

Midshires Care Limited

Helping Hands Ferndown

Inspection report

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25 June 2019
27 June 2019

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Helping Hands Ferndown is a domiciliary care agency. It provides personal care to 24 people living in their own homes in the community. Not everyone who used the service received personal care. 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.

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

Improvements had been made to quality assurance systems. However, we found that more work was needed to ensure actions were carried out.

Accident and incidents were recorded, and actions carried out to keep people safe. Systems for analysing the information to drive improvements were not yet created.

The service did not have a registered manager. People and staff told us that the service lacked clear leadership. This had an affect on staff morale.

People and their relatives were asked for their feedback on the service and this was used to make improvements.

The service worked in partnership with others and was working on building community links.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 March 2019). We issued a warning notice at the last inspection requiring the provider to make improvements to safeguard people from abuse. We also asked the provider for a report detailing how they would ensure good governance of the service. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We undertook this focused inspection to check whether improvements had made as required at the last inspection. This report only covers our findings in relation to the Key Question Well-led.

The ratings from the previous comprehensive inspection for those Key Questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Helping Hands Ferndown on our website at www.cqc.org.uk.

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 well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement 

Helping Hands Ferndown

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 homes.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or a representative would be in the office to support the inspection. Inspection activity started on 25 June 2019 and ended on 1 July 2019. We visited the office location on 25 and 27 June 2019.

What we did before the inspection

We reviewed the information that we held about the service and registered provider. This included any notifications and safeguarding information that the service had told us about. Statutory notifications are information that the service is legally required to tell us about and include significant events such as accidents, injuries and safeguarding notifications.

We spoke with commissioners of the service including two local authorities. The feedback from these organisations was used in planning for the inspection.

During the inspection

We spoke with five people who used the service by telephone, to ask about their experience of the care provided and two relatives. We spoke with the nominated individual, regional care director, area manager

and seven staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records which included, four people's daily logs, four medicine administration records, policies, quality assurance questionnaires, and quality audits. We looked at three staff files, the recruitment process, training, competency and supervision records.

After the inspection

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

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure their systems were effectively operated to assess, monitor and mitigate health and safety risks and improve the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

Following our last inspection, we issued a warning notice requiring improvements to meet the requirements of regulation 17 by 18 March 2019. The provider has completed a review and improvement of care plans, assessments and staff records. They have sought feedback from the people who use their service and their relatives, and this information has been used to make improvements to the service. Accidents and incidents were recorded, and audits carried out.

- Quality assurance systems were in place to monitor the standard of care provided. Audits reviewed different aspects of care and actions had been identified. Improvements had been made however we found some actions had not been completed fully, for example, an action was to have a one to one session with a member of staff and this had not happened. We spoke with the regional care director about this and they immediately requested all actions be completed. They confirmed to us following the inspection that appointments had been made to ensure all staff attended those meetings.
- Accidents and incidents were recorded by the service and actions taken. The forms were logged on the system and each one was assessed by the central quality assurance team. The providers quality assurance team then directed the care co-ordinator to gather further information or refer on to another agency. However, the service did not undertake analysis of incidents to identify trends. We spoke to the regional care director and they informed us that the quality assurance team identified themes at an organisational level. They told us the quality assurance team had been restructured and they were working on a new process to analyse accidents and incidents that directly relate to the branch.
- The service did not have a registered manager in place and there had not been one in place since September 2018. The regional care director told us that a recent recruitment drive had been successful and that it was a priority for them to appoint a permanent manager for the service who would register with the CQC.

- The service had received support from the organisation's senior managers in the absence of a registered manager. The regional care director told us that they would be overseeing the service for the foreseeable future. The care co-ordinator managed the office daily and told us they had support from the provider by telephone and email.

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

- The service did not have clear, sustainable leadership and this meant that staff morale was affected. A staff member told us, "I feel the lack of office staff has stalled the improvements. The office needs a strong leader who can drive the improvements". Another staff member told us, "Since the last inspection various managers have stepped in to help us, and that has been good, but then they are gone again". A recent quality assurance survey found that some people do not know who the manager is. The regional care director told us they would update people and staff when they had definite information.

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 regional care director told us that they understand it is their duty to be open and honest when things go wrong. The service is supported by the providers quality assurance team and they provide a check following events that all the necessary people have been informed.
- It had not been necessary for the service to make a statutory notification to us since the last inspection. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them. The regional care director told us that their quality assurance team will make all statutory notifications to CQC if necessary.

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

- There had been one recorded staff meeting since the last inspection. Minutes showed discussions about branch updates, work conditions and good practice reminders. The care co-ordinator sent a weekly update by email to all staff. These emails contained updates about staffing, leaving and joining the service, safeguarding procedure reminders, praise and thanks. The care co-ordinator told us, "It keeps everyone informed and it's so important to say thank you". Staff members told us they appreciated the weekly updates but did not feel that they were asked for their views by the service.
- The service sought people's feedback through telephone questionnaires and results of those were positive. The regional care director told us that these are conducted by the providers quality assurance team. Action plans are then sent to the branch office. An example was that people were not receiving their list of staff in time for the upcoming week, an action was completed where the care co-ordinator sent an email list where people preferred this.
- The service had some links to the local community. The care co-ordinator told us they wanted to involve people and the community in the service and had plans for a coffee morning.
- The care co-ordinator told us the service had good working partnerships with health and social care professionals.