They spoke passionately about their work and about the people they supported.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had recently left the service. The provider had taken over the day to day running of the service and had applied to register with CQC. The application was in progress at the time of the inspection.
- The provider understood their regulatory responsibilities. Services that provide health and social care to people are required to inform CQC of important events that happen. Notifications had been sent to CQC in line with guidance.
- Staff were clear about their roles and what was expected of them. They all felt supported by the provider and said the teamwork was "Really good" and "Excellent."

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

- Most people had only been receiving support for about six months. People had regular reviews to check they were happy with the support they were receiving.
- The provider had designed a quality assurance survey which was due to be sent to people at the end of the year. They told us they intended to check the responses to see if it highlighted any areas for improvement.
- Staff met with the provider regularly and had the opportunity to make suggestions and discuss ideas. They felt listened to by the provider. The provider listened to staff and had implemented some of their ideas. For example, one staff had suggested using the NHS website to obtain additional information about certain health conditions and this was included in people's care plans.
- Staff worked with health care professionals, such as community nurses and the local enablement team to provide effective, joined-up care.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:<br/>The provider failed to do all that was reasonably possible to assess, manage and mitigate risks to people's health and safety.</p> <p>Regulation 12(2)(b)</p> |
| Regulated activity | Regulation   |
| Personal care      | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:<br/>The provider failed to consistently monitor and improve the quality and safety of the service.</p> <p>Regulation 17(2)(a)</p>   |