

Surrey Helping Hands Limited

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Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Surrey Helping Hands is a domiciliary care agency that provides personal care to people in their own homes in the West Surrey area. People who received a service include those living with frailty, mobility needs and health conditions such as dementia. At the time of this inspection the agency was providing a service to 62 people, some of whom were not able to speak to us. The frequency of visits ranged from one visit per week to four visits per day depending on people's individual needs.

The inspection took place on 3 August 2016, and was announced. We gave '48 hours' notice of the inspection to ensure that staff would be available in the office, as this is our methodology for inspecting domiciliary care agencies.

During our inspection the registered provider was present. The registered provider was covering the manager's role. 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.

People were not always protected from being cared for by unsuitable staff because although recruitment processes were in place, they were not always followed.

Staff did not have a clear understanding of their responsibilities regarding the Mental Capacity Act 2005. Where people lacked capacity they were not fully protected and best practices were not being followed.

Quality assurance systems and arrangements to regularly assess and monitor the quality of the service were in place, but they were not effective enough to identify shortfalls in the systems.

People told us that they received their medicines safely and on time. However people were at risk of harm as the medicine administration records (MARs) in use at the time of the inspection were not always completed correctly. We made recommendation that the registered provider ensures that MARs chart are completed in line with current guidelines with regard to the administration of medicines.

People were supported by staff who had the knowledge and skills required to meet their needs. Everyone that we spoke with said that staff were trained and were competent in their work. All new staff completed an induction programme at the start of their employment. Training was provided during induction and then on an ongoing basis.

Risk assessments included information about action to be taken to minimise the chance of harm occurring. Staff were able to explain the procedures that should be followed in the event of an emergency.

People said that staff generally arrived on time and if they were delayed for a significant amount of time then they were informed. People also said that they knew the staff well and generally received a service from

a group of known workers.

People were supported at mealtimes to have the food and drink of their choice. The support people received varied depending on people's individual circumstances. Staff were available to support people to attend healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

People confirmed that they had consented to the care they received. They told us that staff checked with them that they were happy with support being provided on a regular basis.

People had care plans in place for identified needs. Staff understood the importance of promoting independence and this was reinforced in people's care plans. People were supported to express their views and to be involved in making decisions about their care and support. People told us that the agency was responsive in changing the times of their visits and accommodating last minute appointments when needed.

Positive, caring relationships had been developed with people. Everyone that we spoke with told us they were treated with kindness and respect by the staff who supported them. Staff were respectful of people's privacy and maintained their dignity.

People and their relatives told us they were aware of the formal complaints procedure and that they were confident that the registered provider or staff would address concerns if they had any.

People and their relatives said that the agency provided a good service. Staff were motivated and told us that they felt fully supported by the registered provider. They said that the registered provider and senior staff was approachable and kept them informed of any changes to the service.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made one recommendation to the provider. You can see what action we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People's medicines were administered safely but medicine records were not always completed correctly.

Recruitment processes were in place but not always followed.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

Risk assessments were in place to provide direction to staff and promote people's safety.

There was a contingency plan in place in the event of an emergency.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff did not have a clear understanding of the Mental Capacity Act (MCA) or their responsibilities in respect of this.

Staff were provided with training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People were supported with their health and dietary needs.

Requires Improvement ●

Is the service caring?

The service was caring.

People valued the relationships they had with staff and expressed satisfaction with the care they received.

People were treated with dignity and respect and were involved with all aspects of their care. They were encouraged to be as independent as possible.

Good ●

Is the service responsive?

The service was responsive.

People received care that was responsive to their needs. People felt that the service was flexible and based on their personal wishes and preferences.

There was a culture of openness which supported people to raise issues in the confidence, and that these would be listened to and acted upon.

Good ●

Is the service well-led?

The service was not always well-led.

Systems in place were not effective to monitor the quality of care and support that people received.

The provider had sought, encouraged and supported people's involvement in the improvement of the service.

People told us the staff were friendly and supportive.

Requires Improvement ●

Surrey Helping Hands Limited

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 checked 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 took place on 3 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that staff would be available to assist us during the inspection. The inspection team consisted of two inspectors.

We gathered information about the service by contacting the local authority safeguarding and quality assurance teams. We also reviewed records held by the Care Quality Commission which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

When visiting the agency office we spoke to the registered manager, two care staff and the office manager. After the inspection, we spoke with two people who received care and support, six relatives and a friend who had power of attorney (this is a person who has been given the legal authority to make specific decisions on behalf of someone) by telephone.

We reviewed a range of records about people's care and how the domiciliary care agency was managed. We looked at eight care records, risk assessments, medicines records, accident and incident records, minutes of

meetings, three staff records, complaints records, policies and procedures and external and internal audits.

This was the first inspection of the service since they moved to this location. We last inspected the service at their previous location East Wing, The Old Fire station, 20 Pyrcoft Road, Chertsey, KT16 9JD on 16 May 2013 where no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe with the staff who provided care and support. A person told us, "I feel completely safe with staff." A relative told us, "Yes, they are very kind; there has never been any conflict." Another relative told us, "We feel very safe with them. If there were any problems I would know."

People were not always protected from being cared for by unsuitable staff because although recruitment processes were in place, they were not always followed. Records contained an application form which recorded employment and training history, provided proof of identification and contact details for references. However, the provider had not obtained any explanation for gaps in people's employment history; there were no formal interview or notes recorded. Most of the staff had worked for the service for a number of years. One member of staff had commenced employment before the provider had made checks through the disclosure and barring service (DBS). DBS checks identify if prospective staff had a criminal record or are barred from working with people who use care and support services. An application had recently been applied for.

The failure to have effective and established recruitment procedures in place to ensure that people employed meet the conditions as specified in the regulation is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were happy with the support they received with their medicines. People confirmed that they received their prescribed medicines in a timely manner from staff and that their medicines were stored securely in their own homes. Their comments included, "Yes I get my medicines on time" and "Yes staff are very good they make sure they have taken it." Staff were able to describe how they supported people with their medicines. Only staff who had attended training in the safe management of medicines were authorised to administer medicines. Any changes to people's medicines were prescribed by the person's GP.

Arrangements were in place to record medicines. The medicines administration records (MARs) we reviewed were not always accurate as some MAR charts contained gaps. Not every entry was initialled by staff to denote that medicines had been administered. A medicines profile had been completed for each person and any allergies to medicines recorded so that staff knew which medicines people could safely receive and which to avoid. There was guidance for staff about people who were on PRN (as needed) medicines. PRN records included dosage details and the reason they may require them and what to look for when people may require PRN medicines.

We recommend that the registered provider ensures there is a system in place to confirm that prescribed medicines have been administered.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff were aware of the signs of abuse and what to do if they suspected or witnessed any abuse. The service held the most recent local authority multi-agency safeguarding policy as well as current company policies on safeguarding adults. This provided staff with guidance about what to do in the event of

abuse. Staff confirmed that they had received safeguarding training within the last year.

Accidents were recorded by staff and actions had been taken to ensure people were as free as possible from the risk of harm. Any accidents reported were discussed with the family of the person, the person and healthcare professionals. For instance, where a person had twisted their wrist. They had received treatment at A&E and instructions were provided to staff to remind the person about how to support themselves. Information provided would assist staff in minimising any reoccurrences.

Assessments were undertaken to assess any risks to people who received a service and to the staff who supported them. These included environmental risks and any risks due to the health and support needs of the person such as certain medicines. Risk assessments varied in regard to the amount of information recorded, however staff had in depth knowledge of people's needs and what action to be taken to minimise the chance of harm occurring. Some people had restricted mobility and information was provided to staff about how to support them when moving around their home, transferring in and out of chairs and their bed. Assessments included what equipment should be used and who provided this. A member of staff told us, "I always make sure that I leave the property secure, that there is nothing in people's way that they could fall over, that they have their call line to hand and that food in the fridge is in date."

Safety arrangements were in place in the event of an emergency to minimise the disruption to people's care and support. The service had a business contingency plan that identified how it would function in the event of an emergency such as fire, adverse weather conditions or flooding.

People said that staff generally arrived on time and if they were delayed for a significant amount of time, they were contacted to inform them of the reason. People said that they knew the staff well and received a service from a group of known workers. They also said that if staff felt that it was necessary to stay for longer than their allotted time, then they did so to ensure that people were safe and that all tasks were completed to their satisfaction. A relative told us, "They are very good, I went around this afternoon and staff were chatting to [family member] whilst they were doing their tasks." Another relative told us, "When [Family member] has been distressed, staff have stayed longer to make sure they are ok."

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. These could be adjusted according to the needs of people. The registered provider told us that staff would pull together to cover shifts and if not, other staff from the service including themselves were used. This information was also recorded in the PIR. They also tried to match staff to people who received a service to ensure continuity of care.

Is the service effective?

Our findings

People felt staff were trained and competent in their work. A person told us, "My regular carer is very good; she knows her job and her kindness can never be repaid. On her days off a new person comes to help me, she is not bad either." Despite people's comments there were areas that needed to be improved.

People's rights were not upheld in line with current guidelines in relation to the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). Where important decisions needed to be made mental capacity assessments were not completed to see if people could make the decision for themselves. 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. Best interests were not always considered when specific decisions that affected people were made. This meant people's rights had been affected.

The provider and staff did not have a clear understanding of their responsibilities under the MCA and DoLS, the records viewed confirmed that staff had not received any training. The registered provider told us, "I recognise I need to make improvements to this process".

Failure to meet the requirements of the Mental Capacity Act 2005 was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People confirmed they had consented to the care they received. A person told us, "They always ask for my permission before they do anything, particularly when doing personal care." They told us that staff checked with them that they were happy with the support being provided on a regular basis. Staff maximised people's decision making capacity by seeking reassurance that people had understood questions asked of them. They repeated questions if necessary in order to be satisfied that the person understood the options available. Where people declined assistance or choices offered, staff respected these decisions.

People received care and support by competent staff. The provider's records confirmed there was a training programme in place that included courses that were relevant to the needs of people who received a service from the agency. Staff had received training in areas that included moving and handling, safeguarding, food hygiene, and safe administration of medicines.

The registered provider promoted good practice by developing the knowledge and skills of new staff required by the Care Certificate to meet people's needs. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. In addition staff had completed training linked to the equivalent of a diploma level training in health and social care. Staff we spoke with said that they were fully supported by the registered provider.

Staff received appropriate support that promoted their professional development. Staff confirmed they had

regular meetings with their line manager to discuss their work and performance. Documentation confirmed that regular supervision and annual appraisals took place with staff. Management observed staff in practice to review the quality of care delivered and any observations were discussed with staff with the aim of improving the care they offered to people.

People were happy with the support they received to eat and drink. A person told us, "Staff will always help me with meal preparation." A relative told us, "Staff makes sure [relative] has their meals." People were supported at mealtimes to have food and drink of their choice. The support people received varied depending on people's individual circumstances. Some people lived with family members who prepared meals. Some staff reheated food and ensured meals were accessible to people, whilst others required greater support where staff prepared and served meals, snacks and drinks.

People had access to healthcare professionals such as doctors, district or specialist nurses, and other health and social care professionals. The PIR provided information about the involvement of the community matron in people's care. The relative confirmed that the matron regularly visits and staff discuss any concerns with the matron and family member.

Staff were available to support people to access healthcare appointments if needed. Staff liaised with health and social care professionals involved in people's care and support needs, any changes were recorded. One staff member told us, "Sometimes there are Occupational therapy appointments and they will ask us to be there as we know the issues and can explain things." A relative told us, "Staff found my [relative] in bed as this wasn't like them, they called the GP and they referred [relative] to the hospital." Outcomes of the visits were recorded, so that staff had up to date information in accordance to people's needs.

Is the service caring?

Our findings

People told us they were treated with kindness and respect by the staff who provided care. A relative told us, "The staff are fantastic." Another relative told us, "90% of the time it is the same carer, so my [relative] knows them and they know my [relative], they do the very best they can and they are always smiling." One person told us, "Staff are kind and caring, I feel well looked after and I can still be independent."

Positive, caring relationships had been developed with people. A person told us, "They are very good and they know my routine." A relative told us, "They are reliable, they are consistent and they go out of their way. They even offered to pick [relative] from the hospital." People told us that having consistent staff enabled them to get to know the staff and staff get to know them and their family.

People were involved in making decisions about their care and support needs. People told us that they had been involved in planning their care and that staff took account of their individual choices and preferences. A person told us, "They know how I like things; I would tell them if I didn't." A relative told us, "It is always in accordance with my [relative]'s choice. They always ask him what he wants."

People told us that staff treated them with respect, and maintained their dignity. Staff understood the importance of respecting people's dignity, privacy and independence. Staff told us they gave people privacy whilst they undertook aspects of personal care. People's needs varied regarding the support they required with personal care, so staff would either provide full support or would be nearby to maintain the person's safety, for example if they were at risk of falls. With regard to personal care, one staff member told us, "We always knock when we go in and shout out so people know who it is." They went on to say, "When I do personal care I make sure people are covered with towels and move them around so they're not exposed. When I've washed one half I will part dress so they're covered. We make sure doors and curtains are closed. Before we leave we make sure everything is clean and tidy, it's their home." The feedback provided confirmed the information stated in the PIR which said that staff understood the need to respect people's privacy, dignity and human rights.

Staff knew the people they supported. One member of staff told us, "When you start working with someone we will ask questions and get to know them and pass it on to other carers. It's usually better to get to know people yourself, talking to people builds a relationship and trust." Staff talked about people; their likes, dislikes and interests and the care and support they needed. Staff were knowledgeable about the techniques to use when people were distressed or at risk of harm. Information was recorded in people's plans about people's personal preferences, the way they would like to be spoken to and how they would react to questions or situations.

People and their relatives were supported to express their views and to be involved in making decisions about their care and support. A relative told us, "If staff have any concerns, I am the first point of contact so we can discuss the matter." A person told us, "Yes they involve me in my care, and I tell them what I want."

Staff were able to explain how they supported people to express their views and to make decisions about

their day to day care. For example, one staff told us that a person was going to have a change in carer due to her weight issues. "When I next went she had worked out a way to raise herself up so we could do it together. She said she had worked it out because she didn't want to lose me as a carer."

The registered provider was motivated to provide a quality service centred on people's needs and wishes. The staff were also enthusiastic when they described their roles and clearly showed compassion for people through the way they talked about those they cared for.

Is the service responsive?

Our findings

People were satisfied with the service provided and their needs were responded to in a timely manner. A person told us, "I am happy with Helping Hands. I find them very easy to deal with." A relative told us, "It has taken a lot of pressure off me. Now I tell the carers what is needed and they do it." They went on to say, "I know [family member] isn't lonely anymore."

People's care and support was planned in partnership with them. Everyone that we spoke with said that their care was planned at the start of the service. A representative of the agency spent time with them finding out about their preferences, what care they wanted or needed and how they wanted this care to be delivered. The agency encouraged people to contact them to discuss any changes to their care or support needs.

Pre assessments were carried out before care was delivered by the service and were reviewed once the person had settled down with the care provided. The information recorded included people's personal details, care needs, and details of health and social care professionals involved in supporting the person such as doctor and care manager. Other information about people's medical history, medicines, allergies, physical and mental health, identified needs and any potential risks were also recorded. This information was used to develop care and support in accordance to people's needs to ensure staff had the most up to date information.

People received personalised care that was responsive to their individual needs and preferences. People told us that the agency was responsive in changing the times of their visits and accommodating last minute appointments when needed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised and responsive service.

Staff were kept informed about the changes in visits and the support people required. There was an on call system which would inform staff of any changes to people's needs either in person or via phone or text. All changes to people's needs and any appointments scheduled were documented.

Most of the support provided by the service was for personal care, cleaning, meal preparation or administration of medicines. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. Information was recorded in people's care plans about how to support people. Some people required support shopping or accessing the community which staff carried out.

People were encouraged to give their views and raise concerns or complaints. People and their relatives told us they were aware of the complaint procedure and that they were confident that the registered provider would address concerns if they had any. A person told us, "I have never had to make a complaint but I would speak with the [owner] if I had any problems." A relative told us, "I have never had to make a formal complaint, what I try to do is, if I have any issues I won't leave them, I would deal with them there and then with the staff." We reviewed the complaints log and noted that two complaints had been received in the last twelve months. These had both been dealt with in accordance with the provider's policy.

Is the service well-led?

Our findings

People and their relatives said that staff and management provided a good service. A person told us, "I am very happy with the service, the owner has known me for years." A relative told us, "We are happy with the care provided." Another relative told us, "We are very happy with the service. We trust them." Despite people's positive comments we found that improvements were needed to monitor the quality of the service delivered.

Policies and procedures were in place for staff to follow to help ensure safe and appropriate care was provided to people. However, some of the policies were out of date and did not reflect current legislation and guidance. We noted that staff including the registered provider did not have a clear understanding of current changes in legislation to protect people's rights and freedom.

People's daily records were not written in a person-centred way. Although daily records were completed these did not record information about a person's well-being, interactions, activities or mood. This meant that although information was up to date it did not provide a full picture of the person to enable staff to monitor any issues that might arise.

The registered provider did not have effective systems in place to monitor the quality of care and support that people received. There were no robust quality assurance systems to monitor and review the systems in place. Internal audits carried out did not identify shortfalls or monitor actions required about the recruitment process, management of medicines and care plans. Monitoring of systems in place would enable the provider to, identify review and take action to improve the service.

People were involved in how the service was run. The registered provider wrote to all people that received a service in 2015 in order to obtain their views on the service provided. People were asked for their opinion in relation to people's opinion about the assessment process, communication, how staff interacted with people and how competent staff are to perform their role. Generally the feedback was positive. Where the feedback was negative, there was no action plan in place to identify and address the issues that had been raised. The impact for people was low because staff still delivered good care and the provider was responsive to people's needs but the lack of action to monitor and improve based on quality assurance and people's feedback is an essential requirement of a well led service.

The lack of good governance was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were involved in the running of the service. Staff told us regular staff meetings and supervisions were held and they felt they could make suggestions and that these were listened to. Staff told us, "It gives us a chance to air our views and say if there's anything wrong and we all listen." The minutes of the meetings recorded discussion about new staff, recruitment, and medicine records and staff incentives.

Staff confirmed that a weekly newsletter was sent with their rota each week to let them know of any changes

and thank staff.

People could be confident that their personal details were protected by staff. There was a confidentiality policy in place. Care records and other confidential information about people were kept in a secure office. This ensured that only those who were involved in people's care could gain access to their private information.

Staff told us that they felt fully supported by the registered provider and that they received regular support and advice via phone calls, texts and face to face meetings. Records confirmed information communicated to staff. They said that the registered provider and senior staff were approachable and kept them informed of any changes to the service. Surrey Helping Hands identified that they needed to retain loyal and valuable staff, so in order to show their appreciation they had implemented a staff incentive loyalty scheme.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider failed to gain appropriate consent in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice.
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not ensured good governance of the service.
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider failed to have effective recruitment and selection procedures that comply with the requirements of this Regulation.