Midshires Care Limited

Helping Hands Bromley

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

This announced inspection took place on 09 and 10 May 2017. This was the provider's first inspection since their registration in May 2016. Helping Hands Bromley is a domiciliary care service providing personal care to people living in their homes. At the time of the inspection 39 people were using the service.

The service did not have a registered manager in post. The previous registered manager left in December 2016. 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. The regional manager (Head of Homecare) told us that for the recruitment of a new manager interviews were scheduled for the week following our inspection. At the time of our inspection the service was managed by a full time interim manager and supported by the regional manager. The manager demonstrated good knowledge of people's needs and the needs of the staffing team.

People and their relatives told us they felt safe with the staff. The service had clear procedures to recognise and respond to abuse. All staff completed safeguarding training. Senior staff completed risk assessments for people who used the service which provided guidance for staff to minimise identified risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory recruitment checks before they started working. The service had an on call system to make sure staff had support outside the office working hours. Staff supported people so they took their medicines safely. The service provided an induction and training, and supported staff through regular supervision to help them undertake their role.

People's consent was sought before care was provided. The manager was aware of the requirements of the Mental Capacity Act 2005 (MCA). At the time of inspection they told us they were not supporting any people who did not have the capacity to make decisions for themselves. Care records we saw confirmed this.

Staff supported people to eat and drink enough to meet their needs. People's relatives coordinated health care appointments to meet people's needs, and staff were available to support people to access health care appointments if needed.

Staff supported people in a way which was caring, respectful, and protected their privacy and dignity. Staff developed people's care plans that were tailored to meet their individual needs. Care plans were reviewed regularly and were up to date.

The service had a clear policy and procedure for managing complaints. People knew how to complain and would do so if necessary. The service sought the views of people who used the services. Staff felt supported by the acting manager. The service had an effective system to assess and monitor the quality of the care people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People and their relatives told us they felt safe and that staff treated them well. The service had a policy and procedure for safeguarding adults from abuse. Staff understood the action to take if they suspected abuse had occurred.

Senior staff completed risk assessments and risk management plans to reduce identified risks to people.

The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory background checks before they started working.

Staff supported people so they took their medicines safely.

Is the service effective?

Good

The service was effective.

People and their relatives commented positively about staff and told us they supported them properly.

The service provided an induction and training for staff. Staff were supported through regular supervision to help them undertake their role.

Staff sought consent from people when offering them support. The provider and staff acted in accordance with the requirements of the Mental Capacity Act 2005.

Staff supported people to eat and drink enough to meet their needs. People's relatives coordinated health care appointments and staff were available to support people to access health care appointments if needed.

Is the service caring?

Good

The service was caring.

People and their relatives told us they were consulted about their care and support needs.

Staff treated people with respect and kindness, and encouraged them to maintain their independence.

Staff respected people's privacy and treated them with dignity.

Is the service responsive?

Good

The service was responsive.

Staff developed care plans with people to meet their needs. Care plans included the level of support people needed and what they could manage to do by themselves.

People knew how to complain and would do so if necessary. The service had a clear policy and procedure for managing complaints.

Is the service well-led?

Good

The service was well-led.

However, there was no registered manager in post since December 2016. The interim manager managed the service and they kept staff updated about any changes to people's needs.

The manager held regular staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels.

The service had effective systems and processes to assess and monitor the quality of the care people received.

Helping Hands Bromley

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.

Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service had sent to Care Quality Commission. A notification is information about important events which the service is required to send us by law. The provider had sent us a completed 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 inform our inspection planning.

This inspection took place on 09 and 10 May 2017 and was announced. The provider was given 48 hours' notice because the service is a domiciliary care service and we needed to be sure that the provider would be available. The inspection was carried out by one inspector and two experts by experience. The experts by experience carried out phone calls to people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we looked at five people's care records and six staff records. We also looked at records related to the management of the service such as details about the administration of medicines, complaints, accidents and incidents, safeguarding, quality assurance and monitoring. We spoke with 16 people who used the service and 2 relatives about their experience of using the service. We also spoke with the regional manager (Head of Homecare), the compliance and risk officer, the manager and seven members of staff.

Good

Is the service safe?

Our findings

People and their relatives gave us positive feedback about safety and told us that staff treated them well. One person told us, "Oh yes I do feel safe, they [staff] are very good. They hold onto me as I need help to get in and out of the bath. I'm not that steady on my feet, I feel safe with them holding me." Another person said, "Yes, I do feel safe, I have trouble getting around the flat and I feel safe when they shadow me." A third person said, "Yes I do feel safe, they [staff] are always careful with me. They give a good wash, keep me warm and cover me up." A relative told us, "As far as I am aware my [loved one] is safe."

The service had a policy and procedure for safeguarding adults from abuse. The manager and all staff understood what abuse was, the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the manager, the local authority safeguarding team, and the Care Quality Commission (CQC). All staff told us they completed safeguarding training and their training records confirmed this. Staff told us there was a whistle-blowing procedure available and they said they would use it if they needed to. One member of staff told us, "I would report any concerns to my field care supervisor, and if they did not listen, I would go to the manager and if they did not listen, I would go to the area manager or if necessary report to the CQC."

The service maintained records of safeguarding alerts and monitored their progress to enable learning from the outcomes of investigations when known. At the time of this inspection there was one safeguarding concern being investigated by the local authority. We cannot report on the outcome of this investigation because it is ongoing. We will continue to monitor the outcome of the investigation and the actions taken by the provider to keep people safe.

Staff completed a risk assessment for every person when they started using the service. Risk assessments covered areas including falls, moving and handling, any specific health conditions, nutrition and hydration, and home environment. Assessments included appropriate guidance for staff on how to reduce identified risks. For example, where a person had been identified as being at risk when moving, a risk management plan was put in place which identified the use of equipment and the level of support the person needed to reduce the risk. The manager told us that risk assessments were reviewed periodically and as and when people's needs changed. We reviewed five people's records and found all were up to date with detailed guidance for staff to reduce risks.

The service had a system to manage accidents and incidents to reduce the likelihood them happening again. Staff completed accidents and incidents records. These included details of the action staff took to respond and minimise future risks and who they notified, such as a relative or healthcare professional. A senior member of staff reviewed each incident and monitored them. The provider showed us examples of changes they made after incidents. For example, when a person experienced bruises as a side effect of the medicines they had been prescribed, a body map was completed and GPs advice sought.

The service had enough staff to support people safely. The manager told us they organised staffing levels according to the needs of the people who used the service. One person told us, "Yes, they [staff] do come on

time; they will call if they are late." Another person said, "They [staff] are mostly on time. They make sure everything is done before they go." The regional manager [Head of Homecare] told us that at the time of our inspection there was no call monitoring system to check whether staff attended people's scheduled calls on time. However, there was a reactive procedure followed by the office staff, when an alert was received from the member of staff and sometimes from people, the provider ensured a 10 minute tolerance time to inform people when a member of staff was running late. The regional manager further told us that an electronic 'real time call monitoring tool' had been piloted by the provider and it was expected to go live in the weeks following our inspection. In the interim, office staff checked weekly time sheets against people's daily care log to ensure staff delivered planned care in a timely manner. Staff we spoke with told us they had enough time to meet people's needs. Staff rostering records showed that they were allowed enough time to travel between calls. The service had an on call system to make sure staff had support outside the office working hours. Staff confirmed this was available to them at all times.

The provider carried out satisfactory background checks of all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, and criminal records checks, a health declaration and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

Staff supported people so they took their medicines safely. One person told us, "Yes, they [staff] give my medicines. I never touch this until they are here and they give it to me." Another person said, "They [staff] help with the medicines and make sure that I take them while they are there with me." The service trained and assessed the competency of staff authorised to administer medicines. People's Medicines Administration Records (MAR) were up to date and the MAR we reviewed showed that people had received their medicines as prescribed. The service had up to date PRN, (when required), medicines protocols. These advised staff when and under what circumstances individuals should receive their PRN medicine. There were also protocols for dealing with medicines incidents. Staff had a clear understanding of these protocols. The provider conducted regular audits of management of medicines and shared any learning outcomes with staff to ensure people received their medicine safely.

Good

Is the service effective?

Our findings

People told us they were satisfied with the way staff looked after them and that staff were knowledgeable about their roles. One person told us, "Yes, they [staff] know what they are doing. Both [staff] were first timers and we were a bit of an experiment, but they have both been trained very well."

The provider trained staff to support people appropriately. Staff completed an induction when they started work and a period of shadowing an experienced member of staff. Records showed induction training was completed in line with the Care Certificate which is a nationally recognised way of training staff new to social care work. One member of staff told that shadowing an experienced member of staff had helped them to get to know and understand the person they were supporting and how to support them with their needs. The manager told us all staff completed mandatory training specific to their roles and responsibilities. The training covered areas from basic food hygiene, and health and safety in people's homes to moving and handling, administration of medicines, and the Mental Capacity Act 2005 (MCA) which included training on the Deprivation of Liberty Safeguards (DoLS). Staff training records showed staff updated their training annually. Staff told us the training programmes enabled them to deliver the care and support people needed.

Records showed the service supported staff through regular supervision and onsite observation visits. Areas discussed during supervision included staff wellbeing and sickness absence, their roles and responsibilities, and their training and development plans. Staff told us they worked as a team and were able to approach their line manager and the acting manager at any time for support.

The 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 checked whether the service was working within the principles of the MCA.

The service had systems to assess and record whether people had the capacity to consent to care. Staff understood the importance of asking for consent before they supported people. A member of staff confirmed they sought verbal consent from people whenever they offered them support. Staff also recorded people's choices and preferences about their care and support needs. At the time of inspection the manager told us they were not providing care or support to any people who did not have capacity to make decisions for themselves and no one was deprived of their liberty. Care records we saw confirmed this.

Staff supported people to eat and drink enough to meet their needs. People's care plans included a section on their diet and nutritional needs. One person told us, "I can't swallow any solids, so they [staff] blend my food. They do this well and leave it prepared for me." We saw where people had been identified as being at risk from choking; a risk management plan had been put in place which identified the type of food and the level of support people needed to reduce the level of risk. Another person said, "Yes, they [staff] get me my breakfast and dinner. They heat up my meals mostly; I'm happy with it."

People's relatives coordinated health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed. People's personal information about their healthcare needs was recorded in their care records. We saw contact details of external healthcare professionals and their GP in every person's care record. Staff told us they would notify the office if people's needs changed and they required the input of a health professional such as a GP or a hospital appointment. For example, a member of staff told us, they called the ambulance when one person had not been well and had subsequently been taken to hospital.

Good

Is the service caring?

Our findings

People and their relatives told us they were happy with the service and staff were caring. One person told us, "I would not know what to do without them [staff]. They are very kind; very friendly and willing to help. They don't rush me at all." Another person said, "They [staff] are people you can trust; very caring and cooperative." A third person said, "They [staff] are kind and respectful; very nice, we get on well together." One relative told us, "They [staff] are fulfilling the needs of [my loved one]."

Staff involved people and their relatives where appropriate in the assessment, planning and review of their care. One relative told us, "A care plan was set up." We saw people have signed care agreement with the provider, which detailed about the care provision and delivery protocols.

Staff understood how to meet people's needs in a caring manner. Staff we spoke with were aware of people's needs and their preferences in how they liked to be supported. For example, one staff member told us "I respect the person's preferences, I always ask if they prefer a shower or a full body wash and a choice of shampoo; I give them choice of food and drinks." Another member of staff said, "I treat them with respect, and do exactly what they ask me to do in line with their care plan."

People were supported to be as independent in their care as possible. One person told us, "I can look after myself mostly, I'm quite capable. They [staff] don't need to do much really, they help me and they also let me be independent to do things for myself as well." Staff told us that they would encourage people to complete tasks for themselves as much as they were able to. One staff member told us, "One person was being hoisted but they wanted to walk and their family member also wanted them to walk. I gradually encouraged them to use walking equipment and they now walk using equipment and also wash most of their body [where they weren't able to before]. They are happy now that they have got their independence back."

Staff described how they respected people's dignity and privacy, and acted in accordance with their wishes. For example, staff told us they did this by ensuring people were properly covered, and curtains and doors were closed when they provided care. Staff spoke positively about the support they provided and felt they had developed good working relationships with people they cared for. Staff kept people's information confidential. Staff explained to us how they kept all the information they knew about people confidential, to respect their privacy. The service had policies, procedures and staff received training which promoted the protection of people's privacy and dignity.

Staff showed an understanding of equality and diversity. The service completed care records for every person who used the service, which included details about their ethnicity, preferred faith, culture and spiritual needs. For example, one person visited church every Sunday, as this fulfilled their spiritual needs. Staff we spoke with told us that the service was non-discriminatory and that they would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender. Records we looked at confirmed this.

Good

Is the service responsive?

Our findings

The service carried out a pre-admission assessment for people to see if the service was suitable to meet their needs. Where appropriate, staff involved relatives in this assessment. Assessments were used as the basis for developing a tailored care plan to guide staff on how to meet people's individual needs.

Care plans contained information about people's personal life and social history, their physical and mental health needs, allergies, family and friends, and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves. For example, one staff member told us, "Before I go to the client, I look at their care plan and see what they can do for themselves, instead of doing everything for them; for example, if they can brush their teeth, and wash face. I promote their independence according to their ability."

Care plans were reviewed regularly and were up to date. Staff discussed any changes to people's conditions with their line manager to ensure any changing needs were identified and met. The senior staff updated care plans when people's needs changed and included clear guidance for staff. For example, about hoisting and meeting nutritional needs for specific health conditions. Care plans we reviewed were all up to date.

Staff completed daily care records to show what support and care they provided to people. Staff told us that they ensured people's needs were met according to their care plan. Care records showed staff provided support to people in line with their care plan. For example, a member of the staff explained how they supported people to access the community.

People and their relatives told us they knew how to complain and would do so if necessary. One person told us, "No complaints, none I can think of." Another person said, "No problems at all, no complaints." One relative told us, "No, we have not had to make any complaints." Another relative said, "No complaints, we are happy with the service."

The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints and how to escalate if they remained unhappy with the outcome. Information was available for people and their relatives about how they could complain if they were unhappy or had any concerns. The service had maintained a complaints log, which showed when concerns had been raised senior staff had investigated and responded in a timely manner to the complainant and where necessary they held meetings with the complainant to resolve the concerns.

Good

Is the service well-led?

Our findings

People and their relatives commented positively about the management of the service. One person told us, "It is a good service, they care about people. I'm happy with the service, we pay for it and we get what we pay for." Another person said, "If I don't like a carer, I will let the office know. They do listen, they are very adaptable." A third person commented, "I think the service is well managed. I've been to several and this is the nicest one I've had so far." One relative told us, "My [loved one] has had the same carer for a year now. This is what is great about the service, and they keep to time and try to keep the same carers. We are pleased with the service and we are happy." Another relative said, "As far as I am concerned the service is meeting my [loved one's] needs."

The service did not have a registered manager in post since December 2016. 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. The regional manager (Head of Homecare) told us that for the recruitment of a new manager interviews were scheduled for next week. However, in the interim the service was managed by a full time manager and was supported by the regional manager. The manager demonstrated good knowledge of people's needs and the needs of the staffing.

Staff described the leadership at the service positively. One member of staff told us, "The manager is very good; calm and approachable, if there is a problem they will find a solution." Another member of staff said, "The manager is very easy to communicate and I feel comfortable to work with them." We observed the manager interacting with staff in a positive and supportive manner throughout the time of our inspection.

Staff meetings were held to share learning. The manager held staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health care professionals, and any changes or developments within the service.

The provider used staff induction and training to explain their values to staff. The service had a positive culture, where staff felt the service cared about their opinions and included them in decisions. We observed staff were comfortable approaching their line manager and their conversations were friendly and open.

The provider sought people's views on the service through the use of satisfaction surveys. The covered areas including the quality of the care provided in line with the care plan and the quality of staff interactions with people and their relatives. The compliance and risk officer told us that the last survey was completed in April 2017 and that the data was still being analysed at the time of our inspection. They further said that as a result of the survey feedback, they would develop an action plan and make suitable improvements to the service. We shall monitor the progress on this at our next inspection.

The service had an effective system and process to assess and monitor the quality of the care people received. The service carried out spot checks and reviews covering areas such as the administration of medicine, health and safety, care plans and risk assessments. As a result of these interventions the service had made improvements, which included updating care plans to reflect people's changing of needs. The compliance and risk officer told us that their first annual internal audit was scheduled to be carried out in June 2017 and the regional manager's audit to commence in July 2017. We shall look at these at our next inspection.