

Midshires Care Limited

Helping Hands Norwich

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Helping Hands provides personal care for people in their own homes. At the time of our inspection, 70 people were using the service. This was a first comprehensive ratings inspection of this service.

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.

The service was safe. Staff had assessed risks to individuals and mitigated them appropriately. Staff were aware of safeguarding procedures and knew how to report any concerns they had. There were enough staff and people's visits were always covered. Staff were recruited safely.

Staff supported people safely to take their medicines. Where needed, staff provided prompting for people to take their own medicines.

People were cared for by staff who knew them well and communicated effectively with them, building and maintaining trusting relationships. Staff received relevant training and were competent in their roles. They received supervisions regularly and felt supported at work.

People were involved and consulted about their care, and their independence, privacy and dignity was promoted. Staff sought consent before delivering care and were aware of individual's mental capacity to make decisions.

Staff supported people to eat a healthy diet, and encouraged people to drink enough. They supported people to access healthcare services when required.

People received individualised care according to their own needs, and when they changed, staff responded in a timely manner. People and their families were asked for their feedback on the service they received and knew how to raise a concern and who to, if they needed to.

There was good teamwork and good leadership in place. Staff and the management team were supported well by each other and the organisation as a whole. There were systems in place to ensure that high quality care was delivered continuously.

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.

Risks were managed effectively, and staff knew how to protect people from harm.

People received support with medicines safely if they required it.

There were enough staff to support people and they were recruited safely.

Is the service effective?

Good ●

The service was effective.

Staff underwent an effective induction process and received effective training.

Staff supported people with their meals and drinks when required, and to access healthcare.

Staff asked people for consent before delivering care and were aware of their capacity to make decisions.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and were motivated to deliver compassionate care which met people's needs. They built trusting and supportive relationships with people and their families.

Staff respected people's privacy and dignity and encouraged people's independence.

People and their families were involved in making decisions about their care and their views were acted upon.

Is the service responsive?

Good ●

The service was responsive.

Staff responded effectively when people's needs changed. They met people's preferences when providing care.

There were clear plans for people's care with guidance for staff on how to meet people's needs and preferences.

People and their families were confident to raise any concerns should they have any, and knew who to contact.

Is the service well-led?

Good ●

The service was well-led.

There was good leadership in place. The registered manager was supportive to staff and there was high morale. The staff worked effectively as a team.

There were systems in place to assess, evaluate and improve the service.

Helping Hands Norwich

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3, 4 and 6 April and was announced. As the service operates from an office we needed to be sure that the registered manager and office staff would be available to speak with us. We carried out telephone calls to people using the service on 3 and 4 April and visited the office on 6 April. The inspection team consisted of one inspector.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with eight people and four relatives. We also spoke with six members of staff including the registered manager and three care staff, and two staff from the organisation. These were the head of home care for the east region and the national quality manager. We checked five people's care records and five medicines administration records (MARs) and associated audits. We also checked records relating to how the service is run and monitored, such as quality assurance records.

Is the service safe?

Our findings

One person explained that the service had made them feel safe, saying, "It means a lot to me." They said they had had falls prior to the staff coming to assist them in the mornings, and now they felt much safer. Another person told us they felt safe because the registered manager had agreed to send the same few staff members as they had said they did not feel safe with staff they did not know. The registered manager then ensured the person met staff before they carried out visits, so that they felt comfortable and safe, and familiar with them when they visited.

All of the staff we spoke with understood what different types of abuse there were, and how they would report any concerns. One staff member gave examples of observing if people's behaviour changed, or if they had unexplained bruising, and how they would report this and monitor any concerns. Staff were also aware of who they could report any concerns to outside of the organisation should they need to. This contributed to ensuring people were protected from harm.

People's care plans contained detailed assessments of risks associated with their care and support needs, for example moving and handling needs and infection control. They included details of what equipment was needed to support staff in delivering care safely. For example, if they needed a hoist, or aprons or gloves for personal care hygiene. The risk assessments were individualised, and we saw that they had risk assessments for their own home environment which covered hazards related to tripping or falling, for example. People also had risk assessments in place which covered their health needs and emotional wellbeing.

Staff we spoke with knew about risks to individual people, and how to mitigate them. We spoke with the registered manager about increasing the amount of information available relating to some risks associated with diabetes. They agreed that they would increase this information within the care plans to include further additional guidance for carers on mitigating the risks associated with this condition.

There had not been any incidents or accidents reported within the service, however staff told us how they would report them. The quality manager told us these would then go to the head office for review, and any further action needed would be identified.

There were enough staff to deliver the service effectively. The registered manager was on-call at all times, which staff confirmed. They told us the registered manager and care coordinator covered visits if staffing unexpectedly changed. They were therefore required to maintain their up to date training and knowledge in direct care delivery. All of the staff told us there were enough staff and they worked together to alter visits and do additional visits if they needed to cover absence.

The organisation had recruitment systems in place that contributed to keeping people safe. These included checking people's employment history, requesting at least three references, and checking with the Disclosure and Barring Services (DBS). There was also a rigorous interviewing process including an initial telephone interview followed by a face to face interview. This meant that only staff deemed suitable to work

with the people using the service were employed.

One person said, "[Staff] get me water for [medicines] and help me with that." Another person told us that staff supported them to take their medicines reliably by prompting them and ensuring they took them on a daily basis. Staff gave support ranging from prompting people to remember to take their medicines, to providing full support in administering and recording people's medicines. We looked at a sample of medicines administration records which staff had returned to the office from the previous month, along with some associated audits. We found that where staff had missed some signatures, these had not always been identified from the audit. Others had been identified but there was not sufficient information always recorded about the actions that had been taken due to the error. The registered manager explained that errors were resolved before the MARs came back to the office for auditing. They immediately created a new auditing system to record more detail about on-going errors to include actions taken and what had happened. For example, there were some missed signatures because a family member had administered the medicine that day and the visit was cancelled. The registered manager assured us they felt confident that they had received the medicines, and the new recording process would provide a auditing pathway of these incidences. We saw that where staff supported people with higher risk medicines, there was extra information available in the file within their home for staff to further mitigate risks associated with possible side effects.

Is the service effective?

Our findings

Staff received on-going training, and the organisation provided their mandatory training which included first aid, manual handling, safeguarding and food hygiene. These were delivered face to face, and there was also eLearning which was covered as part of the Care Certificate which all staff underwent. This is an up to date qualification in health and social care. One person said, "They're [staff] all very well-trained." All of the staff we spoke with said that they received enough training and it was relevant to their role.

We spoke with one newer member of staff who told us about their induction. They had not worked in care before, and told us that they felt confident and able to carry out their role effectively once they had undergone induction. They told us that they had shadowed staff, and had only gone out on their own once they felt comfortable to. They said that the whole team was extremely supportive towards them and they felt confident to ask for help if they were unsure about anything. The service had a six month probation period, within which they assessed staff member's performance. One person did tell us that they had a lot of new staff visit and would have preferred if they had shadowed first to get to know their needs better. We relayed this to the registered manager who told us they would ensure the person did not get new staff in future without a shadowing visit.

Staff felt supported and received supervisions regularly, where they could discuss any problems and their role in general. Supervisions included spot checks carried out by the registered manager where they checked staff competencies.

The Mental Capacity Act (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 interest and as least restrictive as possible. Staff were able to tell us about individual's mental capacity, for example when people had variable capacity to make daily decisions and how they supported people with these. Relatives and people using the service told us that staff asked for consent before delivering care, and staff we spoke with also reflected that they knew the importance of this.

One person said that staff always offered to get them a drink during their visits, and this was further reflected by other people and their relatives. Staff told us they were aware of the importance of hydration and encouraging people to drink enough. Other people we spoke with explained how staff encouraged them to choose a healthy diet. One member of staff explained how they supported one person who was living with diabetes and dementia to choose healthy meals.

Staff supported people to access healthcare and made time for this. One person told us how staff went with them to a hospital appointment and had coffee and cake with them after the appointment. They said this cheered them up a great deal and made the experience better for them.

Is the service caring?

Our findings

Without exception, people told us they had good relationships and interactions with staff. One person said, "I like them coming. They're such wonderful people." Another person said, "[Staff member] who comes to me most mornings really makes me laugh. By the time they go I've lit up!" A further person said, "They cheer you up right from the start of the day. We look forward to them coming." This person went on to say how kind staff had been when they had been suffering with an uncomfortable skin complaint. One person explained that they felt that staff visiting them were well-matched for them and able to meet their needs, and got to know them well.

Staff told us how they built trusting and supportive relationships with people, one saying, "We get on like a house on fire!" about one person they visited, and another saying, "We're happy and bubbly; we just go in and make their day." Another member of staff said they adapted their communication suitably to help people feel comfortable with them being in their home, and listened to them. One said, "[People] open up to me, tell me if something upsets them."

Staff were supportive of people's mental and emotional wellbeing and demonstrated that they knew people well. For example, one member of staff explained that they had concerns about one person's low mood, and liaised with a family member about this and reported their concerns to the registered manager. Another member of staff explained how they supported a family member who had been distressed about their relative's health problems.

One person gave us an example of how they had been involved in agreeing decisions about their care. They said the registered manager had come to them to discuss their requirements and agree visit times. Another person told us that themselves and their partner had discussed their needs with the registered manager before starting with the service. They said, "[Service] really does look to fulfil your needs." The staff explained how they liaised closely with family members where appropriate, to discuss people's changing care needs or ask if they had any concerns, and gave examples of this. One staff member told us that they liaised with one family of a person they supported who was living with dementia through using a communication diary. The registered manager carried out formal reviews of people's care which involved their family members' input where appropriate.

People's relatives told us that care staff were quick to contact them if they had any concerns or if there had been an incident concerning their family member. All of the people and relatives we spoke with knew who to contact to if they wished to discuss anything related to people's care.

Staff explained how they gave people choices, and demonstrated a strong awareness of being in, and respecting people's own homes and ways of life. They told us how they supported people living with dementia to make choices, for example showing them two different outfits to wear so they could choose. People were supported to access other advocacy when they needed it with support to make decisions.

People told us staff respected their dignity and privacy during personal care. One member of staff explained

how they kept people covered as much as possible during personal care. Staff encouraged people's independence wherever possible. One person told us they assisted them with their needs, and supervised where possible whilst the person carried out their own personal care as much as they could. A relative of a person using the service who was living with dementia explained how care staff communicated well with the person, and offered prompting when needed so that they could maintain as much independence as possible. Staff explained how they promoted independence for people by getting things ready for them, for example, to facilitate them having a shower or cooking. They were then able to do what they could for themselves and staff assisted when needed.

Is the service responsive?

Our findings

One person told us that staff always stayed for the whole time they had agreed and made this up even if they were late. The staff said they had enough time during their visits to deliver the support that people needed in a calm, unrushed manner, and have time to chat. One staff member said, "Companionship is a big part of it."

One person said, "[Staff] always offer me everything, they do anything that I ask." This was reiterated by everyone we spoke to, who said that staff always offered any other support they could if they had time left over. The service was responsive to changing need; one person told us that they had recently changed their visits times, but said, "If any other time I was in trouble, they'd come out straight away." When people's needs changed, this was rapidly communicated to carers and implemented. Two members of staff gave us examples of how they had responded during their visits to people's changing health needs. This included actions such as liaising with family, calling for medical assistance, and staying with people longer if needed.

People received the care that they had agreed and planned for. Care and support plans for people contained concise guidance for staff on how to meet their needs. They were individualised with information relevant to people's health and social care needs, with information about the person themselves including their own history and family details. They also contained information about how to deliver support with medicines, personal care or moving and handling. Support plans were updated and reviewed as needed.

The care records contained information about people's preferences and things that were important to them. These included what they preferred to wear and how they preferred their home environment to be. Staff met these and were able to tell us about people's preferences, for example, one staff member told us the order in which one person preferred them to carry out their visit, and another told us about what one person preferred for their meals.

One person told us they had been able to have the same staff to attend to them for a bath as they had requested, and this was provided. This had provided them with reassurance and they felt comfortable with someone they knew supporting them with this. Another person said, "I like the same [staff member] as much as possible and they've been very accommodating. They know how I like to do things." A relative told us that consistent staff members made a difference to their family member, who was living with dementia, because they would be able to remember people they saw regularly. They said the service provided continuous staff members more recently and this had helped them maintain a relationship with the person.

There were two people who told us they did not always have regular staff members, and they would prefer to. They did add that this did not have a negative impact on their wellbeing, but that it would be better for continuity if they had the same staff more often. The staff we spoke with told us they had a 'core' group of people they visited. The registered manager showed us the staff rota which was colour coded to show if a member of staff was visiting somebody who they did not usually visit. This was so that they were aware that the person may be more anxious about this visit so they let the person know who was coming. They said that they ensured people had continuous staff members as much as possible, but when people had several

visits in a day this was not always possible.

People knew how to complain and who to. One person said, "If I had any complaints I'd go straight to [registered manager] but I don't." One person said that they had found the registered manager approachable when they have requested something or raised a concern. For example, they said it was important to them not to have too many different staff members coming in. They said that the registered manager had made efforts to ensure they knew who was coming, and they said they had consistently the same staff and were happy with this. They said, "The rota comes every week and [staff] are never late." We saw that the service had not received any complaints relating to care recently, however two previous complaints had been investigated and resolved appropriately, and the quality manager explained the process. We were confident that people felt comfortable to raise concerns, and they were responded to appropriately in a timely fashion.

Is the service well-led?

Our findings

One person said, "Everybody who comes [staff] seems to enjoy coming here." This was also reflected by other people we spoke with. A relative told us, "They're a good team." This demonstrated to us that the staff team had a consistently positive approach to delivering high quality care to people.

All of the staff we spoke with also demonstrated that they had good team morale and communication. The staff we spoke with described the staff team as happy and supportive to each other. They told us the ways in which they communicated, recording any changes in people's care or information within their daily logs. They explained, and the registered manager confirmed, that any updates in needs were immediately emailed around to the relevant staff prior to visiting someone if their needs had changed.

People we spoke with knew who the registered manager was and said they could contact them at any time. People and relatives said the registered manager was responsive and contactable. The registered manager maintained visibility within the organisation by visiting people, either for reviews, or to cover care visits if staff were unavailable. Staff also reflected this, which demonstrated a transparent culture within the organisation. One staff member gave an example of when they had made a mistake and they spoke with the registered manager openly about it. All of the staff said they felt comfortable to discuss anything they were unsure of with the registered manager. One said they were, "The best employers I've worked for, I feel appreciated."

The registered manager told us they had community links with a local church who provided support to some people using Helping Hands. They were working on gaining more links with other organisations such as the diabetes team following attending a health forum in Norwich, and linking in with them to organise further training for staff.

There was good leadership in place. The registered manager held team meetings throughout the year, where the team had the opportunity to discuss any concerns or potential improvements. The staff we spoke with knew their responsibilities and felt highly supported in their roles. One said, "If I have any problems at all I know I can ring at any time." The registered manager was well-supported by other staff from the organisation, for example, the head of home care and quality assurance staff.

There were incentives which encouraged staff to perform well, such as company awards and recognition. Peer support was encouraged through the organisation's own intranet social network. Staff were encouraged to follow careers with the organisation wherever possible, and the staff we spoke with without exception, felt that they were valued and appreciated by the organisation.

There were systems in place to assess, monitor and improve the service. These included local audits which were carried out by the care coordinator and registered manager, including medicines. The head of home care also visited the service on a monthly basis for a few days to support the registered manager with supervision, and carry out a local branch audit. This covered aspects such as reviewing compliments and complaints, safeguarding and customer numbers. It also covered recruitment, staff supervisions, training

and the health and safety of the office environment. The head of home care also carried out random checks on people's care records to ensure they were kept up to date.

The registered manager carried out spot checks where they accompanied staff on their care visits. We looked at records where they checked staff interaction with people, the care they delivered, including food hygiene and personal care. They recorded any areas for improvement and discussed this with the staff member. Staff we spoke with confirmed they had received spot checks. This demonstrated to us that the registered manager could assure themselves that staff were competent in their roles.

There were national surveys in place where people and their families were asked for their feedback. The organisation had not received negative feedback, however the quality manager we spoke with explained to us the process they would follow to investigate this if they did receive negative feedback.

The registered manager had a good understanding of events and incidences they were required to inform the CQC, and any other authorities of.