

Midshires Care Limited

Helping Hands Chelmsford

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

Helping Hands Chelmsford provides domiciliary care to people within their own homes in Chelmsford, Billericay, Danbury and the surrounding areas. The office is based in Chelmsford; Visits to people include support with personal care, shopping, housework and social visits.

The service has a registered manager in post. 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 provider was given 48 hours' notice of our visit. This was to ensure documentation and people were accessible on the day of our inspection.

People were complimentary about the service they received from Helping Hands Chelmsford. People's needs were assessed and appropriate information was given to people before the service commenced.

Staff had good knowledge of safeguarding procedures and were clear about the actions they would take to help protect people. Where safeguarding concerns had been identified the service had made the appropriate referrals and was open and transparent. Risk assessments had been completed to help staff to support people with everyday risks and help to keep them safe.

Systems were in place to assist people with the management of their medication and to help ensure people received their medication as prescribed. Recruitment checks had been carried out before staff started work to ensure that they were suitable to work in a care setting. Staff told us that they felt well supported to carry out their work and had received regular support and training.

There were sufficient numbers of staff, with the right competencies, skills and experience available to help meet the needs of the people who used the service.

Where needed people were supported to eat and drink sufficient amounts to help meet their nutritional needs and staff knew who to speak with if they had any concerns around people's nutrition. People were supported by staff to maintain good healthcare and were assisted to gain access to healthcare providers where possible.

People had agreed to their care and been asked how they would like this provided. People said they had been treated with dignity and respect and that staff provided their care in a kind and caring manner.

The registered manager had a good understanding of Mental Capacity Act 2005 and who to approach if they had any concerns and the appropriate government body if people were not able to make decisions for themselves.

People knew who to raise complaints or concerns to. The service had a clear complaints procedure in place and people had been provided with this information as part of the assessment process. This included information on the process and also any timespan for response. We saw that complaints had been appropriately investigated and recorded.

The service had an effective quality assurance system and had regular contact with people who used the service. People felt listened to and that their views and opinions had been sought. The quality assurance system was effective and improvements had been made as a result of learning from people's views and opinions.

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 could be sure that they would receive the assistance they needed when being supported with medication.

The provider had systems in place to manage risks, which included safeguarding matters and this helped to ensure people's safety.

There were enough staff available, with the right competencies, skills and experience to help meet the needs of the people who used the service.

Is the service effective?

Good ●

This service was effective.

People were cared for by staff who were well trained and supported.

Staff had knowledge of the Mental Capacity Act (2005) and knew how to keep people's rights protected.

People had experienced positive outcomes regarding their health and support and assistance had been gained when needed.

Is the service caring?

Good ●

This service was caring.

Staff were kind and caring.

Staff treated people with dignity and respect.

Staff had a good understanding of people's care needs.

Is the service responsive?

Good ●

The service is responsive

People's needs were assessed and their care and support needs had been reviewed and updated.

Staff responded quickly when people's needs changed to ensure that their individual health care needs were met.

Is the service well-led?

The manager understood their responsibilities and demonstrated good management and leadership skills.

The management team worked in partnership with other professionals.

Staff understood their roles and were confident to question practice and report any concerns.

Effective quality assurance systems were in place to monitor the service and identify any areas that needed improvement

Good ●

Helping Hands Chelmsford

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.

The inspection was an announced inspection and took place on the 3 May 2016.

The inspection was carried out by one inspector and an Expert by Experience (ExE) who assisted to make phone calls to people who used 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. On the day of our inspection, Helping Hands Chelmsford was providing support to 59 people.

Before the inspection we reviewed the information we held about the service. This included notifications, which are documents submitted to us to advise of events that have happened in the service and the provider is required to tell us about. We used this information to plan what we were going to focus on during our inspection.

During our inspection we spoke with the registered manager and the care co-ordinator. As part of the inspection we spoke with six people who used the service and five staff to gain their views about working for the service. Healthcare professionals were approached for comments about the service and any feedback received has been included in the report.

As part of the inspection we also reviewed six people's care records. This included their care plans and risk assessments. We also looked at the files of six staff members and their induction and staff support records. We reviewed the service's policies, their audits, staff work sheets, complaint and compliment records, medication records and training and supervision records.

Is the service safe?

Our findings

People told us that they felt safe when receiving their care. Comments included, "We feel very safe with all of the staff that come and have no concerns."

The manager was clear about their responsibilities in regards to safeguarding people and managing incidents. They made the appropriate referrals when situations were viewed as potential safeguarding incidents and were open and transparent when things went wrong. They took corrective action to prevent situations from reoccurring. Staff knew how to protect people from abuse and avoidable harm and all had completed relevant training and received regular updates. Staff were able to explain how they would recognise abuse and who they would report any concerns to.

Staff spoken with stated they would feel confident in raising any safeguarding concerns they may have and they found the management supportive when they had raised issues in the past. This showed that staff were aware of the systems in place and these would help to protect the people receiving a service. Staff told us that there were body map charts in people's care files that they would complete if they noticed any marks or bruising when they were assisting with personal care. Feedback from staff included, "I would call the office if I had any concerns." Staff were also aware of the whistle blowing procedure and described who they would speak to if they needed to report anything.

Risks to people's safety had been routinely assessed at the start of a service and these had been managed and regularly reviewed. People stated they had been part of the risk assessment process and a variety of risk assessments had been completed. These related to the environment and people's mobility needs and had clear instructions to staff on how risks were to be managed to minimise the risk of harm. Copies of this documentation could be found in people's homes and helped to ensure staff had up to date information and were kept safe.

The service was run from a self-contained office, which has access for those people who may have a disability. Appropriate risk assessments were in place and the service had appropriate insurance in place.

We were provided with rotas for care staff. We found there to be sufficient numbers of staff employed to meet people's needs. The registered manager told us that they would not commit to taking on a new care package unless they had sufficient staff to do so. People told us they thought there was enough staff and they had received the care and support they needed from the care staff. People had received regular care staff whilst being with the service. People told us, "They always come on time and stay for the full hour every time; it's great to have the same person."

Staff employed at the service had been through a thorough recruitment process before they started work for the service. Staff had Disclosure and Barring checks in place to establish if they had any cautions or convictions, which would exclude them from working in this setting. Staff members confirmed they had completed an online application form outlining their previous experience and provided references. They had also attended an interview as part of their recruitment. Checks to staff files during the inspection

showed that the correct documentation had been sought and the service had followed safe recruitment practice. Staff spoken with told us that they thought the recruitment process was thorough and confirmed that relevant checks had been completed before they started work at the service.

The service had a disciplinary procedure in place, which could be used when there were concerns around staff practice and helped in keeping people safe. Documentation was kept safely and securely. The service used a paperless system in their office which was password protected and backed up regularly.

The service had systems in place to assist with the management of people's medication. Staff had received mandatory medication training as part of their induction and regular updates had been organised to help ensure people received their medication safely. Any assistance with medication had been identified during the initial assessment and was part of the person's care plan. Care plans seen, clearly stated, whether assistance with medication was needed, but most people we spoke to did not need assistance from staff due to having relatives who could assist or they were self-medicating.

Is the service effective?

Our findings

People were happy with the care they received and felt the staff had the right skills and knowledge. Feedback included, "They certainly know what they are doing, and I have every confidence in them."

The registered manager informed us how new staff were inducted into the service. Once the potential candidate had been interviewed and were deemed suitable, they were required to complete a three day induction before being formally offered employment. During the induction, they were assessed as to whether they were suitable for employment with Helping Hands by passing the induction. Both the trainer and the registered manager found this system worked well as they were able to assess how well potential staff engaged and understood their roles and responsibilities as a care worker, and if they had the correct knowledge and skills to undertake their roles. The registered manager told us about how the decision had been made that rather than provide a prepared lunch for staff who were undertaking training in food hygiene, they had decided to buy the ingredients and then asked them to make their own lunch in front of the trainer, who could then assess as to how competent they were preparing food. The service had a dedicated training room with equipment and an allocated trainer service.

Staff inductions consisted of the three days classroom learning which was based on the care certificate. The care certificate was developed by Skills for Care. Skills for Care is an organisation that offers workplace learning and development resources and works with employers to share best practice to help raise quality and standards in the care sector. This included practical and theoretical training and also included the requirement to complete an induction workbook within twelve weeks of commencing employment. New staff were then required to undertake shadowing visits with experienced staff members in which their competency was assessed. One person commented, "When staff are new they come with someone else until they know what they are doing." The registered manager then undertook supervision after one week of lone working, which allowed the manager and staff member to discuss how things were going and if they needed further support. This was evidenced and placed onto staff files. One staff member told us, "I had excellent training and I liked doing the shadowing which gave me a chance to see what I had learnt put into practice."

The manager undertook regular supervisions with staff members. This included formal supervision and direct observations where the field care supervisor carried out direct observations to assess competency, knowledge and skills they then gave notes of their findings to the registered manager to use for the staff members supervision. Staff told us, "I feel really well supported, as well as training sessions and supervision, we have group sessions with other carers to share ideas and good practice."

All staff had received training appropriate to their job roles, for example moving and handling and safeguarding training. Where staff had requested further specialist training such as dementia training this was provided. Training was also provided around certain health issues such as Parkinson's, arthritis, and pressure area management.

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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager had a good understanding of the Mental Capacity Act (MCA) 2005. Staff confirmed they had received training in MCA both during induction and at regular refresher training. People we spoke with told us they were asked for their consent before any tasks were undertaken. Where people were able to sign in agreement to their care plans this was done. If people were unable to sign, this was discussed and recorded on their care plans. Documentation was recorded where people had lasting power of attorney, court of protection involvement and advocacy. This meant the service was aware of how to support and promote best interests in line with the MCA.

People were supported with their nutrition and hydration needs where required. Staff ensured they recorded appropriately where people were supported with food and drink. Staff told us that they would ensure that people had access to their food and drink before they left the person's home. They added that if they had any concerns that someone was not eating properly they would speak with their manager, so that they could speak with other health care professionals and get help and advice if needed. Feedback included, "The staff prepare my lunch for me and I always get what I fancy" and "They always ask what I would like to eat and make me a hot drink."

The service worked well with other health professionals to ensure people's health needs were met. Where required, the registered manager and co-ordinator liaised with health professionals such as social workers, doctors and district nurses to ensure where people required medical input this was sought and put in place. Where appointments had been made, clear notes were recorded with the actions and outcomes. People told us, "My carer will contact the district nurse or GP if I need them to but I try to keep doing that myself." Comments from health professionals included, "We have a good working relationship communication between us and Helping Hands is very good."

Is the service caring?

Our findings

People told us they felt the staff were kind and caring. Comments included, "My carer is very good and I could not do without her, she is very polite and always respectful. It is like having another daughter." And "My carers are really very caring; nothing is too much trouble they always chat to me whilst they are here."

Management and staff were able to explain the values of Helping Hands and how they implemented this into their daily work. Helping Hands values consisted of "Excellence every time and listening and understanding." Staff we spoke to told us, "It's all about continuity of carer. You really get to know the client and what they liked and what they don't like and how they like things done." And, "Working with the same group of client's means that you can notice the changes over time, it is good we get to work with the same clients it means we can build up good relationships."

Staff were able to explain to us how they cared for people. Staff knew people's needs well including likes and dislikes. Staff were able to explain how they would support people to be independent. One person told us, "I am much more independent now and the carer has helped me to get better."

People we spoke with were positive about the staff that supported them. One comment included, "They always stop and have a chat never just rush off." Other comments included, "They give me a choice of what I would like to eat and what I would like to wear every day."

For people who needed extra support to make decisions about their care and support, the service had information about advocacy services or had involved relatives. Advocacy services help support and enable people to express their views and concerns and provide independent advice and assistance where needed.

Is the service responsive?

Our findings

People were happy with the care they received and told us they had been fully involved in their care plan. One person told us, "My carer knows exactly what I like and what I don't like she really understands me."

People's care needs had been assessed before receiving a service, which helped to ensure the service was able to meet their needs. Each person had a care plan and this contained a variety of information about each individual person and covered their physical, mental, social and emotional needs, plus the care they needed. Any care needs due to the person's diversity had also been recorded and staff were aware of people's dietary, cultural and mobility needs.

People confirmed that before the service commenced they had received a visit from someone from the service, to assess their needs and ask their preferences about the support they would be offered. One person told us, "Someone came to see me before hand to discuss the help I needed and to make sure they could provide it."

People's care plans were reviewed each year however, if people's needs changed within that time reviews were undertaken promptly to ensure people were receiving the support and care they required. People had been involved in the planning of their care through the assessment and care planning process and also at on-going reviews of their care and support. People had signed to say they agreed with the care as part of the initial assessment process. People had care plans within their homes which advised staff on what care they needed assistance with. Staff we spoke with were knowledgeable about their role and the people they supported.

The manager told us they visited and telephoned people who used the service to gather feedback to ensure they were meeting people's needs and to monitor any changes which would then be reflected in the care plan. People told us, "I get a supervisor visit every so often to see everything is alright."

There were effective systems in place for people to use if they had a concern or were not happy with the service provided to them. This information could be found in the care folders in people's homes. Where complaints had been received there were records that these had been investigated and action taken. Senior management in the organisation monitored complaints, so that lessons could be learned from these, and action taken to help prevent them from reoccurring.

People confirmed they knew who to contact if they had a concern and all knew where to find this in the folder in their home. Staff spoken with said they knew about the service's complaints procedure and that if anyone complained to them they would advise them what to do, or would notify the manager. One person told us, "I have no complaints at the moment but I did in the past when they were coming late but now they come on time which is much better." And, "I have no reason to complain I would speak to the manager if I did."

People told us that in the past they had expressed concerns around different carers coming one person told

us, "I complained in the past about all the changes but now it's really good, I have the same carer, now I have no problems." This meant that people were supported by staff that knew their needs well and prevented potential disruption and frustration by having lots of different staff member visiting them. Another person told us, "It is very important that we have the same carer and Helping Hands ensure this is the case we stopped using one agency because of the constant change in carers."

Is the service well-led?

Our findings

The service had a registered manager who was aware of their responsibilities. The manager was supported by the provider to undertake their roles through the use of effective systems, tools and processes. For example, a paperless system and a computer system which was used specifically for a domiciliary care service. This included the use of a 'magic pen' which was used to transfer information to the providers system electronically, and the ability to scan all documents on to a single system which was accessible to all staff. The registered manager told us how Helping Hands was a family run business and the owners had not lost sight of ensuring that they put the people they supported first and foremost. The manager said she felt supported by the providers.

People benefited from staff that received regular support, attended regular staff meetings and could gain help and advice when needed. This enabled them to be clear about their roles and responsibilities and continually improve their care deliver. Staff told us that they felt listened to and were kept up to date with information about the service and the people. They added that management had an 'open door' and they could call in at any time.

The service had clear aims and objectives, which included dignity, independence and choice. The ethos of the service was made clear to people through the service's aims and objectives and staff had a good understanding of the standards and values that people should expect. This was covered in the induction process.

It was evident from discussions with the manager and staff that a clear organisational structure was in place and staff were able to access senior management easily. This also included the use of the provider's intranet to send messages to senior management. We saw examples where the CEO had personally written to care staff to thank them for their hard work and dedication. Each month a 'branch of the month' was awarded on the basis of targets and good work. This was followed up with rewards of recognition which was displayed on the intranet site. A leadership group also took place once a month to discuss how improvements could be made and what was working well.

Quality assurance checks were in place such as regular auditing. The registered manager was responsible for undertaking quality checks when daily books were returned to the office. These were checked monthly to ensure information written in people's daily books corresponded with their care plans and the planned visit times. Medication audits were also undertaken. Each month records of audits were collated and analysed. The provider employed a quality team who were responsible for providing monthly statistics to services which showed they had completed all tasks required to be 'compliant' with the provider's quality assurance processes.

Management had clear oversight of how the service was run. Staff had access to the provider's intranet site which was well maintained and an excellent resource for staff. This included links to training, how to report concerns, how to contact senior management within the service and also allowed staff to create personal profiles for themselves. The intranet also contained access for staff to the provider's policies and procedures

if needed.