

# Helmar Care and Community Services Limited

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### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 23 and 25 May 2017 and was announced. We told the provider one day before our visit that we would be coming. This was the first inspection of this service under their new registered name of Helmar Care and Community Services Limited. Previously they had been registered as African Positive Outlook and the provider was African Positive Outlook Limited. The location, staff and management are the same as previously.

Helmar Care and Community Services Limited provide domiciliary care and support to 30 people living in Kingston and the surrounding area. This service includes assistance with bathing, dressing, eating and medicines, home help covering all aspects of day-to-day housework, shopping, meal preparation and household duties. We only looked at the service for people receiving personal care during this inspection as this is the service that is regulated by CQC.

The service had a registered manager at the time of the inspection. 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.

We found the service was not as safe as it could be. People did not have individual risk assessments in their care files. The forms we looked at had not been totally completed; they were not dated or signed by staff or the person receiving care. Where risks had been identified risk management plans were not in place.

We found the recruitment processes were not safe. Not all the checks made before a person started to work for Helmar Care had been completed. Specifically, criminal records checks were not in place for staff before they started work and nor had the provider obtained two references from people's former employers before they started working for the agency. Without these checks the provider could not be assured that people would be kept safe by the people they employed.

Medicines were not administered safely. Medicines administration records [MAR] were not completed correctly. Staff had not always signed MAR charts correctly to evidence they had administered the person's medicines. The recording errors we saw could mean people did not receive their medicines as prescribed by their GP.

The support plans we looked at did not detail people's dietary requirements. They were no details about what a person liked to eat or any allergies they may have. The daily notes we looked at only detailed if a person had been given food or drink during a visit and not what they had actually eaten. This lack of information about people's dietary needs could not ensure people were kept hydrated and nourished by staff when required.

We found the support plans were not as comprehensive as they could be. They did not describe who the

person was, the daily support they needed and how they would like to receive that support. None of the support plans we looked at had been signed by the person receiving the support or their representative to show they had agreed to these plans.

The provider did not have effective quality monitoring systems in place so as to identify the issues we found during our inspection. The registered manager had not submitted to CQC the notifications of relevant events and changes as they are required to do by law.

Despite our findings above we received positive comments from people using the service and their relatives. Comments included "Staff are good at their job," "Staff have been absolutely brilliant," "They are professional and know what they are doing" and "Staff are caring professionals, they are like part of our family."

We found the service had taken steps to help ensure staff were aware of how to safeguard adults at risk. All the people and relatives we spoke with said they felt safe with the service they received.

Staff told us they felt well supported by the registered manager and office staff and had appropriate training to carry out their roles. Staff files we looked at contained numerous current certificates of training courses completed.

The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005. The service had up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and consent. These policies and procedures gave staff instructions and guidance about their duties in relation to the MCA and consent.

People and relatives we spoke with felt that their privacy and dignity were maintained by staff when personal care was being given. The provider had a complaints policy that people and relatives we spoke with understood.

We found staff were committed to the support and care of people. The registered manager told us they encouraged a positive and open culture by being supportive to staff and by making themselves approachable.

We found four breaches of the Health and Social Care (Regulated Activities) Regulations 2014 in relation to person centred care, staff recruitment, safe care and treatment and good governance. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

Some aspects of the service were not safe.

The recruitment practices were not safe to ensure staff employed by the provider were suitable for their roles.

The provider did not have systems in place to protect people against risks associated with the management of medicines.

People did not have individual risk assessments and where risks had been identified risk management plans were not in place

Staff were knowledgeable in recognising signs of potential abuse and the action they needed to take.

### Is the service effective?

**Requires Improvement** ●

Some aspects of the service were not effective.

Staff received regular training and support to keep them updated with best practice.

The registered manager was aware of what was required if people were not able to give consent and of their duties under the Mental Capacity Act (2005).

The provider had arrangements in place to make sure people's general health needs were met.

### Is the service caring?

**Good** ●

The service was caring. People were encouraged to maintain their independence.

Staff told us how they ensured people's rights to privacy and dignity were maintained while supporting them.

The service tried to make sure they provided the same care staff whenever possible so people had consistency and continuity of care.

### Is the service responsive?

The service was not always responsive.

The support plans outlining people's care and support needs were not as detailed as they needed to be so that peoples' individual support needs were identified.

Peoples nutritional and hydration needs were not documented.

The service had a complaints policy and procedure, so that people knew what to do if they had a complaint.

**Requires Improvement** 

### Is the service well-led?

The service was as not well-led as it could be.

The provider did not have effective quality monitoring systems in place and had not identified the issues we found during our inspection.

The registered manager did not have a clear understanding of their roles and responsibilities with regard to the requirements for submission of notifications of relevant events and changes to CQC.

The provider had systems in place to gather the views of people and relatives to help improve the quality of the service.□

**Requires Improvement** 

# Helmar Care and Community Services Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 and 25 May 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and the registered manager is sometimes out of the office supporting care workers or visiting people who use the service. We needed to be sure that the registered manager would be available to speak with us on the day of our inspection.

The inspection was carried out by one inspector. An expert by experience phoned users of the service during and after the inspection to gain their views on the service they received. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since the last inspection and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

Before the inspection CQC sent out five questionnaires to people using the service, their relatives and community based health and social professionals to get their views about the service. We received two completed questionnaires from people using the service, one from a relative, and two from community

professionals. We also emailed two local authorities who commission services from Helmar Care to ask their opinion of the service. One local authority replied.

During the inspection we went to the provider's head office and spoke with the registered manager, the deputy manager, the administrator, two field officers, three care staff and the trainer. We reviewed the care records of seven people who used the service, and looked at the records of five staff and other records relating to the management of the service.

During and after the inspection we telephoned 19 people who used the service or their relatives and were able to speak with 10 of them.

# Is the service safe?

## Our findings

When asked if they felt safe with the service they received from Helmar Care people commented "Yes, I feel safe" and "Some [staff] are ok they know you and know what you like." Relatives commented "My family member is treated well and kept safe" and "Staff are supportive and my relative is safe and well cared for in every aspect of their care."

We also received two negative comments from people about feeling safe, "Staff change a lot, it's not good when you don't know who is coming in your home" and "I don't feel safe, in that thing they lift me in, the sling is too small, they are rough with me when doing my personal care." We spoke with the registered manager about people's comments and they told us additional training was being given to staff to ensure people were safe at all times. They were also recruiting additional staff so that people as far as possible could receive care from the same staff.

However despite the positive comments we received we did not find the service to be as safe as it could be. We saw people did not have individual risk assessments in their care files. Risk assessments were carried out as part of the 'Home Visit Assessment' which also included a risk assessment of the home environment, personal care, daily activities, medicines administration, mobility, mental and emotional health and personal finances. The forms we saw included a yes/no tick list and a comments and actions taken section. None of the forms we looked at had been totally completed; they were not dated or signed by staff or the person receiving care. Where risks had been identified risk management plans were not in place, there were no details of the preventative measures necessary to help prevent an incident occurring. This meant that risks to people had not been assessed and plans developed with the person in order to agree ways of keeping them safe whilst enabling them to have choices about how they were cared for. The above was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not all the checks made before a person started to work for Helmar Care had been completed. We checked five recruitment records and found four only had one reference, of which only one was from a former employer, other references were from friends or family members, even though people had been previously employed. One staff member did not have any references. Only one staff file contained a picture of the staff member employed. We asked the manager for an up to date list of staff working for Helmar Care. This showed the staff members start date and the date the criminal records check [DBS] was obtained. The list showed a total of 14 staff of which eight staff started working prior to their DBS check being received. It showed two staff had started work seven months before their DBS check was received. We asked the registered manager about this and they told us that prior to receiving a DBS check staff only worked shadowing other staff or were going through induction and training. We could not find any documented evidence that this had happened. As a result the provider could not demonstrate that only people deemed to be suitable were employed to work within the service. Without these checks the provider could not be assured that people would be kept safe by the people they employed. The above was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were not administered safely. The front page of the medicines administration records (MAR) we

looked at should contain information about the medicines to be given, the amount and time given; any allergies the person may have, the person and GP's name and names of staff, with signatures of who will administer the medicines. These details were not completed. Although we saw that staff had signed the MAR once a person had taken or been assisted to take their medicines, there was no details as to what medicines had been given. Where a person had refused to take the medicines staff were not completing the MAR but had left the space blank. On the back of the MAR there is a section for staff to complete to explain why a medicine had not been administered or taken. These were not completed on the MAR's we looked at. Our findings meant that there were risks that people might not have received their medicines as prescribed by their GP. We spoke with the registered manager about the errors we found and they said people received their medicines in blister packs from the pharmacy and staff would give all the pills in the blister pack, but they could not explain why the MAR charts had not been completed correctly. The registered manager told us they only audited the MAR charts when an issue arose or when they had time. They did not have a system to record any errors or the actions taken to ensure people received their medicines safely.

Staff received training in medicine administration, although their competency to administer had not been checked through observation. The registered manager said they expected staff to follow the training given to them and would not need to be observed. The provider was not up to date with current practices regarding the administration of medicines in line with the National Institute for Health and Care Excellence (NICE) guidelines. The guidelines state 'Appropriate training, support and competency assessment for managing medicines is essential to ensure the safety, quality and consistency of care. When social care providers are responsible for medicines support, they should have robust processes for medicines related training and competency assessment for care workers, to ensure that they receive appropriate training and support, have the necessary knowledge and skills, are assessed as competent to give the medicines support being asked of them, including assessment through direct observation and have an annual review of their knowledge, skills and competencies. The concerns identified in the above two paragraphs were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had taken steps to make sure staff were aware how to safeguard adults at risk. Staff told us they had received the training they needed to help ensure the safety of the people who they cared for. Staff were able to describe how they would recognise any signs of potential abuse and how they would respond if it arose. The service had policies and procedures in place to respond appropriately to any concerns regarding protecting people from possible abuse and these were readily available for staff to read. The registered manager was aware of procedures to follow in relation to making referrals to the local authority that had the statutory responsibility to investigate any safeguarding alerts.

The provider had arrangements in place to deal with emergency situations to help ensure continuity of service. Staff and people had an out of hour's telephone number they could call which linked them to on call staff if they needed help or advice. This helped to provide a continuity of service for people.

The service had systems in place for the investigation and monitoring of incidents and accidents. If an incident or accident occurred staff would contact the office or manager as soon as possible. If required, an investigation was carried out and an action plan developed. This helped to keep people safe and avoid a reoccurrence of the incident.

## Is the service effective?

### Our findings

One person commented "The staff are amazing, I can't say enough good things about them. If you asked me out of 100 they would be 110% they just are so brilliant."

Despite this and other positive comments we received the service was not as effective as it could be. People were cared for by staff who had appropriate support and training to do their job. Staff told us they felt well supported by the registered manager and office staff and had appropriate training to carry out their roles. The provider employed a trainer who delivered in house training two days a week. They also organised external training when required and supervised and appraised staff. This continuity of supervision and discussions about personal development helped to ensure staff received the training they needed. Staff told us they also had the opportunity to talk with the registered manager either in person or over the telephone at any time. Two field officers also conducted 'spot checks' of staff in the home they were working in and we saw notes of these checks on the files we inspected which were signed and dated.

The provider had identified a range of training courses that all new staff needed to complete as part of their induction. Staff were encouraged and supported to complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Staff also completed refresher training courses, including infection control, moving and handling and food hygiene.

Although the level of training and supervision was adequate for staff needs, the provider could not always ensure staff were following through on what they had learnt. For example moving and handling training, either manually or with the aid of a hoist was delivered by another domiciliary care provider. This was practical training using equipment similar to that found in a person's home. Additional individual training was also delivered by healthcare professionals at people's homes. Despite this level of training there had been two incidents where people had not been hoisted correctly and staff had not learnt from the training given to them. The registered manager said they were doing additional training and support to help ensure staff provided safe and appropriate support for the people using the service.

Staff meetings were held every two to three months and the bi-weekly training sessions were also used as information sharing sessions. Where necessary the registered manager or trainer updated staff on any changes in procedure, legislation and any issues that had arisen. Minutes of these meetings were available to all staff.

The majority of people who used Helmar Care were funded through the local authority. It was clear from the people and relatives we spoke with that they were actively involved in making decisions about their care and support needs. One person said "I have a complete say on what I do and when I want to do it." A relative commented "The support my relative receives is good and staff work in ways that we prefer and would change things if we asked." Staff we spoke with told us they encouraged people's involvement in decision making.

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

The registered manager said that people's capacity to decide on how their care was to be delivered was always discussed at the initial assessment stage. If a relative needed to be involved, they were, so everybody was aware of the person's ability to decide on what was in their best interests.

The service had up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and consent. These policies and procedures gave staff instructions and guidance about their duties in relation to the MCA and consent.

The service supported people to meet their health needs. Two people commented "Staff are supportive with arranging and attending appointments with me" and "Yes, staff help me get to appointments." Staff would assist people to contact their GP or other healthcare professionals as necessary. Staff were aware of the need to contact the emergency services when necessary and inform the relatives of the person and the office.

## Is the service caring?

### Our findings

Overall people told us they were happy with the staff who supported them. Four people commented "They [staff] are good at their job," "Yes on the whole they have been absolutely brilliant," "They are professional and know what they are doing" and "I found them to be very good." Two relatives commented "They are caring professionals; they are like part of our family. I can't say enough about how amazing they are" and "They have improved our relatives' progression, the staff can't be praised enough. They love their job and you can tell they come in smiling and happy to be with us. Nothing is too much trouble. We have no complaints at all."

But we also received some less positive comments "You get the odd one that isn't as good as the others," "They don't arrive when they should, they come late in the morning and too early at night. This means I'm on my own for a long time and I'm hungry and in need of support. The caring side is ok, when they get here, although there is often tension when they are here because they know I'm unhappy" and "I don't complain as I feel that there would be repercussions, I have spoken directly to a few of the staff about their attitude and things have changed a little but some of the staff are abrupt and sharp."

We saw an example where one person was not visited at the time agreed with them. We spoke with the manager and they agreed to monitor the times staff were visiting the person more carefully to identify concerns with punctuality so they could address these.

The provider recognised the importance of providing the same staff consistently over time so they knew the people they cared for well. People and relatives we spoke with said the choice of who supported them was important and most people said they preferred to have the same staff as it helped with continuity. Two relatives did say that there were occasional problems with time keeping but these were not significant. This meant that overall people receiving a service had continuity from staff who were reassured by familiarity.

People and relatives we spoke with felt that their privacy and dignity were maintained by staff when personal care was being given. One person commented "I am completely reliant on the team that support me and they do everything in a way that makes me feel good and they maintain my dignity at the same time." Staff were able to explain what they would do to ensure a person's privacy and dignity were maintained at all times. They told us they did this by closing doors when giving personal care, asking the person what they would like and listening to their reply.

## Is the service responsive?

### Our findings

When asked about their care plans, two people said "I've never seen or signed a plan" and "I've don't know if I have a care plan, I certainly haven't seen it or remember being involved in writing it." But two relatives commented "Yes, we worked with them [staff] on the plan" and "They [staff] have included us at all levels I can't say enough about how amazing this organisation is we have had previous agencies in and are truly fortunate to have found this organisation."

We found the support files we looked at were not as comprehensive as they could be. Although there were some records about people's needs, we found not all the assessments had been conducted by Helmar Care but by the commissioning local authority. Of the seven support files we looked at none contained a support plan that described who the person was, their medical and background history, and how they would like to receive that support. The files did contain a one page plan of the daily support a person required.

One person told us "One of my staff members does my shopping, I make a list and they go to the shops I like and then they cook the food. She [staff] is a good cook. I have some frozen foods but she makes them for me and adds some special touches." Despite this positive comment we found the care records showed that the provider had not fully assessed people's nutritional needs. The information about people did not detail their dietary requirements, their likes and dislikes of food or any food allergies they may have. This lack of information about people's dietary requirements meant there were risks that people might not be supported appropriately to meet their nutritional needs where this was part of their care package. None of the support files contained a picture of the person which would help staff ensure they were supporting the correct person. The paragraphs above meant the provider could not demonstrate that people's needs were appropriately assessed when they started to use the service and that care plans were tailored to their needs according to their preferences, wishes and likes and dislikes. The above paragraphs were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives we spoke with told us they knew what to do if they were unhappy about something and they felt they were able to talk with staff or management about anything. We were shown the provider's complaints policy and procedure. The handbook given to people also explained the complaints process and what they could do if they were not happy with the quality of service they received. The registered manager told us and we saw records that showed complaints were dealt with in a timely and appropriate manner.

## Is the service well-led?

### Our findings

People and the relatives who we spoke with told us they thought the service was well managed. Two people commented "On two occasions I just rang up the office and they sorted out my issue" and "The owners are just brilliant, they care about people and are very proactive with us. They include us on any of the issues or planning that we need to do."

Staff we spoke with said "I like this job you get a satisfaction from seeing people improve," "There are challenges sometimes but I'm here to help people" and "Challenging but interesting, that describes the job." The registered manager told us they encouraged a positive and open culture by being supportive to staff and by making themselves approachable. One staff member said "The management is good. People you can talk to, people who encourage you. Just good people." Staff said they were able to raise issues and make suggestions about the way the service was provided either in one to one meetings or team meetings and these were taken seriously and discussed.

Despite these positive comments, we found the service was not always well led. This was because the provider did not have effective arrangements to assess, monitor and improve the quality of the service. Our findings have shown that the provider's quality assurance systems had not identified the concerns in regards to person centred care, safe care and treatment of people and fit and proper persons employed.

The registered manager told us they only conducted monthly audits of the daily notes and MAR charts when there was an issue or when they had time. But their findings if any, were not recorded and nor were the actions taken to address any errors found. They did not conduct audits of the care plans or staff files.

When we checked the daily notes made by care workers when they visited people, we found that these were not always detailed to record the care people received. For example where people were supported with eating and drinking the records did not show what people had to eat and drink and how they were supported, to determine whether people had enough to eat. The above paragraphs were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had not submitted to CQC the notifications of relevant events and changes so the CQC could monitor how these had been dealt with. They had not sent CQC notifications when a person had died, as they are required to do by law. The registered manager told us when a person's care was commissioned through the local authority, they had been told by the commissioners to send any notifications of death to them and they would forward to CQC. This had not happened. We have asked the provider to send us any death notification for the last 12 months and in future to send these notifications directly to CQC.

Systems were in place to monitor and improve the quality of the service. A survey was sent to people and relatives at the end of 2016. We saw the returned forms and some of the positive comments made including 'Very pleased with your staff,' 'I feel comfortable with your staff' and 'We are delighted with the excellent standard of care we receive from our two carers.' The not so positive comments included 'Always late [staff]

and in a hurry,' Poor communication with staff' and 'Staff often speak in their own language and don't listen to me.' The registered manager had addressed people's concerns through discussion at staff meetings, at 1:1 supervision and during training sessions to ensure learning took place.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not ensure people's needs were appropriately assessed to ensure the care and treatment of service users was appropriate to meet their needs, and reflect their preferences.</p> <p>Regulation 9 (1),(a)(b)(c)(2),(3)(a)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure care and treatment was always provided in a safe way for service users as appropriate arrangements were not in place to identify and manage risks to people.</p> <p>The registered person did not have appropriate arrangements for the safe management of medicines.</p> <p>Regulation 12 (1)(2)(a)(b)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not ensure that systems or processes were established and operated effectively to assess, monitor and improve the quality and safety of the services</p>

provided. They did not maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user

Regulation 17 (1)(2)(a)(b)

## Regulated activity

Personal care

## Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The registered person did not ensure persons employed were of good character, have the qualifications, competence, skills and experience for the work to be performed by them, and be able to properly perform tasks which are intrinsic to the work for which they are employed. Recruitment procedures must be established and operated effectively. Information must be available about each person employed.

Regulation 19 (1)(2)(3)