

Mrs Elizabeth Anne Reavley

# Helping Hands & Co

## Inspection report

The Old Granary  
Kings Yard  
Fordingbridge  
Hampshire  
SP6 1AB

Date of inspection visit:  
19 October 2016  
26 October 2016

Date of publication:  
13 December 2016

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected Helping Hands and Company (Helping Hands) on 19 & 26 October 2016. This was an announced inspection. We gave the provider 24 hours' notice to ensure there would be staff available to facilitate the inspection.

Helping Hands is a domiciliary care agency providing personal care to people living in their own home. At the time of our inspection the agency was supporting 27 people. Most people fund their own care, although the agency also provides services to people funded by the Local Authority and Continuing Health Care when requested.

The service had a registered manager in place. 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.

There were some shortfalls in understanding of the principles of the Mental Capacity Act 2005. Whilst staff sought consent from people or relatives before providing any care or support this was not always from the appropriate person or legal representative. The registered manager had started to address this during the inspection.

People were protected from abuse. Staff were able to recognise different forms of abuse and knew how to identify when there was a risk it might happen. They received training and understood the provider's safeguarding and whistle blowing procedures and who to contact if they had any concerns.

People were protected from harm. Individual risks in relation to people's health were assessed and measures put in place to mitigate the risks. Environmental risk assessments were carried out in people's homes which identified any safety risks to both the person and staff. Incidents and accidents were recorded and investigated appropriately and any learning shared with staff.

People received support to take their medicines, where required. Staff had a good knowledge of who required prompting or full assistance to take their medicines and how these should be administered and recorded when people had taken them.

The provider followed robust recruitment practices to ensure that only people suitable to work in social care were employed. These included criminal records checks, previous employment references and proof of identity.

There were sufficient staff who were deployed effectively to meet people's needs in a timely way. People told us staff arrived on time and had time to sit and talk to them and they were not rushed. Staff told us the rotas were well managed and they had plenty of time to provide people's care without rushing.

Staff received regular training, supervision and their practice was observed to check they continued to meet the required standard. Staff received an annual appraisal which provided them formal opportunities to discuss their performance and personal development.

Staff supported people to manage their health and make healthcare appointments where required.

Staff supported, encouraged or prompted people, depending on their needs, to eat and drink. Staff were aware of people's likes, dislikes and any special dietary requirements.

Staff interacted positively with people and had a good rapport with them and their families. They were committed to the people they supported and were caring, compassionate and kind.

People told us that staff respected their privacy and dignity and treated them, and their homes, with respect. Staff promoted people's independence and encouraged them to do things for themselves, where possible and safe to do so.

People and their families were involved in initial assessments of the care they needed. Care plans were detailed and gave guidance to staff about how their care should be provided. Staff knew people well, including their life histories and interests and had time to sit and talk with them.

People knew how to make a complaint. They told us they would contact the office and speak with the registered manager who they had all knew. People told us had no complaints about Helping Hands. Where concerns had been raised in the past, these had been dealt with appropriately and in a timely way.

The service was well led by an effective registered manager. The culture at the service was open, transparent and welcoming. Staff consistently told us they felt well supported and were kept informed.

The service had been recognised as one of the top ten agencies in the South East by the Homecare Awards in April 2016. These awards are based on over 4,000 reviews by people and their family and friends from 1st April 2014 to 1st April 2016.

Effective quality assurance systems and service audits were in place to assess and monitor the quality of care and drive improvements. People told us they were asked for their views about the care they received and confirmed they were every satisfied. The registered manager covered shifts if required, and visited people at home to check they were happy and find out if they wanted any changes to their care.

The registered manager understood their responsibilities and submitted notifications to the commission when required. Records relating to people's care and to the management of the service were up to date and securely stored.

We last inspected the service in December 2013 when we found no concerns.

## 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.

Robust recruitment processes ensured staff were suitable to work in a social care setting. Staff were effectively deployed and met people's needs in a timely way.

Risk assessments were in place to reduce risks to people and staff.

Staff had good knowledge of medicines management and administration and supported people to take their medicines safely when required.

People were protected from the possibility of abuse because staff understood how to recognise and report any concerns.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

The MCA 2005 had not always been implemented correctly in relation to identifying mental capacity and involving the appropriate person or legal representative. Action was taken to start addressing this during the inspection.

Staff received regular training, supervision, observed practice and appraisal which provided opportunities for development.

People were supported to maintain their health and wellbeing. They were encouraged or assisted to eat and drink where appropriate.

### Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and compassionate. They respected people's privacy and dignity and encouraged them to maintain their independence as much as possible.

Staff knew people and their families well, including their life

histories, interests, likes and dislikes.

Staff treated people and their homes with respect. People's end of life wishes were known by staff who supported them to remain at home.

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

**Good** ●

The service was responsive.

People were supported to maintain relationships with family and friends who were important to them. People were supported to access community activities, to go on holiday and take part in day trips out.

People and their families were involved in developing support plans and in regular reviews of their support needs.

People and relatives knew how to make a complaint if they needed to. Complaints were responded to appropriately and in a timely way.

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

**Good** ●

The service was well led.

The culture within the service was open and welcoming. Staff felt well supported by the registered manager. People and families confirmed the registered manager was approachable and supportive.

Robust quality assurance systems were in place to monitor and assess the quality of care and drive improvements. People consistently told us they were happy with the service.

Records of people's care were well maintained and securely stored.

# Helping Hands & Co

## **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 they are 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.

We inspected Helping Hands and Company on 19 & 26 October 2016 which included visits to people in their own homes. This was an announced inspection and was carried out by one inspector.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is when the provider tells us about important issues and events which have happened at the service. The provider also completed 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. We used this information to help us decide what areas to focus on during inspection.

We spoke with three care staff, the registered manager and the supervisor/administrator and visited three people who received a service in their own home. We reviewed three people's care records and pathway tracked three people's care to check that they had received the care they needed. (We did this by looking at care documents to show what actions staff had taken and the outcome for the person). We looked at four staff recruitment, training, supervision and appraisal records, and other records relating to the management of the service, such as quality assurance, medication records and policies and procedures. Following the inspection we spoke with two people by telephone to find out their views of the service they received.

# Is the service safe?

## Our findings

People told us they felt safe with staff from Helping Hands. Comments included "I feel safe knowing they're around" and "I trust all of them." A health professional told us that risks and incidents were communicated effectively and they were kept informed where necessary.

People were protected from abuse. Staff had received training in how to safeguard people and received regular refresher training to ensure they had up to date guidance. Staff and managers knew how to recognise different forms of abuse and understood the reporting procedures, including how to contact outside agencies such as the Local Authority and CQC. Staff understood the provider's whistleblowing policy and confirmed they would use it if they needed to. Whistleblowing is a way for staff to raise any concerns about poor practice.

The provider had robust recruitment procedures in place which ensured that only suitable staff were employed. Recruitment records contained an application form with full employment history, previous employment references and provided photographic identification. There was also evidence that appropriate checks had been carried out with the Disclosure and Barring Service (DBS). DBS checks identified if an applicant had any previous criminal record which may deem them unsuitable to work with people in a social care setting. People confirmed they thought the staff were very suitable. Comments included "[Staff] have the right attitude" and "[The registered] manager knows a good carer when she sees one." and "They're very loyal staff and [the registered manager] is very loyal to them."

Staff were deployed effectively to meet people's care and support needs. Staff rotas were well managed and were planned a week in advance using a computer software package. This system automatically populated regular visits, and flagged up where gaps in the rota needed filling. The registered manager and supervisor also covered shifts when required. Plenty of travel time was scheduled in for staff to get from one visit to another. The registered manager told us they covered a fairly small area so that staff could travel between visits easily and maintain their punctuality. Staff consistently told us they had enough time to complete their support without rushing and they were allocated sufficient travel time. Comments included "Fordingbridge is small and it's easy to get around. It only takes minutes" and "We're allocated enough time most of the time" and "Travel time is fine." People confirmed to us that staff never missed visits and if staff were running late this would always be communicated to them. People told us "I always get the time I'm allowed" and "They're always on time."

Where staff were required to support people with their medicines, this was well managed. Some people took responsibility for their own medicines, although others required physical assistance or prompting to take their medicines. Individual guidance about the support each person required was recorded in their care plans and risk assessments for staff to follow. Medicine administration records (MARs) were signed by staff after each medicine was successfully dispensed. Only staff who had been trained in giving medicines were allowed to do so and were regularly assessed for on-going competency.

Staff understood how to support people to stay safe from harm. Risk assessments were completed at each

person's home to identify any environmental risks and measures were put in place to minimise the risks. End of visit checklists were in place to maintain equipment safety and security, such as putting the person's wheelchair on charge, and locking the front door upon leaving. Each person had relevant, detailed risk assessments relating to their health and physical wellbeing, which provided clear guidance for staff in how to mitigate the risks. For example, one person needed staff to move them using a hoist. An assessment had been completed which took account of the equipment and staff required to do this safely.

Incidents and accidents were reported and recorded using an electronic system. These were investigated and analysed for any learning so the likelihood of similar incidents occurring in future would be minimised. Staff had been trained in first aid procedures and knew what to do in an emergency.



## Is the service effective?

### Our findings

People told us that staff always checked it was okay to support them before doing so. One person said "They [staff] always follow what I ask them to do." Another person said "They always ask me" for consent. A relative explained "They [staff] always knock before they come in." Staff told us they always asked for consent before they provided care. One staff member told us "I ask the client. If they refuse, I record it and inform the office." A health professional told us people's right to decline care was respected and where people did not have the capacity to make decisions to decline care, this was communicated appropriately. However, whilst people and relatives told us they gave consent for day to day care decisions, we identified some areas in relation to consent that required improvement.

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. We found that some aspects of the MCA 2005 were not always implemented appropriately. Consent to care was documented in people's care plans but this was not always sought from the appropriate people or legal representative. They had also not requested copies of people's Power of Attorney to assure themselves that named representatives had legal authority to act. Some people's consent records had been signed by a representative when they had capacity to do so themselves. We discussed this with the registered manager who told us they had not obtained confirmation of whether people had had a mental capacity assessment. They started to address these issues immediately and we will check to see that this has been embedded when we return to inspect.

Staff received on-going training to learn and maintain their skills and knowledge, which included key topics such as fire safety, communication, equality and diversity and infection control. Staff had opportunities to learn about specific conditions such as catheter care, epilepsy and Parkinson's disease, which helped them to better understand some people's individual health conditions. The registered manager attended workshops and conferences and brought back their learning to share with the staff team. They had recently attended medicines management for managers and hydration and nutrition. They told us "It keeps my knowledge up to date" and said if any recognised practice had changed, "I only have to tweak our info" which ensured this was passed on in their guidance for staff. The registered manager told us that staff learned differently and took account of this. They said "[Staff member] needs more support and explanation. They have different learning needs and styles. If they don't understand they'll call me. I'll go through it again."

Staff told us they were supported with learning. Comments included "We have worksheets and questionnaires to complete" and "I'm well supported with training and supervision" and "They're very helpful. Very supportive. They will talk through things with me and explain." People confirmed they thought the staff were competent to care for them. One person said "They're well trained."

New staff had completed an in depth induction which included shadowing other staff, training and spot

checks to prepare them for their role. One person told us "Staff are just starting. They're shadowing. It takes a while to get to know them." All staff were all required to complete the Care Certificate. This is a recognised set of standards and provides a learning framework for staff to ensure they meet the standards required to work in social care.

Staff had all received regular supervision to discuss on-going performance, training needs and any concerns or issues in their day to day work. This included 'spot checks' of staff practice in people's homes. Sometimes this was planned and at other times unannounced spot checks took place to ensure staff met the high standards required. Detailed records of supervisions and spot checks were retained which line managers and staff could refer back to if needed. Staff received an appraisal with their line manager every nine months which provided them with a formal opportunity to assess their performance and discuss any training and development needs.

Staff supported people to maintain their health and wellbeing in a way that was appropriate to their needs. Some people managed their health independently or had help from family members to do this, such as making and attending GP or hospital appointments. Other people required more practical assistance from staff or prompting to manage their health. Staff were familiar with people's health conditions and promptly identified any changes or concerns in people's wellbeing. One person told us "[Staff] can always tell if I'm not well." Another person said "They're good at identifying if something is not right. They've called the Dr for me." Where required, referrals were made to community professionals such as district nurses. Detailed records were kept in people's homes for staff to monitor their care.

Staff supported people with their food and drink where required. Some people required varying levels of support from staff such as cooking or assistance to eat, whilst others shopped, cooked and ate independently. Staff understood people's specific dietary needs and this was confirmed by people. One person said "They bring meals to me, and drinks. I can't hold a cup now but they help me to eat and drink. I use a spoon a lot. They always bring me a spoon now." People told us they valued the help from staff with eating and drinking. One person told us staff prepared food and drink before they left at the end of their visit. They showed us a dessert that staff had left for them to eat later and said "[Staff] always make a flask of tea and leave it for me, every day."

## Is the service caring?

### Our findings

People and relatives consistently told us the staff at Helping Hands were kind and caring. Comments included "They're interested in me as a person." A relative told us "They're very gentle, careful and caring. They're not condescending. They're extremely friendly and kind. They're perfect at it." People and relatives also told us that staff were compassionate and thoughtful. For example, one person told us "If I'm upset they'll listen to me and console me."

The registered manager, supervisor and care staff all knew the people they supported very well. The registered manager accompanied the inspector to visit people in their own homes and explained their circumstances before they visited. It was clear that people knew the registered manager and had a relaxed and easy rapport with them. The registered manager introduced them to our inspector and chatted informally with people and their relatives, asking how they were, before leaving them to talk in private with the inspector. During one home visit, we observed the registered manager picked up the person's mail from the post box at the bottom of the person's drive and took it to them. The person's relative told us "They often do that. They'll also take prescriptions down for us and post letters. They're very helpful."

People consistently told us that they had regular staff who they trusted and who treated them with dignity and respect. One person told us "They help me to dress as nicely as I can, my clothes, necklaces, they couldn't do anymore." Another person said "They treat me with dignity and respect. They'll do anything for me." People also told us that staff treated their homes and their belongings with respect. One person told us "Yes, they always respect my home and my possessions."

The registered manager had displayed information for staff around the office describing the 'Dos and don'ts' of dignity and the '6 C's of care; care; compassion; competence; communication; courage and commitment to remind staff of the importance of these. A recent staff memo included information for staff about one person's care and dignity and stated "Please check [the person's] bed every visit to see if it's wet. Spare sheets and bed squares are in the spare bedroom...." The registered manager told us they matched staff to people depending on their preferences as far as possible. Sometimes this was not possible so they always agreed a compromise with the person in the meantime.

People were supported by staff to maintain their independence. One person told us "I'm independent as much as I can be. I'm in my own home with aids around me and staff make sure everything is okay and working" and said that staff listened to them and respected their wishes. Staff confirmed they encouraged people to do as much as they could do for themselves to promote their independence and self-esteem. Adaptations were made for people to help them maintain their independence. For example, copies of rotas and questionnaires were provided in large print for people who found reading small print difficult.

People were supported to stay at home, if they wished, when nearing the end of their life. One family had sent a message to the staff saying "Thank you for all the loving care and support you gave [the person].... especially the past couple of weeks. Without this we would not have been able to care for him at home which was his wish. We will miss seeing you all."

## Is the service responsive?

### Our findings

People and relatives consistently told us that staff at Helping Hands involved them in planning and reviewing their care. Comments included "We're involved and in control" and "[the registered manager] comes and does a review to see if everything's alright." Another person told us "I have a folder here. I've discussed it with [the registered manager]. We can look through it when they come to review my care." A health professional told us "The agency is very good at delivering sustainable care, in a regular routine with regular carers which service users and family find very helpful."

Most people's care plans included people's preferences, their likes and dislikes, their life histories, social needs and hobbies and interests, although not all plans included this information in detail. Despite this, staff had a good knowledge of people and how they liked to be supported. The registered manager showed us a new initial assessment form which they had recently implemented. This would ensure every person had more detailed information included in future.

People's care plans were person centred and individual to their needs and provided guidance for staff in how to support them. This included support with their skin care, nutrition, catheter care and personal care needs. For example, one person's care plan stated they had "previous pressure areas" and this required monitoring. Staff demonstrated a good understanding of person centred care and were clearly committed delivering this. They understood their role in listening to people so they could communicate their needs and wishes. Care plans were reviewed regularly by senior staff or by the registered manager. These reviews were carried out with people in their own homes.

Staff were flexible and responsive to meeting people's needs. One relative told us about a time when they needed to get their family member up, which required two people using a hoist, an hour earlier than usual. They said "I told [the registered manager] and she said "I'll do it," and went on to say they attended themselves to ensure the person could get up when they needed to. Other people told us "They'll always see what they can do" and "They'll always help me" and "I've only got to ring [the registered manager] and it's done." Another person told us they had requested additional visits as they couldn't manage, and these had been increased. They told us "They come every day now. They have helped me walk again. They're brilliant."

People knew how to make a complaint. They told us they would contact the office and speak with the registered manager or supervisor who they all knew. They felt confident any concerns would be taken seriously and addressed. The information about complaints was in the 'Client's Manual' which each person was given a copy of when they started to receive a service. We consistently heard that people had no complaints about Helping Hands. Where concerns had been raised in the past, these had been dealt with to the satisfaction of people and actions had been taken to prevent a re-occurrence and these were recorded. A letter had also been sent to the person explaining the outcome with an apology.

## Is the service well-led?

### Our findings

People and relatives consistently told us they thought that Helping Hands was very well managed and they were happy with the service they received. Comments included "I can't fault her or her staff for anything" and "Everything is perfect" and "She's a good manager. Communication between us is very good." Another person said "[The registered manager] visits, she checks her staff." A relative told us "I'm totally satisfied."

The culture of the service was open and transparent. Staff told us the registered manager and supervisor were helpful and approachable and they felt well supported in their roles. We observed staff visiting the office during our inspection and saw there was a relaxed and chatty rapport between them and the management team. A member of staff told us "The support is fantastic, anytime, they help out." Another member of staff told us about a time when a person had an accident. They called the emergency services and then their registered manager. They said "She came around and waited for the ambulance to allow me to continue" with their home visits. Another member of staff told us they had supported a person with mental health needs but had found it too difficult. They told us they "felt free to say this" and were listened to by the registered manager who addressed their concerns.

The registered manager was visible and provided clear guidance and leadership to their staff team. Staff and people consistently told us that communication with the management team was very good. One member of staff told us "It's a reasonably small company. We know one and another well which helps when we are on a double up. The communication from the manager is good. She called me this morning to update me that..." Another staff member said "Information is communicated quickly, usually by memo or phone call." Staff received a weekly update which included information such as new service users, any changes to people's care needs, reminders to check MAR charts and information about pensions. The registered manager had also included details of directions to a new service user's home for staff as it was quite difficult to find.

Staff attended meetings "As and when" they were needed. They also got together in the office during training sessions which provided them an opportunity to meet up and share ideas and any issues. The registered manager told us they kept up to date with how staff were feeling because "We see our carers so often."

The registered manager worked alongside staff which helped them assess performance and understand some of the challenges experienced by staff. They told us "I wouldn't ask staff to do anything I wouldn't do myself. When I go out, I tell them to do everything as they usually would... support from the same side of the bed. They wouldn't come into my office and sit in my chair. I've been there, done it and still do it. I know what it's like."

People told us they knew the registered manager well and trusted them with their care and this was evident to our inspector during their visits to people's homes. Comments included "They've been there for me for the past 14 years" and "I only have to call if I need anything." One person told us "They've been coming for 10 years. They're very supportive of me. If anything worries me she'll see what she can do. I would never want to change them."

Robust quality assurance systems were in place to assess the quality of the service and drive improvements. Surveys were sent to people and families every six months and feedback was also obtained informally during regular pop in visits by the management team. Responses to surveys included "Smart, very neat and clean" and "Very happy with all care and carers" and "Very kind, considerate, friendly" and "Always take wishes into account." Helping Hands also received thank you cards. A sample of these read "Cannot thank you and the carers enough" and "Everyone was always so friendly which mum loved." The service had been recognised as one of the top ten agencies in the South East by the Homecare Awards in April 2016. These awards are based on over 4,000 reviews by people and their family and friends from 1st April 2014 to 1st April 2016.

The service worked in partnership with other organisations to ensure they followed best practice and provided appropriate care. For example, a health professional told us "The [registered] manager is always very pro-active in keeping me updated on casework situations and on seeking to offer alternative care delivery arrangements as far as is operationally possible if things are not running smoothly." The registered manager represented Helping Hands at meetings of Skills for Care and the Hampshire Domiciliary Care Provider's where they shared ideas and learning with other managers of services.

The registered manager understood their responsibilities in relation to submitting notifications of event to the commission as required by law. Records relating to people's care and to the management of the service were up to date and securely stored.