

Helmar Care and Community Services Limited

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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

About the service

Helmar Care and Community Services is a domiciliary care agency providing support with personal care to 42 mainly older people who live in their own houses or flats.

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

People and their relatives told us they were happy with the support they received from Helmar Care and Community Services.

People were safeguarded from the risk of abuse. Risks relating to people's support were well-managed through the use of thorough risk assessments with appropriate guidance for staff. Medicines were managed safely and there were enough staff to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's needs were assessed when they started using the service. Staff were trained and supported through regular supervision and appraisal. Staff facilitated access to healthcare services and ensured people had adequate food and drink in line with their preferences.

Staff supported people to maintain their independence and provided support with dignity and respect in mind. Staff were aware of people's specific individual needs.

Helmar provided personalised, person-centred support and had improved their care planning framework since the last inspection. People knew how to complain and were confident the managers of the service would address issues they raised. Staff supported people to maintain relationships where appropriate.

The service had a long-standing registered manager in place, and their positive vision and values were shared throughout all levels of the organisation. Regulatory requirements were met and the service also provided information and advice to the local community. The service used technology to ensure information and concerns about people were shared and quickly acted upon.

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

Rating at last inspection

The last rating for this service was requires improvement (report published 20 June 2018).

Why we inspected

This was a planned inspection based on the previous rating. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

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Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 June 2019 and ended on 29 July 2019. We visited the office location on 20 June and 9 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who use the service and one relative. We spoke with the registered manager, three care workers, the care coordinator and administrator. We sought feedback from officers of the local authority and CCG who commission the service.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

At the last inspection we recommended the provider review their risk assessment and management framework. At this inspection we found the provider had made improvements.

- People were protected as the provider had systems in place to safeguard people from abuse, and to assess and manage risks relating to people's support.
- People's records contained risk assessments and risk management plans that were thorough and provided comprehensive guidance to staff to help them to support people safely. These included risks relating to the environment in which people lived.
- People told us they felt safe being supported by staff of the service. One person told us, "Yes I am safe. If I wasn't I would tell [the care staff] to go away!"
- There was guidance for staff on how to respond to people's specific health conditions, and people at high risk of falls, malnutrition or pressure sores were assessed and appropriately supported by staff.
- The provider made appropriate referrals to the local safeguarding authority and cooperated with investigations when they occurred.
- Staff were trained and knowledgeable about safeguarding people from abuse, and knew what to do if they were concerned about a person.

Staffing and recruitment

At the last inspection we recommended the provider review their system for staff allocation and monitoring of visits to ensure people received support when they were meant to. At this inspection we found improvements had been made.

- There were enough staff to meet people's needs, and the service followed the principles of safer recruitment to ensure staff were suitable people to provide support.
- People told us that staff generally visited them when they were meant to. One person said, "[Care workers] are usually on time, and always stay for the full time they are meant to", and a relative told us, "The office will always let us know if the carer is going to be late, but it rarely happens." The service made use of three cars with drivers to ensure staff who didn't have use of their own car did not have to rely on public transport between visits.
- Records showed there had been one missed visit since our last inspection. This was thoroughly investigated by the registered manager and action taken to prevent reoccurrence.

- The registered manager told us they were in the process of implementing an electronic call management system and expected this to be in place shortly.
- Staff records showed that appropriate checks were made to ensure staff were suitable people to work with those in need of support. The provider sought references and a Disclosure and Barring Service check to check the applicant's criminal record, and applicants completed an application form detailing their history of employment in social care.

Using medicines safely

- Where the provider was responsible for supporting people with their medicines, medicines were administered safely and as prescribed.
- The service ensured that people were supported to take their medicines independently when they were able to and monitored this to support the person to maintain their skills.
- Medicines Administration Records (MARs) were completed by staff then brought into the office for auditing by the registered manager. Audit and staff supervision records showed that action was taken with individual staff members when necessary.
- Staff were trained and assessed as competent before they supported people to take their medicines. Training records showed these competency assessments were completed annually to ensure staff's ongoing competency.

Preventing and controlling infection

- People were supported by staff who were aware of appropriate procedures to prevent and control infection.
- People told us staff were mindful of infection control when they visited. One person told us, "My girl always wears gloves and an apron when she helps me."
- Records showed staff had been trained in infection control and food hygiene procedures, and this training was refreshed periodically. Personal protective equipment was freely available in the office for staff to carry with them when visiting people in their homes.

Learning lessons when things go wrong

- The provider had an effective system in place to review accidents and incidents, and to take action to improve the service when necessary.
- The registered manager and care coordinator reported incidents and concerns about people to the appropriate bodies to investigate when necessary.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and their care was planned and delivered to meet those needs.
- Occasionally the service was asked by commissioners to support people at very short notice. When this occurred, people's needs were assessed and their care plan developed with them within two days of the support package starting.
- People's care plans included information about their choices relating to the support they received. People and their relatives told us their choices were respected. One person said, "The carers are brilliant and I am very happy with the work they are doing. I love my girls."
- People's support was delivered in line with standards. Areas of high risk such as falls, skin integrity and malnutrition were assessed and regularly monitored.

Staff support: induction, training, skills and experience

- People benefitted from staff who were trained and supported by the service to meet their needs. One person told us, "The carers are competent, gentle and caring."
- The service engaged a trainer who provided all of the training required by the service. They also used the facilities of another nearby service that had a training room set up with equipment for practical assessment of first aid and moving and handling.
- Records showed that staff were trained in relevant topics to their work, including specialist areas such as catheter care. The induction programme for new starters was comprehensive and they were required to complete the Care Certificate when they did not have previous working experience in care. The Care Certificate is the nationally-recognised minimum qualification for new care staff. Staff induction also included a period of shadowing more experienced staff.
- Staff told us, and records confirmed, that staff were appropriately supported through regular supervision meetings with their line manager and annual appraisal of their work. One care worker told us, "I am very well-supported here. Any issues I talk through with my manager." The field supervisors also carried out periodic spot checks on care workers while they were visiting people, and we saw issues were addressed with individual staff members when necessary.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Where this was part of the care package, staff supported people to prepare food, and eat and drink enough to meet their needs. The food prepared and served met people's preferences.
- The service also facilitated access to healthcare services when staff were concerned about a person. For example, they were concerned as one person started falling more frequently. The registered manager sought a review with the person's GP to make sure their medicine remained appropriate and wasn't a factor in the increased falls. The registered manager told us, "We go out of our way to make sure people get the care they need. [For this person], we met with everyone involved and devised a supportive, person-centred strategy to reduce the falls."
- A relative told us, "They really do go out of their way. They arranged telecare for [my relative] which really helped me. It meant I could go out and didn't have to be around all of the time in case something happened."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The service provided care in line with the requirements of the MCA.
- People's capacity to understand and make decisions about their care was assessed. Where people were assessed as not having capacity to understand and make decisions, best interests decisions were made and documented.
- Staff had been trained and understood the requirements of the MCA, and this guided them in their work.
- People told us staff respected their decisions. One person said, "[Care workers] always let me choose. Sometimes they point out if I haven't remembered something I need to and look things up for me if I need help."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were aware of, and supported people in line with, principles of equality and diversity.
- Feedback was highly positive from people and their relatives. One person told us, "I am very happy with the carer. I miss her when she isn't here." A relative told us, "[My relative] can be quite difficult sometimes. It's the dementia, [they] can't help it. The carers are so understanding and patient, I can't believe it sometimes."
- Records showed staff were trained in 'the importance of a person-centred approach' and 'what should people who use services experience?' These sessions provided staff with information about the impact of the care they provided and helped them to understand the support they provided from the person's perspective.
- People's care plans included information about their cultural background, religious beliefs and preferences.

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

- The service supported people to express their views and be involved in making decisions about their care.
- The registered manager or care coordinator visited people within the first few days of a care package starting to check they were okay and the service was meeting their needs. Records showed that people's care plans were usually revised at this stage to ensure people received care that met their needs and preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people with the principles of dignity and respect in mind.
- People told us staff supported them to maintain their independence. One person told us, "The girls always encourage me to use the zimmer frame so I keep mobile. If it wasn't for them I'd be stuck in bed or on the sofa as I would have given up years ago. They cheer me on."
- Staff told us of the importance of maintaining people's privacy and dignity. One care worker said, "I always check the curtains are drawn before supporting with personal care. I think about what it was like for my mum, you have to have empathy you know? Think about how you would feel."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- The provider planned and delivered care that met people's needs and preferences. New care plans were being introduced at the time of our last inspection and these were now in place for all people.
- People told us they contributed to the development of their care plans, and these were reviewed at least monthly or when people's needs changed. One person said, "[The registered manager] is very methodical. She comes to visit regularly to make sure the carers are meeting my needs."
- A commissioning officer told us that the service responded well to people's changing needs. They said, "Helmar have addressed issues that we found previously. They are using new care plans that include information about people's preferences and choices, and the feedback I get is that staff are using them and clients are happy. They respond quickly and seek advice or changes to the care package without hesitation."
- Care plans included information about people's history, background and any protected characteristics to ensure staff were aware of these. One care worker told us, "I prefer working in people's homes as you have time to sit and chat with them. We have more information now [in the care plan] so I always have something ready to chat with them about. Sometimes you end up crying together."

Meeting people's communication needs

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

- The service assessed and met people's communication needs in line with the requirements of the AIS.
- Information was available for people in ways that met their communication needs.

Supporting people to develop and maintain relationships to avoid social isolation

- Staff supported people to maintain relationships that were important to them.
- One person told us, "[My care worker] helped me to set up video calling on my phone so now I can keep in touch with [my relatives who live overseas]. It has made a world of difference to me."
- Care plans included information about people important to the person so staff could facilitate contact when necessary.

Improving care quality in response to complaints or concerns

- The provider had an effective system in place to receive and respond to complaints.
- People and their relatives told us they knew how to complain and were confident issues raised would be addressed by the registered manager. Information about making a complaint was available in the service user guide provided to all people when they started using the service.
- Records showed that complaints were responded to sensitively, in a timely manner and in line with the provider's policy.

End of life care and support

- The service provided sensitive, compassionate care to people at the end of their lives.
- Where people were provided with this support, information about their wishes and preferences was clearly recorded in their care plans.
- Staff received training in end of life care, and the service facilitated access to the appropriate healthcare professionals when staff noted signs of deterioration in people.

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 good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a positive, transparent and open culture. There was a clear set of vision and values documented within the service user guide and staff handbook, and these were person-centred and empowering for people.
- Staff told us they were aware of these values and worked within them, and records showed staff were reminded of how to implement the values through discussions in quarterly team meetings and regular supervision meetings. One care worker told us, "We are a small service and I get strong support from the management."
- Information about people's needs and outcomes was quickly shared between staff and managers through use of an encrypted messaging application available on all staff phones. We reviewed the transcripts of this and saw that information was readily shared and quickly acted upon.

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

- The service had a clear structure in place and staff were aware of their responsibilities within their roles.
- The registered manager was aware of the requirements of her registration with CQC, including duty of candour, and fulfilled these as necessary. She notified CQC of important events affecting the service as required by law. The previous inspection rating was displayed in the service's office.
- There were some systems in place to check the quality and safety of the service people received. The registered manager collected information on complaints, missed visits, safeguarding concerns and incidents and this provided an overview of the service to inform changes and improvements. Medicine administration records were also regularly audited by the field supervisors.
- The registered manager was receptive to improvements suggested or required by commissioners of the service, and action was taken as a result of their regular monitoring visits. For example, some staff were provided with training in written English to ensure care records were understandable by all who read them.
- The registered manager told us, "This is a small service and we intend to keep it that way. We want to keep it like a family, manage what we can do and provide good care that really comes from the heart."

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

- In line with the service's vision and values, people, their relatives and staff were encouraged and supported to express their views.
- The provider conducted an annual satisfaction survey and people's feedback was very positive about the service. Comments from people and their relatives included, "Extremely impressed; thorough and professional", and "Thank you for everything you have done for [my relative] and for keeping me informed the whole way. It has really helped me."
- Helmar Care and Community Services operated a drop-in information and advice service for people from Black and Minority Ethnic (BME) backgrounds in the local community. The service also produced leaflets and other information to promote awareness of domestic violence, and awareness of the specific impacts of living with dementia amongst people of BME backgrounds within the local community.