

HH Care Ltd

# Helping Hands Homecare Services

## Inspection report

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Date of inspection visit:  
15 May 2017

Date of publication:  
20 June 2017

## 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

This inspection took place on 15 May 2017 and was announced.

Helping Hands Homecare Services is registered to provide personal care and support for people living within their own homes. At the time of our inspection there were 17 people using the service, of which 15 people resided within extra care-housing accommodation. People were supported by six members of staff, employed by the provider.

Helping Hands Homecare Services had a registered manager. 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.

People told us they felt safe. People's safety and welfare were promoted by staff that understood and had received training on their role in protecting people from potential harm and abuse. Safety and welfare was further promoted through the assessment and on-going review of potential risks to people. Where risks had been identified measures had been put into place to reduce their likelihood, which were recorded within people's records and understood and implemented by staff.

Staff upon their recruitment had their application and references validated and were checked as to their suitability to work with people, which enabled the provider to make an informed decision as to their employment. There were sufficient staff to meet people's needs. Staff underwent a period of induction and training, which included their being introduced to people whose care and support they would provide. Training provided to staff and staff understanding of their role and responsibilities meant people were supported appropriately, however not all staff were confident that the on-line training they underwent sufficiently provided them with the knowledge and understanding needed. The registered manager was considering alternative styles of training. People received support with their medicines where required.

Staff understood the importance of seeking people's consent prior to providing care and support. Staff were aware of people's right to make decisions and were able to tell us how they encouraged people to express their opinions on their care and support. Staff liaised with healthcare professionals and supported people to access health care services where required. People were supported in the preparation and cooking of meals and people's specific dietary needs were monitored.

People were supported by staff who knew them well, and positive relationships had developed which had had a positive impact on the quality of people's lives. People were involved in all decisions about their care and had a copy of their care plan which they had signed. People received care that respected their privacy and dignity and promoted their independence.

People's needs were assessed and continually reviewed to ensure their care and support was appropriate.

The support and care provided had had a positive impact on the quality of people's lives. People had confidence in the registered manager and staff and had been given information about how to raise concerns and complaints.

People's views about the service were sought and their comments analysed and shared. The registered manager undertook audits on people's records to ensure people's needs were being met as detailed within their care plan. However, we found there was no quality assurance auditing process implemented at the time of our inspection visit to determine the quality of the service being provided, however there were plans for a system to be introduced.

The provider was looking to expand the provision of its service within the wider community and was awaiting the outcome of further meetings with representatives of the local authority.

## 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 because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

There were sufficient numbers of staff available to keep people safe who had the appropriate skills and knowledge. Safe recruitment systems were followed to ensure staff were suitable to work with people who used the service.

People received support with their medicine which was managed safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the appropriate knowledge and skills to provide care and who understood the needs of people. However, some staff questioned the style of training.

The provider and staff had an understanding of the Mental Capacity Act 2005 and understood their role in promoting people's rights and choices in all aspects of their care and support.

People were provided with support, where required, to meet their dietary requirements.

People were supported by staff that supported them to maintain their health and welfare.

### Is the service caring?

Good ●

The service was caring.

People were supported by a consistent group of staff, who they had developed positive professional relationships with.

People were involved in the development and reviewing of care plans, which recorded their views about their care. People had a copy of their care plan.

People were supported by staff that were committed to the promotion of people's rights and who listened to and respected people's wishes.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs were assessed prior to receiving a service and were regularly reviewed. Staff knew how to support people and took account of people's individual preferences in the delivery of care.

People had not raised any concerns or complaints, however they were knowledgeable as to how to raise a concern.

### **Is the service well-led?**

**Good** ●

The service was not consistently well-led.

The registered manager provided an open and inclusive service which enabled people using the service and staff to speak with them and share their views.

People's views about the service were sought and analysed, and a report produced. The provider and registered manager had agreed an action plan as to how to respond to people's comments.

The provider had identified within the PIR areas for the development and expansion of the service and was involved in meetings with the local authority regarding the provider's expansion.

# Helping Hands Homecare Services

## **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 the 15 May 2017 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to meet with us.

The inspection was carried out by an inspector.

We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We used this information to help us plan this inspection.

Before the inspection we asked the provider to complete 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. The provider returned the completed PIR.

We contacted commissioners for social care, before the inspection to seek their views. We were informed that they were not responsible for funding the care of people who used the service.

We sought the experiences and views of six people by speaking with them in person. We also spoke, via telephone, with the legal representative of two people who used the service. We spoke with the registered manager, area manager and two members of the care staff team.

During the inspection visit we looked at the care records of four people who used the service. These included care plans, risk assessments and daily records. We also looked at recruitment and training records for two members of staff. We looked at the provider's systems for monitoring quality, complaints and concerns, minutes of meetings, and a range of policies and procedures.

# Is the service safe?

## Our findings

People we spoke with told us they had confidence in the staff, which in part contributed to their feeling safe. People told us, "They [staff] are confident, which makes me feel safe." "I feel as safe as houses." And, "I do feel safe, the staff know what they're doing and this gives me confidence to live my life." When we asked people about their safety, people understood what abuse was. People told us, "I had a leaflet about abuse." And, "I have had literature on abuse." They told us this had included information about who they could contact if they had concerns about their or other people's safety and welfare.

Staff were trained in safeguarding as part of their induction so they knew how to protect people from avoidable abuse. Staff we spoke with were knowledgeable about their role and responsibilities in raising concerns with the registered manager and the role of external agencies. The provider's safeguarding and whistleblowing policies advised staff what to do if they had concerns about the welfare of any of the people who used the service.

The PIR identified improvements for the next 12 months, which was to introduce 'See, Hear, Speak', a whistleblowing initiative which would further promote staff's awareness as to their responsibility in reporting concerns about bad practice.

The provider had a policy and procedure for the management of people's finances where staff were required to undertake shopping for people. People's care plans included clear guidance for staff as to how people's finances were to be managed. Systems were in place to ensure people's financial transactions carried out by staff were audited with receipts from transactions being kept to protect people from financial abuse. A person we spoke with told us they had confidence in staff to undertake their grocery shopping. They said, "It's my shopping day today. Staff go by themselves. I write a shopping list, and I give them the cash and they show me the receipt and handover any change."

Assessments were undertaken to assess any risks to people who used the service and to the staff supporting them, whilst recognising people's choices. For example, some people were at risk due to their mental health and staff's approach to people was clearly documented. Where people required support with their physical health needs, the information within their care plan recognised the promotion of the person's independence and how they wished their care to be provided. For example, one person's care plan stated, 'My wheelchair needs to face the grab rails so I can pull myself up.'

Staff we spoke with told us they promoted people's choices and decisions about their care. We spent time with people within the extra care housing complex, and saw how staff responded to people's requests for support. For example, one person asked staff for guidance and help with their laundry, this was provided.

We saw that the office premises were well maintained and checks of the equipment and premises had been undertaken, which included checks on fire, gas and electrical systems. This meant people visiting the office could be confident they were visiting maintained premises. A business continuity plan was in place and available for staff to ensure that people would continue to receive care in the event of incidents that could

affect the running of the service. For example, the plan related to environmental issues, such as fire or flooding, and also recognised other factors such as a computer system failure or staffing issues.

We looked at staff records and found people's safety was supported by the provider's recruitment processes. Staff records contained a completed application form, a record of their interview and two written references. A criminal record check had been carried out by the Disclosure and Barring Service (DBS). The DBS checks help employers to make safer recruitment decisions by providing information about a person's criminal record. This meant people could be confident that staff had undergone a robust recruitment process to ensure staff were suitable to work with them.

The registered manager told us the number of staff required and the days and hours required to support people safely were agreed when their needs were assessed. People's needs were regularly reviewed. Where changes were needed, the level of staff involvement was also reviewed to ensure people's welfare and safety was maintained.

We found there were sufficient staff to meet people's needs and keep them safe. People we spoke with told us that staff were reliable and arrived on time. The registered manager informed us that staff worked additional hours when required, when staff were on unwell or taking annual leave. Minutes of staff meetings had recorded how staff worked together to ensure people's needs and safety were continually met.

We saw staff referring to their rota, which detailed who they were supporting and at what time. The registered manager informed us that staff were given a copy of their weekly rota, several days before the rota was implemented. This showed the support and care people received had been planned, with the number of staff required having been considered.

People's care plans contained information about their medicine and the role of staff in the management of people's medicine, where required. The registered manager told us staff administered or prompted people to take their medicine where support was needed. A person we spoke with told us staff asked them if they had taken their medicine, and said, "I tell the staff I've taken my medicine."

Staff supported and administered medicine when the medicine had been packaged by a pharmacist into a monitored dosage system. This ensured that the medicines people were taking were the correct medicines and had been prescribed by a healthcare professional, in order to promote people's safety and health. Staff had signed people's medicine administration records (MAR) to document when they had administered people's medicine.

## Is the service effective?

### Our findings

People using the service told us they had confidence in the knowledge of staff that provided their care. One person told us, "The staff understand my needs because they know what they are doing." And, "The girls [staff] know me, I know they receive training."

Staff told us the training they had received enabled them to meet the needs of people. For example, a member of staff told us how training in dementia care had provided them with the knowledge and understanding which meant they were able to reassure people when their perception about things had changed, because of how dementia had affected them. The topics of training staff received reflected their role and responsibilities in providing care which included specific topics related to people's care and support in order to provide and maintain people's health and welfare. However we found that a majority of training was via a computer programme, and some staff told us this style of training did not always suit them, as they found it difficult to retain the information. We spoke with the registered manager and area manager about staff comments. The registered manager told us they were considering alternative methods of training, which included college courses. They told us they would discuss this with the provider.

Staff spoke very positively of the support and guidance provided by the registered manager. A recently recruited member of staff told us how the registered manager had spent time with them, providing information as part of their induction. They went on to say that the registered manager had always been available to answer any queries they had had and had worked alongside them in the provision of people's care and support in order to provide feedback and guidance. The member of staff informed us they had worked alongside experienced members of staff as part of their induction and that their induction had given them confidence in their role. The member of staff's comments about their induction was consistent with the information detailed within the PIR.

Staff told us they had been supervised providing support to people by the registered manager. They also told us that they received one to one supervision in the form of meetings. A member of staff who had worked at the service over a year had received an appraisal, which they and the registered manager had signed. Staff said they had received constructive feedback which enabled them to make improvements to their practices where required.

People we spoke with told us that staff asked for their consent and worked with them to provide their care and support. We observed a member of staff asking a person what help they needed, and once the required help had been agreed, this was provided by the member of staff. This showed people were involved and had their decisions upheld and respected. People told us, "They [staff] always explain what they're doing when providing care." And, "They always ask what support I need, and listen to what I say."

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 and applications must be made to the Court of Protection. We found there to be no such orders in place.

People's care plans provided guidance for staff to follow to ensure people had sufficient to eat and drink. Staff in some instances were responsible for the preparation and cooking of people's meals. Where concerns about people's dietary needs had been identified, staff recorded people's food intake to enable accurate information to be shared with healthcare professionals to promote people's well-being. Staff we spoke with were knowledgeable about people's dietary needs, which included where people's mental and physical health influenced their decisions about eating. For example, where people had diabetes, staff supported people in having a diet to maintain their health. A member of staff talked to us about one person's appetite and diet, and how this had significantly improved as a result of staff's involvement with their care. They told us the person was now eating well, which had had a positive impact on all aspects of their life.

Records showed people's health care needs were documented when they began using the service. Staff were made aware of these in care plans which meant they could support people to be healthy and alert healthcare professionals if they had any concerns. If people had particular health conditions information about these was included in their care plans. This helped to ensure staff were knowledgeable about all the needs of the people they were supporting.

The area manager spoke about the support provided to someone who due to their mental health was apprehensive about attending a follow up hospital appointment. They told us how staff had supported the person throughout the day, offering reassurance and encouragement. The person attended the appointment as staff agreed to go with them and remain with them. This showed staff's commitment to support people in receiving on-going health care support.

## Is the service caring?

### Our findings

Helping Hands Home Care employed six members of staff, which meant people received care and support from a consistent staff team. People using the service had developed positive relationships with staff which reflected the confidence and trust they had in them. A person using the service who wished to speak with us, was however nervous about doing so. They asked a member of staff to stay with them. The member of staff provided reassurance throughout our conversation, holding their hand. This showed how people's trust in staff meant they were able to take an active part in their day to day lives.

People were very complimentary about the registered manager and staff and our observations showed that positive and caring relationships, based on trust and understanding had been developed. We asked people for their views about the staff. They said, "The staff are lovely and they'll do anything for you." "I like them. If I have a problem [the registered manager] sorts it out." "[The registered manager] is always a laugh and always helpful. It's nice to have someone as nice, to turn round to. She's very good." "I've never had a problem with the staff; they are friendly and always smiling. And, "Staff encourage me to maintain my independence. They provide extra support if I am unwell, once I rang the emergency buzzer when I was ill, they came very quickly."

People we spoke with were familiar with their care plan and told us they had a copy, which they had signed along with the registered manager. One person told us, "I've a copy of my care plan, the staff write in my records about the care and support they provide." People's records contained information regarding their life history and their preferences, when they had chosen to provide this information. We spoke with a representative of two people who used the service; they told us how a member of staff's interest in sport had been a factor in the development of a good relationship with a person as they had something in common which they could talk about.

People told us that their privacy and dignity was respected by staff. People's views about staff entering their homes were recorded within their care plan. We observed all staff knocked on a person's front door before entering, or rang their bell. Staff waited for the person to respond before entering the person's home. People's independence was promoted. A member of staff told us, "My role isn't to make decisions for people but to encourage them."

## Is the service responsive?

### Our findings

People's needs were initially assessed by a representative of social services. The person's assessment was then referred to the registered manager for consideration. The registered manager told us they completed their own assessment of the person's needs, and in a majority of cases they met with the person to establish their needs and the support they required. People's referrals to the service in a majority of situations were coupled with a person's wish to move into the extra housing accommodation. People's care plans were regularly reviewed and signed by the person to indicate their agreement as to its contents. Where people's needs had changed, the registered manager liaised with social services to make changes to the package of care being provided, which meant increases or decreases in the number of hours support and care was provided. Records showed how people's care plans had been updated to reflect people's changing needs.

People's care plans detailed the time of the call, duration of the package of care and the care to be provided. People we spoke with told us that staff arrived on time and that they stayed the agreed length of time until the tasks they were required to perform had been completed. People told us that staff asked them if everything was okay before they left.

Staff were seen to respond to people's requests for support in a timely manner, and understood when people's mental health influenced the decisions they made. Staff re-organised their time to support someone who requested support with their grocery shopping. Staff told us that due to the person's mental health, when the person was having a 'good' day and were motivated to undertake day to day tasks, staff needed to be available to meet the person's needs at that time.

Staff told us how their personalised care and approach to the support and care of people had made a positive impact on people. For example, they spoke of a person who when they commenced with the service, due to their mental health, were not motivated to take part in day to day events. They said that the person now regularly accessed the wider community and had gained confidence in taking part in everyday activities.

People we spoke with confirmed the positive impact the staff from the service had had on their lives. One person told us, "Since being here, I've had my hair done, seen healthcare professionals and have appointments to see more. Staff have helped me to buy items I needed and have given me encouragement." A second person said, "I trust the staff here, because of them I now have an interest in my life."

A copy of the 'Service User Guide', a copy of which was given to each person, contained information as to the provider's policy and procedure for raising a concern or complaint, which included information as to how the complaint would be handled. The policy and procedure in addition provided contact details for external agencies which people might wish to contact. The registered manager told us they had not received any complaints within the last 12 months and we found no records of complaints being made. People using the service told us they had not found a need to raise a complaint or concern, however they told us they knew how to make a complaint and had confidence that action would be taken.

## Is the service well-led?

### Our findings

People spoke positively about the service they received and what it had meant and continued to mean to them. People using the service spoke enthusiastically about the registered manager and their accessibility. They told us the registered manager regularly spent time with them, talking with them and answering any queries they had. Everyone spoke positively of the care and support provided by staff and how staff always spoke with them and asked them what care and support they needed.

A registered manager had been appointed since the previous inspection. The registered manager spoke of their vision and values of the service, which were to continually develop the service, recognising when people needed support, and to provide this in a friendly and personalised way. They told us they wished to provide good care and had a commitment to an open door policy for people to share their views. They said, "My passion is a controlled development of the service to deliver good quality care so that people feel safe and comfortable with us." Staff spoke passionately about their role and spoke with enthusiasm and commitment in improving the quality of people's lives through their involvement.

People told us that they received a questionnaire which sought their views. We saw that questionnaires reflected people were happy with the service they received and that the results from questionnaires were analysed and made available for people to see. However the report generated from the analysis of questionnaires did not provide any information as to how the information would be used to further develop the quality of the service. Following our inspection visit we were sent an action plan, which outlined the proposed plans the provider intended to make in response to people's comments, to improve communication. To bring about improvement the registered manager was to visit people individually to speak with them. The action plan in addition referred to the production of a newsletter, which was consistent with the plans for improvement as detailed within the PIR.

Staff had the opportunity to attend staff meetings and received information about any changes which affected their role via e-mail. The area manager and registered manager had recently introduced a newsletter for staff, as another way to ensure staff were kept up to date about the service. Staff were supported by the registered manager through supervision, appraisal, team meetings and spot checks carried out on their care practices. A member of staff said of the registered manager, "[Registered manager] is a diamond. She's always so helpful and when you are struggling and need advice, she's always there for you."

Staff told us how they believed they provided good quality care. A staff member told us, "I know I've achieved something and made a difference, when I see people are happy with their care. I see first-hand the changes to people's day to day lives as a result of our support and care."

We saw that all conditions of registration with the CQC were being met and statutory notifications had been sent to the CQC when required.

The registered manager audited people's records as part of their commitment to quality assurance, to

ensure people's care and support was being provided consistent with their care plans and risk assessments. However there was no formal quality assurance tool in operation, for the provider and registered manager to assess the quality of the service being provided in order to continually make plans for the service's development. The PIR identified the provider's plan to introduce a quarterly auditing tool, from April 2017; at the time of the inspection it had not been implemented. The area manager showed us the template that was to be introduced in the near future.

The area manager and registered manager had had a meeting since the recent appointment of the area manager. Minutes had been taken and were in draft form at the time of our inspection visit. The area manager spoke of improvements made since the previous meeting, which had included changes to people's records. For example, greater detail within people's care plans and risk assessments to promote good quality care.

The PIR identified a number of planned improvements for the next 12 months, which referenced the expansion of the service to support more people living within the wider community, with complex needs.

The area manager regularly visited the service to provide support to the registered manager and both were working towards the expansion and development of the service. They told us they were awaiting the outcome of further planned meetings with the local authority regarding the expansion of the service, which would enable them to plan and put into place the appropriate resources.