

# Olufunmilayo Monisola Adeyemi

## Helping Hands Nurses Agency (HHNA Lincoln)

### Inspection report

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16 October 2019

22 October 2019

25 October 2019

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Helping Hands Nursing Agency is a domiciliary care agency. It currently provides personal care to people living in their own homes. At the time of the inspection it provided a service to one person.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

At the last inspection we identified issues with the systems in place to monitor and improve the quality of the services, care records and staff knowledge. At this inspection we found the registered person had made improvements in all these areas. However, further work was needed to ensure improvements were sustained.

People were supported by staff who understood how to safeguard them from the risk of harm.

Risks to people's health, safety and welfare had been assessed and management plans were in place to minimise the risks.

There were enough staff employed to make sure people's needs and wishes were met. Staff were trained and supported to carry out their roles and responsibilities. Appropriate staff recruitment systems were in place.

Although the service did not manage people's medicines at the time of the inspection there were systems in place should this become necessary.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with respect and their rights to privacy and dignity were upheld. They were supported to live their life in the ways they wanted to.

People and the staff who cared for them had confidence in the way services were managed.

People were involved in planning their care and support and were asked for their views about the quality of the services they received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 8 October 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the registered person was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Helping Hands Nurses Agency (HHNA Lincoln) on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Helping Hands Nurses Agency (HHNA Lincoln)

## **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 is owned by an individual provider who is registered with CQC. They also manage the service and provide care and support for people. This means they are legally responsible for how the service is run and for the quality and safety of the care provided. They will be referred to throughout the report as the 'registered person'.

#### Notice of inspection

This inspection was announced.

We gave the service a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the registered person would be in the office to support the inspection.

Inspection activity started on 16 October 2019 and ended on 25 October 2019. We visited the office location on 16 October 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 registered person sent us in the provider information return. This is information providers of services 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.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with a person who received support from Helping Hands Nurses Agency (HHNA Lincoln). We also spoke with the registered person and a member of staff.

We looked at the care records for a person who received support. We also looked at the management of medicines, staff recruitment processes and training information, as well as a range of records relating to the running of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We also spoke with a healthcare professional who worked with the person who received support.

# 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.

### Staffing and recruitment

- At our last inspection the registered person could not demonstrate that all staff had undergone Disclosure and Barring (DBS) checks when they were first employed. At this inspection there was evidence that DBS checks had been carried out for staff who were actively providing care and support.
- The registered person told us they had recruited other staff who were able to start work if the service took on more care packages. They were aware of the need to complete the recruitment process by carrying out up to date DBS checks and induction training for those new staff members before they provided care and support.
- At the time of this inspection there were sufficient staff numbers to meet people's needs.

### Using medicines safely

- At the time of this inspection the service was not responsible for managing people's medicines. However, they provided general prompts and monitoring to ensure they were able to identify any potential issues. This was recorded in the daily care notes.
- A person told us, "They don't give me tablets but they keep an eye on whether I've taken them. I might forget."
- Systems were in place to manage people's medicines should this be needed in the future.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm or abuse. There were systems in place to ensure any safeguarding issues would be managed effectively.
- A person told us they felt safe with the registered person and staff and trusted them.
- The registered person and staff had undertaken training to recognise and deal with any issues they had concerns about. They demonstrated their understanding of the subject during our discussions with them.

### Assessing risk, safety monitoring and management

- Since our last inspection the registered person had improved the detail in risk management plans.
- Risks to people's health, safety and welfare had been assessed with the person and documented. Staff encouraged people to recognise risks and take part in the checks that helped to reduce the risks.
- Risks within people's home environment had been assessed to ensure any hazards were identified and mitigated.
- Staff told us emergency contacts were recorded in people's care file in case they were needed during care visits.

### Preventing and controlling infection

- Staff received infection prevention and control training and followed safe practices when providing care.
- We noted that food hygiene training had not yet been completed. The registered person told us they were in the process of arranging this training for themselves and staff. This did not impact on the low level of support a person received with their food.

#### Learning lessons when things go wrong

- The registered person told us there were no examples of adverse events occurring since our last inspection. However, they were able to describe how they and staff learned lessons from their daily practice and improved people's care and support. Staff confirmed this during discussion with them.



# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff told us they had received induction training when they commenced work for the service. We saw a certificate of completion to confirm this.
- Staff demonstrated through discussion how they used their training to provide safe and appropriate support for people.
- The registered person had undertaken training about specific health conditions experienced by a person they supported and also supported staff to understand the condition.
- Staff told us the registered person had arranged for them to complete further training specific to people's needs.
- The registered person told us they had regular contact with staff to discuss their work. They said they also carried out visits with staff to monitor their work performance. Staff confirmed this.
- The registered person told us they had not yet set up formal recording systems for staff supervision. We have referred to this in the well-led section of the report.

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.

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

- Since our last inspection the registered person and staff had undertaken training about the MCA.
- The registered person and staff demonstrated their understanding of the principles of the MCA and how this impacted on people's lives.
- A person who received support told us there were no restrictions on their freedom and care records confirmed this. They commented that the registered person and staff always asked for their consent before they provided support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- A person who received support told us the registered person had visited them to discuss and assess their needs before they started using the service. They commented, "I got to know [registered person]; I think they understand me."
- Care records showed people received flexible support to ensure their needs were met in the ways they wished, for example, supporting attendance at medical appointments. A person said, "If I want them to they'll help me with seeing doctors."
- The registered person told us how they helped people to recognise when they needed to see a doctor or other healthcare professional. They gave an example of when they had supported a person to an out of hours clinic to obtain treatment for an emerging healthcare issue.
- Care records showed a person needed prompts and encouragement to eat enough to stay healthy. The person told us they received this support. They said the registered person and staff made sure they had eaten a full meal each day and sometimes helped to prepare the meals when they needed to.
- The registered person worked well with other agencies such as health and social care professionals to ensure people received effective and timely care. A healthcare professional told us how the registered person worked with them to resolve issues and adjust support approaches whenever required. Care records confirmed this.
- A person who received support told us the registered person and staff upheld their rights and respected their diverse needs.

# 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 requires improvement. At this inspection this key question has now improved to 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; Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- A person who received support was positive about the services they received. They told us the registered person and staff member treated them with respect and understood them as a person. They commented, "They're not just nice, they're lovely." They added the registered person and staff respected their privacy.
- A person receiving support told us they knew they had a care plan and where it was. They said they were, "not interested" in the paperwork and left it to the registered person and staff to complete. They added the care and support they received was "great" and the registered person and staff did not change anything without talking to them first.
- The registered person and staff demonstrated a clear understanding of what was important to people and how they wanted to live their lives.
- We observed the registered person encouraged the full involvement of people in decision making and respected their views. We also observed the registered person respected people's cultural preferences and took time to understand them from the person's point of view.
- Since our last inspection the registered person had improved the ways in which people could access information about advocacy services. These services are independent of the home and local authorities. They can support people in their decision making and help to make sure their wishes and views are heard on matters that are important to them. A person who received support told us they were aware of how to access these services if they needed to and information was available to them.
- Since our last inspection the registered person had also improved the security of people's personal information. We saw private and confidential records were now stored in a locked room at the agency's office location.

# 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

- People received care and support which was responsive to their needs and centred on them as individuals.
- A person receiving support told us how they sometimes liked to have a lay in bed in the mornings. We saw that the registered person and staff were flexible and adjusted the times of their visits to accommodate this.
- Staff understood people's likes, dislikes and preferences and tailored their support to take account of them.
- A healthcare professional told us the support provided to a person had enabled them to achieve outcomes they had previously not been able to such as remaining in their own home for longer periods.
- People had regular reviews of their care to ensure support continued to meet their needs.

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.

- Since the last inspection the registered person had made themselves aware of the AIS requirements.
- A person who received support told us they were happy with the way information was communicated with them and had no specific needs in relation to this.
- The registered person told us they would be able to provide information in alternative formats should the need arise in the future.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints raised within the service.
- A copy of the complaints procedure was available in people's care files and a person told us they knew how to make a complaint if they needed to.
- No complaints had been received by the service since the last inspection.

End of life care and support

- At the time of the inspection the service did not support anyone who required care at the end of their life. The registered person had attended relevant training and had systems in place to provide this support if required in the future.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection we found governance and performance management of the service was not effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the registered person was no longer in breach of regulation 17. However, further improvements were needed.

- Since the last inspection the registered person had made improvements to their quality monitoring systems and some shortfalls found at the last inspection. For example, staff recruitment and training. However, we spoke with them about further strengthening their systems to ensure they were sustainable if service user and staff numbers increased.
- Documentation, including some care records, was difficult to follow due to legibility. This meant it may be difficult for new staff and people using the service to read and understand the information. Although we did not find an impact on the care and support currently provided, we spoke with the registered person about reviewing and strengthening the legibility of all records to ensure they were clear and accessible for everyone who needed to use them.
- Staff told us they felt well supported by the registered person and had regular opportunities to discuss their work and training opportunities. However, we noted there was no formal recording of supervision sessions or planned staff meetings. This issue was highlighted at our previous inspection of the service. Although we did not find an impact on people's care and support at the time of this inspection, we spoke with the registered person about the need to ensure systems were developed and embedded for the future.
- The registered manager was aware of their responsibility to be open if things went wrong. Whilst they had not had any adverse events at the service, our discussions showed they understood what events should be reported to us.
- Staff were aware of the registered person's whistleblowing policy and told us they would use it if they had concerns which were not being addressed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to express their views about the services provided through surveys and regular contact with the registered person. A person who received services told us, "I can talk to [registered person]."

She'll always listen to me."

- Staff told us they had confidence in the registered person and could express their views about the services. A staff member said, "[Registered person] is supportive, I can go to her and raise any issues; I'm confident she'd listen to any ideas I have."
- Staff described the registered person's approach as "flexible" and said they were happy working for them.
- A person receiving support told us, "It's good, I'm happy; if I had to go [away] I'd want them here when I got back."
- A healthcare professional we spoke with was positive about the impact the service had on people's lives.

Continuous learning and improving care; Working in partnership with others

- The registered person worked in partnership with other organisations, such as local commissioners and healthcare services to support the provision of high quality care.
- The registered person attended local and national care network meetings in order to promote and develop good practice. They also attended training about good practice Initiatives for example, new approaches to supporting people's mental health. We saw this learning had impacted positively on people who received services.
- Staff told us the registered person encouraged on-going learning to ensure they provided high quality care.