

Midshires Care Limited

Helping Hands Ferndown

Inspection report

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Date of inspection visit:
04 February 2019
05 February 2019

Date of publication:
11 March 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection site visit took place on 4 February and 5 February 2019 and was announced.

Helping Hands Ferndown is a domiciliary care agency. It provides personal care to people living in their own homes in the community. Not everyone using the service receives a regulated activity; the CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At the time of the inspection the service was providing personal care to 26 people living in their own homes.

There was not a registered manager in post. However, an application has been submitted to the commission to register a manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected Helping Hands Ferndown in December 2017 and we found that governance systems and processes were not effective. We found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that little improvement had been made to ensure adequate management oversight of the service.

Medicines were not always managed safely. Assessments had not been carried out to assess the competency of staff who gave medicines. The correct procedures for medicines were not always followed. There were gaps in the recording of medicines.

We have made a recommendation about the management of medicines.

Accidents and incidents were not always recorded. Analysis had not taken place to identify trends or escalate concerns.

Audits were not always completed. Shortfalls had not been identified and therefore actions were could not be completed. Quality assurance systems were not in place to enable the service to monitor the standard of care they provided. The service had not asked people, staff, relatives and professionals for their views, suggestions or comments about the service.

People's care plans were not always personalised and did not always take into account their personal preferences. Reviews were not always completed in line with company policy. End of life care needs were not always explored fully.

Staff had received an induction. However, staff competencies were not assessed to ensure they were working in a safe way. Some staff had not received a direct observation of their work and those who had did not receive this in line with the service policy in regards frequency.

The service had a complaints process and people were aware of it and knew how to make a complaint. However, people told us that they had made a complaint and were not satisfied with the response they received from the service. We found that not all complaints had been recorded by the service.

Staff, people and their relatives had mixed views about the management of the service. Overall communication between the service, people and staff was an issue. Staff spoke passionately about the service and the people they provided a service for but thought that communication could be improved and they spoke positively about the area manager's involvement with the service.

People were protected from avoidable harm as staff received training and understood how to recognise signs of abuse. Staff told us who they would report this to internally. However, staff did not know who to report concerns to outside of the service.

Staffing levels were sufficient to provide safe care and recruitment checks had ensured staff were suitable to work with vulnerable adults. When people were at risk staff had access to assessments and understood the actions needed to minimise avoidable harm.

Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe.

People had their eating and drinking needs understood and these were being met. People told us the staff supported them well to eat and drink.

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, their relatives and professionals described the staff as caring, kind and approachable. People had their dignity, privacy and independence respected.

People had their care needs met by staff who were knowledgeable about how they were able to communicate their needs.

The service understood their legal responsibilities for reporting and sharing information with other services.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicines were not always administered and managed safely.

Accidents and incidents were not always recorded and there was no analysis for trends or lessons learned.

Infection control procedures were in place and followed.

There were enough staff and they were recruited safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff competency had not always been assessed and they had not received regular supervision.

People were supported to eat and drink enough and dietary needs were met.

The service sought advice and support from health professionals and people had access to services when they needed them.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who treated them with kindness and respect.

Staff had a good understanding of the people they cared for and supported them to make decisions about their care

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's care plans were not always detailed or contain the most up to date information about their needs and preferences.

People knew how to make a complaint. However, complaints were not always recorded and followed up to people's satisfaction.

Care plans did not always reflect people's preferences about end of life care.

Is the service well-led?

The service was not always well led.

Systems to monitor and improve the quality of the service were not fully effective.

Quality assurance systems were not robust to monitor the quality of the care provided.

People, their relatives and staff had mixed views about the management of the service.

Requires Improvement 

Helping Hands Ferndown

Detailed findings

Background to this inspection

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

This inspection site visit took place on 4 February 2019 and continued on 5 February 2019 and was announced. The provider was given 48 hours' notice. This was so we could be sure a manager or senior person was available when we visited.

The inspection was carried out by one inspector and an expert by experience who telephoned people to gather their views of the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience in dementia care and care at home services.

Before the inspection we reviewed all the information we held about the service. This included notifications they had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with eight people who used the service, three in their own homes and five on the telephone. We spoke with four relatives and five care staff. We requested feedback from three health and social care professionals who work with the service but did not receive a response.

We spoke with the area manager, care coordinator, acting head of care, quality partner and the branch manager of Helping Hands Southampton. We reviewed four people's care files, three medicine administration records, policies, risk assessments and consent to care. We looked at three staff files, the recruitment process, complaints, training and supervision records.

Is the service safe?

Our findings

Accidents and incidents were not always recorded by the manager in line with the service policy. The service had one recorded accident and incident for July 2018. We found records of falls in people's files which had not been recorded as accidents and incidents. This mean the service was unable to identify trends and lessons could not be learned from them. The area manager told us they would remind staff of the procedure for reporting and recording accidents.

The service continued to be in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People did not always receive their medicines safely. Staff responsible for the administration of medicines had all received training as part of their induction. However, the service did not assess the competency of staff to administer medication before they started work. We observed two staff on three occasions administer medicines and prescribed creams without first checking the Medicine Administration Records (MAR). This meant they could not be sure if there were changes to the medicines or if they had already been given. The area manager told us that staff did not have their competency assessed before administering medicines. They told us they would discuss medicine administration procedures in the upcoming staff meeting.

People's MAR had not always been signed to confirm administration of their medicines. MAR audits had not always been completed and where they had the actions from them were not completed. Where people were prescribed medicines that they only needed to take occasionally, guidance was not in place for staff to follow to ensure those medicines were administered in a consistent way. The MAR contained special instructions such as a body map to indicate where on the body prescribed creams should be applied. We recommend that the service considers current best practice guidance on managing medicines in domiciliary care and take action to update their practice accordingly.

Risk assessments were in place for people to support safety in their care. Moving and handling risk assessments had been completed for people together with environmental risk assessments of their home. We observed staff supporting a person to reposition in bed and their risk assessment was followed. Copies of the risk assessments were kept in the person's home so staff could refer to and follow them to ensure they were working in a safe way. Staff were aware of people's individual risks and how they should be supported.

There were enough staff working to provide safe care for people. The service had appointed a care co-ordinator in November 2018 and they were responsible for scheduling staff to the visits. People did not receive a schedule of visits for the upcoming week giving the time of the visit and the staff member that was assigned. A person said, "The rotas should be made available to us". A relative told us, "It would be nice if my loved one could have some sort of rota so they knew who was visiting". Another relative said, "My loved one has different carers and they have great difficulty with this not knowing who will arrive". The area manager told us it is the company policy to provide rotas to people and all people would now receive a rota each week unless they asked not to. The care co-ordinator told us they had been working on making travel time

more realistic and allocating regular staff to the visits.

People told us they felt safe with the service they received from Helping Hands Ferndown. A person said, "Yes, we do feel safe, the carers are confident in what they do". A relative told us, "Yes we do feel safe because the carers are very professional and understand safeguarding". The service had an out of hours on call system, this was shared amongst senior staff with management support on a rota basis. This meant that staff could access support when working in the evenings and weekends.

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that staff employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people. The service had the support of a dedicated human resources partner who gave advice on employment issues.

Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. The service provided staff with gloves and aprons and we observed staff using these and handwashing while providing care to people.

The service had arrangements in place for reviewing safeguarding incidents. Staff demonstrated knowledge of signs and symptoms of abuse and who they would report concerns to internally. However, staff did not know who to speak to outside of Helping Hands Ferndown, we passed this information to the area manager who said they would include this in the staff meeting. Records showed staff had received training in safeguarding adults and this was updated annually.

People's care and support plans held information which told staff how to support people in the event of an emergency, such as a fire in a person's home. The information contained details of how the person should be supported to move and procedures the staff must take during an emergency. Staff were instructed in the plan to call for the emergency services and advise the call handler of the persons condition or mobility difficulties. All staff had received health and safety training within their induction.

Is the service effective?

Our findings

Staff competency was not assessed. The service had an induction for all new staff to follow which included shadow shifts in line with the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. However, staff had not had their competency assessed which is a requirement to achieve the care certificate. The area manager told us that staff only complete shadowing before they start and there is no competency assessment of their work prior to them starting to work alone. The area manager told us they did not think this system was robust enough. Following the inspection, the area manager told us they had made changes to the process to include involvement from a manager to confirm staff were competent and able to start work.

The service used direct observations to check staff worked in a safe way. A manager or senior member of staff observed the staff member working with people in their home. However, these were not always carried out in line with the service policy. One member of staff told us they had not received a competency assessment or direct observation of their work since starting with the service in April 2018. This member of staff had recently provided shadowing for a new starter. This meant the service could not be sure the instructions new starters were receiving were correct as the staff member showing them had not yet had their competency assessed or observed. We spoke with the area manager and they told us that this had been a data entry error on to their system. They planned to go through each individual staff member and make sure dates were on.

Supervisions had not always been completed in line with the service policy. The area manager had identified that staff supervisions were a little behind and told us, "We have completed two thirds of the staff supervisions due to date". They said they had entered all the future dates onto their system so these would flag up when they were due. Supervisions were used by the service to support staff and where the manager could do a knowledge check to ensure staff were all working in the same way. Staff told us they had received supervision from the service. Staff were able to receive support from the office staff and out of hours there was an on-call staff to answer any queries they may have.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. At our last inspection we found that the service was not meeting the requirements of the MCA. We recommended that the provider considered good practice guidance to ensure that the service understand and meet the requirements set out in the MCA. At this inspection we found improvements had been made.

The provider had created a mental capacity checklist which included a mental capacity assessment and a best interest decision template. The area manager told us they were not currently providing a service for anybody who had required a mental capacity assessment. The checklist was in line with the requirements of the MCA and the area manager said this checklist was now used in all branches of Helping Hands following the recommendation made at the last inspection. Staff had received training in mental capacity which was

included within their induction. The area manager told us that the provider was starting to provide MCA training for senior staff and the first session was held on day two of our inspection at another office.

People had consented to their care. There were signed consent forms in people's files. A staff member told us, "I always ask my clients how they want things done and if I can help them". We observed staff asking and receiving peoples consent to provide care. They explained throughout what they were going to do for the person before they did it.

Staff felt the training they received from Helping Hands Ferndown was good. A staff member told us, "The training is good, I had three days induction then every year we update. There is also lots of online training. I am doing the dementia videos at the moment". Some staff had been supported to complete health and social care diplomas. The service updated some subjects annually, these included, safeguarding adults, basic life support and moving and handling. They had access to online training and there were optional subjects for the staff to choose if they wished. The area manager told us they did a knowledge check during supervisions. People told us they thought staff had the necessary skills to care for them.

Peoples care and support plans showed people's food and drink preferences. Many people were supported by staff to eat and drink within their visits and records were detailed. We observed staff preparing meals for people during our home visits. Records showed that food and drinks were detailed by the staff throughout. People were positive about the support they received with food and drink. A relative told us, "Carers provide my loved one with their breakfast, microwave meal at lunch and sandwiches at teatime, plus hot and cold drinks"

People were supported to receive health care services when they needed them. All records seen showed medical or specialist input. Care plans and records showed that instructions from professionals were being followed correctly. The service had recently introduced recording early warning signs for people to try to prevent further deterioration in health and wellbeing. The member of staff made the necessary record in the daily log book. Staff told us they would report any concerns to the office.

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. Some of the comments we received about staff were: "The carers are absolutely superb, hardworking and very professional", "The carers are like family to us, very kind and caring", "The carers I have, they talk to me nicely and we have a laugh and a joke", "The carers are always kind and caring, they understand my needs". Relatives told us: "They carers are always kind and caring to my loved one". Another relative said, "The carers are very patient".

People told us that they saw regular staff attend their visits. The care co-ordinator told us they were working with people and staff to create regular schedules. A staff member told us, "I have regular clients to see most of the time". A relative told us, "My loved one's regular carers know what they need". A person told us, "The carers know what to do and if not, then my husband will tell them".

People were encouraged to be independent and individuality was respected. People's cultural and religious needs were considered as part of the assessment process. Staff received training in equality and diversity. A staff member told us it was important to encourage people's independence and said, "It gives people their quality of life". A person told us, "The carers let me do things I can manage myself". Another person said, "If we didn't have the carers then we wouldn't be as independent".

Staff were aware of their responsibilities with regards to confidentiality. Staff knew they had a legal duty to maintain confidentiality and to protect personal information they may encounter during their work. We observed staff protecting information of people during our home visits by recording details of the care they gave by making a record and ensuring that information was returned to the agreed place.

People were treated with dignity and respect. We observed respectful interactions during our home visits. An example of this was a member of staff supporting a person with their care. The member of staff spoke to the person throughout, offering choices and reassurance. The staff member was explaining what they were doing. The person told us afterwards they were very happy and comfortable after the visit. People told us that staff treated them with dignity and respect. A relative told us, "They [staff] listen to my loved one. They don't rush them and always make eye contact and use their name".

People were encouraged to make decisions about their care. People were involved in their care, records showed input from the person and their family members. A person told us, "I was involved in the writing up of my care plan". A relative told us, "The care plan was reviewed three weeks ago and I was involved in that".

Is the service responsive?

Our findings

Care plans did not always reflect people's preferences and the care that was delivered. The area manager told us that people's care plans should be reviewed every six months or sooner if required. The area manager had identified that this had not been happening and the service had started a review and re-assessment of all care plans in December 2018 and this was ongoing. The new care plans were detailed with clear instructions for staff. However, two out of the three people we visited did not have up to date plans in the home and the remaining person's plan had been reviewed and updated but we found handwritten updates on it which had not been communicated to the office. An example was that a person had a change to their nutritional and medication needs but these were not reflected in their care plan. Regular staff knew how to meet the persons needs but when new staff attended there was a risk that the persons needs would not be met.

Staff told us if there was not a care plan in the person's home they called the office for guidance or asked the person themselves. One member of staff said, "There is not sufficient information in the care plans and some people don't have them". Another member of staff told us, "We have had quite a few new staff lately so care plans must be detailed". The area manager told us they would address this and would ask the regular staff what information was in the home and invite them in to help them include detail in people's plans.

People and their relatives told us they knew how to make a complaint and the service had a procedure in place. However, two people told us they were not happy with the way their complaint had been managed. These complaints had not been recorded by the service and the complaints process had not been followed. A relative told us they had made a complaint to the service and then said, "The manager did not reply, respond or apologise and I would have expected an apology". A person told us they had made a complaint and said, "I am not happy with the way Helping Hands Ferndown dealt with it". The area manager told us they were aware of one recorded complaint which was made to the service. This was dealt with within the timescales set by the service policy and to the person's satisfaction. Information on how to make a complaint was included in the information file in the persons home.

At the time of the inspection the service was not providing end of life care for anyone. The service had made improvements and introduced a section in the care plan which was called 'My palliative care needs and last wishes'. However, these contained very little detail about a person's last wishes, preferences and who they wanted to be involved in their end of life care. This meant the service was not aware about how people would wish to be supported to have a comfortable, dignified and pain free death.

People told us they could request changes to their care when needed. A person told us, "If I need to change anything then I call the office". Another person said, "They always accommodate my need to attend an early appointment".

The service met the requirements of the Accessible Information Standard. The Accessible Information Standard (AIS) is a law which requires services to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The service had considered

ways to make sure people had access to the information they needed in a way they could understand it, to comply with AIS. People's assessments referred to their communication needs and explained how people wished to communicate.

The service had received compliments about the care they provide. There was a display in the office of quotes given by people using the service. The area manager told us it is important to pass these on to staff. One compliment said, 'I would like to thank the manager [name] and the team for all the amazing work they are doing. They are so caring and all go that extra mile'.

Is the service well-led?

Our findings

At the inspection in December 2017 we identified the systems to assess, monitor and improve the quality of service provided were not always in place or operating effectively. The provider wrote to us and set out the action they would take to address the shortfalls following the inspection and said they would meet the requirements of the regulation by April 2018. During this inspection, we found there was little improvement to the provider's governance systems, and it still required action to enable it to be effective. The area manager and acting head of care told us they had identified that governance systems were not yet effective at Helping Hands Ferndown.

Quality monitoring systems did not provide oversight of service delivery or drive changes. MAR and care record audits had not always been completed. Therefore, errors had not always been identified. Where audits had been completed errors identified had not been addressed, investigated or actions carried out. The area manager told us they needed a better system and were planning on combining the audits for MAR's and care records into one. Quality monitoring had not identified staff competency had not been checked. The provider told us they would make improvements to people's care records to ensure accuracy and completeness by April 2018, however this process has not started until December 2018 and at the time of the inspection this had not been completed.

The service had not always sought feedback from people, staff, relatives or professionals. The area manager told us in the past year there had been one occasion when people were contacted by the branch manager on the telephone. Those records showed people were generally satisfied but there was little detail and no actions or analysis of this information. This meant the service was unable to monitor the quality of the service provided. Seven out of the eight people we spoke to said they had never been asked their opinions or feedback on how the service was run. The service could not demonstrate learning lessons when things went wrong and how they used information to drive improvements. The area manager told us they had the support of a quality partner who would be working with the service to improve this.

The service continued to be in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's feedback about the management and communication at the service was poor. A person told us, "There have been a few issues with the office, especially communication". Another person said, "There needs to be better communication". A relative said they didn't think the service was well managed and told us, "The communication is extremely poor between the office staff and those who use the service". Another relative said, "It could be managed better". Staff members told us that communication had been of a poor standard from the office. However, this had improved in the past few weeks and told us this was due to the care co-ordinator and area manager's input.

The service had an employee of the month scheme for staff. This was decided by the senior staff team. It was awarded to staff who went the extra mile. One of the staff who had been awarded this honour told us, "It's nice to be appreciated". The service awarded a certificate and a gift to the staff member.

The area manager understood their requirements under duty of candour that is, their duty to be honest, open and transparent. The area manager was open about the challenges throughout the inspection. They told us they had identified that the service needed to improve and was fully committed to addressing the issues and working to make those improvements. They felt supported by the provider and staff team at Helping Hands Ferndown to be able to do that. The area manager was positive about the future and told us, "I know this company can do it. It's not a quick fix" and then said, "We are determined to improve".

The service had not made links within the community. The service had recently appointed a care co-ordinator with many local links. They hoped to connect Helping Hands Ferndown with the local community and build those relationships.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not effectively operated to assess, monitor and mitigate health and safety risks and improve the services.

The enforcement action we took:

Issued a warning notice.