

Helpful Home Care Limited

# Helpful Home Care LTD

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This announced inspection was carried out on 19 October 2016. The office is situated in Oadby Leicestershire and the service provides personal care to people living in their own home. This is a small service and at the time of our inspection 10 people were receiving care and support.

The service had a registered manager. 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 told us that they felt safe when staff supported them and that there were enough staff to meet their needs.

Risk assessments were in place which set out how to support people in a safe manner. The service had safeguarding and whistleblowing procedures in place. Staff were aware of their responsibilities in these areas.

People were supported by a consistent group of staff who had the skills they needed to meet people's needs and individual preferences. People received any support they required to take their prescribed medicines safely when they needed to.

When people started to use the service a care plan was developed that included information about their support needs, likes, dislikes and preferences. This meant that staff had the relevant information to meet people's needs.

People were supported by staff who had been given sufficient training to provide them with the knowledge and skills to provide appropriate care and support.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The provider was aware of the principles of the MCA and how this might affect the care they provided to people. People were asked to provide their consent to the care being provided.

People received the assistance they required to have enough to eat and drink and people were supported to make appropriate referrals to health care professionals when needed.

People were able to express their views on their care and were treated as they wished to be in a respectful manner. People who used the service, or their representatives, were encouraged to contribute to the planning of their care.

People who used the service, or their representatives, were encouraged to be involved in decisions and systems were in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously.

## 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 felt safe and the risk of abuse was minimised as the provider had systems in place to recognise and respond to allegations or incidents. They received support they needed to manage their medicines.

The provider had effective recruitment procedures and there were enough staff to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

People were supported by a staff team who were suitably trained and supported to meet their varying needs.

People were encouraged to give consent and make decisions about their care and support.

People were supported to maintain their health and have sufficient to eat and drink.

### Is the service caring?

Good ●

The service was caring.

Staff were caring. People were involved in decisions about their care and support.

People told us that staff respected their privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People received care which had been discussed and planned with them and was responsive to their needs.

There was a complaints procedure in place. People felt confident to raise their concern.

## Is the service well-led?

Good 

The service was well-led

Staff had a clear understanding of the aims and objectives of the service.

Staff felt supported by the registered manager and that they could be contacted at any time. People using the service felt able to contact the registered manager and discuss any issues with them.

People were able to comment on their experiences using the service and there were effective systems in place to monitor the quality of the service they received.

# Helpful Home Care LTD

## 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 took place on 19 October 2016 and was announced. The provider was given 24 hours' notice of the inspection because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us.

The inspection was carried out by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about a service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and information we had received about the service from people who had contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service. We also contacted Healthwatch to see if they had any information about the service.

We reviewed a range of records about people's care and how the service was managed. This included three people's care plans and associated documents including risk assessments. We looked at three staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people using the service and policies and procedures that the provider had in place. We spoke with the registered manager, the care coordinator, and four care workers.

As this was a small service we were only able to speak with two people and two relatives of other people who used the service. This was to gather their views of the service being provided.

# Is the service safe?

## Our findings

People felt safe and protected by the service they received. A person told us, "I feel safe at all times with carers." Staff understood the different types of abuse and how these could occur. They were aware of their role in protecting people from harm and described how they did this when supporting people. Staff felt confident that the registered manager would take action if they reported any suspicion or allegation of abuse to them.

Policies and procedures in relation to the safeguarding of adults were in place and the actions staff described were in line with the policy. Staff told us and records confirmed that they had received training around safeguarding adults. All of the staff we spoke with told us that they understood whistleblowing and that they could raise concerns with external professional bodies such as the local authority. One staff member told us, "If I had any concerns about my clients I would report them immediately."

The registered manager understood their responsibility for reporting allegations of abuse to the local authority and the Care Quality Commission.

The risks to people's safety had been appropriately managed by the registered manager and staff. People's care plans contained information about how staff should support people to keep them safe but still allow the person to maintain their independence. For example there were risk assessments on people's mobility needs. The care plans detailed what aids should be used and when and how to offer help to individuals. People we spoke with told us the staff used equipment required for their care safely and the care they received was tailored to their condition. A relative told us, "I have every confidence in the care they give, they know what they are doing."

Risk assessments were reviewed every three months or sooner if a change had occurred in a person's circumstances. Reviews were detailed and included where possible the person using the service or their relative's views. This was important to make sure that the information included in the assessment was based on the current needs of the person.

Where accidents or incidents had occurred these had been appropriately documented and investigated. Where these investigations had found that changes were necessary in order to protect people these issues had been addressed and resolved promptly. Further training was offered to staff where the registered manager thought it necessary. We also saw that where incidents had happened they were discussed at team meetings to raise staff awareness and minimise the risk of a reoccurrence. The provider ensured they learnt from incidents and future risks were minimised.

We saw that each person's home environment was assessed to make sure it was safe for the person and for staff. This included checking that the property was accessible, if it was in a rural area was it well lit and that there were no trip or slip hazards. This ensured that both the person who used the service and staff were kept safe.

People we spoke with told us they felt there were sufficient staff to meet their needs. One person told us, "There are plenty of staff to do what I want them to." People told us that staff were generally on time and if they were going to be held up the office staff would ring to let the person know. Records showed that a call had been missed. We discussed this with the registered manager who told us they had identified this through their monitoring process and had raised the issue with the member of staff. Staff we spoke with told us that they felt there was enough staff to meet people's needs. One member of staff told us, "We are able to work with the same people, which is good we get to know them and they us. If we had a double call (where two care staff are needed) then this isn't a problem. We know who we are going to work with." Another staff member said, "Yes I do think we have enough staff as I always have enough time, without rushing, to do my job I always have time to have a chat this is very important to enable the client to remain part of the community."

The registered manager had taken steps to ensure people were protected from staff who may not be fit and safe to support them. Before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers make safer recruitment decisions. We also saw references had been obtained prior to employment and retained in staff files.

People's medicines were managed safely. The service had a policy in place which covered the administration and recording of medicines. Staff told us that they felt confident with the tasks related to medicines that they were being asked to complete. Staff told us that they had been trained to administer medicines. We saw that staff had completed training and were also assessed to make sure that they were competent to administer medicines. Each person who used the service had an assessment carried out to determine the support they need with medicine. One person we spoke with told us, "I look after my own tablets."



## Is the service effective?

### Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. A relative told us, "Yes they all seem very good, they all know what they are doing, like when they use the hoist. They don't rush they take their time." A staff member said they had regular training opportunities and the registered manager or the care coordinator reminded them if they needed an update. Staff also spoke of feeling well supported. They said there was always someone they could contact for help or advice if they needed to. One staff member told us, " We receive on going training but if we have any issues that concern us the management are always available to support us "

People were cared for by staff who were given relevant training and regular support. Staff told us they had received induction training and were supervised when they were first employed. They discussed the different elements of the training which included health and safety, safeguarding adults, moving and handling and fire training. One staff member said, "I shadowed more experienced staff at first then when I was confident I was able to work on my own." Staff also told us that they thought the training they received prepared them for the work they did.

The provider matched the training they provided to the needs of the service. Records showed that all staff received a package of mandatory training that included health and safety and moving and handling. Where necessary some staff had also received training on working with people with visual impairment and end of life care. This meant that the provider ensured that staff had the skills they needed to support people effectively.

Staff told us they were supported with regular supervision meetings and confirmed that one of the management team observed their practice. A member of staff told us, "We have spot checks but also either the care coordinator or the manager work alongside us so they know what we are going. They give us advice and support." Records showed that staff received formal supervision at regular intervals and these were used to develop staff skills and knowledge by identifying further training.

People who used the service told us they were asked to provide their consent before any care was given. They told us that staff always checked what they wanted before doing anything. One person told us, "My carers always ask me before they do anything for me." A relative told us, "I always hear them asking [person using the service] if they can do what ever they need to do. They are all very good like that."

The registered manager displayed an understanding of the principles of the Mental Capacity Act 2005 (MCA). 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. The registered manager told us that currently no one they were working with requires a capacity assessment from the local authority.

People had their rights to give their consent and make decisions for themselves promoted and respected. We saw assessments had been completed to determine if people could make some specific decisions. These assessments and best interest decisions were clearly documented to show how the decisions had been made and who had been involved in making them. Staff we spoke with had an understanding of the MCA and described how they supported people to promote their independence. One staff member said, "We always ask [person using the service] before we do anything."

People received support to eat healthily and drink sufficient to promote their health and wellbeing. Care plans indicated what support a person may need and how staff were to carry out the task. One person had been identified as at risk and a food and fluid chart had been put in place to record what they were eating and drinking. The form prompted staff to contact the office if the person did not eat or drink an agreed amount in a 24 hour period. Care notes showed that where concerns were raised discussions took place with the family and contact was made with the GP for a referral to the appropriate healthcare professionals. A staff member told us, "One of my clients is very reluctant to eat so we have arranged with their daughter that when we go in even if they aren't keen on eating we leave a nutritional drink."

People's healthcare was monitored and where a need was identified they were prompted or supported to contact the relevant healthcare professional. Care records showed that where staff identified people's needs changing they contacted the office and contact was made either with the GP or the district nurse. A relative told us, "The staff are very good if they notice anything they will tell us and either the office calls the GP or they will recommend we do. It works." A staff member told us, "We tend to look after the same clients and we get to know them well so if there is any change in their condition we know and we deal with it accordingly."

## Is the service caring?

### Our findings

People we spoke with told us the staff who provided care for them were genuinely caring and took the time to ensure they gave good care. One person told us, "I couldn't be treated with any more care or respect." A relative told us, "All the staff are lovely, they are so kind to [person using the service]." A staff member commented, "We know our clients very well as there are only a few of them and we see them very often."

People who used the service could be assured staff had a good knowledge of their needs. One person told us, "Every thing about me is in my care plan." Their likes and dislikes were known to the staff and were accommodated. Staff we spoke with were able to describe the needs of the people we asked them about. It was clear they understood the individual needs of the people they cared for, they spoke warmly about them. Staff told us they enjoyed looking after the people they cared for. One staff member said, "I have looked after [person using the service] for two years. I know them very well. We can have a chat or like today they are having a quiet day today so we respect that."

People received the care they needed in the way they wanted. Wherever possible people received care from the same group of staff, and people spoke positively of the staff who supported them. One person told us, "I am never rushed my carers make me feel special." One relative told us that they had made changes to the person using the service's care plan when they wanted to go on holiday. They told us, "We asked the manager if we could have extra support whilst we went on holiday and it worked really well. They were very flexible." We were also told by a relative that the office staff were very supportive and were in regular contact either through visiting or by telephone. They added, "We have a good relationship with them, they keep in contact communication is very good."

Staff we spoke with told us that people were able to make their own decisions about the care they received. One staff member told us, "My clients are as independent as they can be. I do this by never rushing them."

Care plans were developed by the care coordinator or the registered manager who consulted with people and their relatives when they started to use the service. Plans contained personal information that had been provided by either the person or their relatives to enable staff to provide care that was individual to them as a person. The plans were regularly reviewed with people who used the service and their relatives. The registered manager encouraged people and their relatives to develop and update their care plans. A relative we spoke with whose relation was not able to discuss their care plan verbally with staff told us, "We are able to talk with staff and together we make a plan that supports [person using the service] in the best way."

Information about what the service does was provided to people when they first started using the service. Included in this information was how to complain, what to expect from the service and if they should need an advocate to support them through any meetings.

The people we spoke with felt they were treated with respect and staff maintained their privacy and dignity. One person told us, "Just covering me over with a towel when they wash me means such a lot." Relatives we spoke with were confident their

relations were treated with respect and their privacy was maintained.

Staff we spoke with showed a clear understanding of the importance of treating people with privacy and respect. They were able to give examples of how they maintained people's privacy when providing personal care. The registered manager told us privacy and dignity training was included in the induction programme.

## Is the service responsive?

### Our findings

People were provided with care and support in a way that suited them. A person told us, "If I need to change my times the office would do what they could to help." They added, "I had an appointment at the hospital early so my carer came in early to make sure I was ready when the ambulance came." Relatives also felt that staff provided care in way that suited the person who used the service. One relative said they are very good, you can talk to [care coordinator] and they will help make changes whatever we need. Nothing is too much trouble."

People who used the service and their relatives were involved in planning their own care. They were aware of their care plans and one person told us, "If my care needs change it is written in my care plan." Another person said, "They asked me lots of question about the help I needed, they wrote it down." A relative we spoke with told us they reviewed their relation's care plan with staff regularly. "We talk about any changes that may have happened and if we need more help. They are always checking if the care is ok."

Staff we spoke with told us there was up to date information in people's care plans that allowed them to give the correct support for the people they cared for. They told us the registered manager or care co-ordinator reviewed them regularly. One member of staff told us that staff also fed back information to the office manager and care plans were updated accordingly. A staff member told us, "We routinely review care plans, but if anything changes we record it straight away and tell the office."

People's care plans contained information about what they enjoyed doing and staff supported them by ensuring they had the things they needed around them before they left their house. For example care plans included details such as if they preferred the television or the radio on and how they should ensure the person's comfort before leaving them at the end of the visit. A staff member told us, "I always ask each day before I do anything for my client. I never presume that things will be the same."

People we spoke with felt they were able to say if anything was not right for them. They felt comfortable in highlighting any concerns to the staff caring for them, or the registered manager, and they believed their concerns would be responded to in an appropriate way. One person we spoke with told us, "I would have no problem talking to [the registered manager] or [care coordinator]. I know they would listen to me."

The registered manager told us they tried to deal with concerns and complaints early to reduce any anxiety for the people they cared for. The service had not received any complaints in the last 12 months. The registered manager told us that as both she and the care coordinator were able to speak with people regularly as they both were part of the care team. During these visits if a person had a concern they would deal with it before it became a serious issue. These small issues were recorded in the person's care plan. We looked at care records and confirmed that these were dealt with immediately ensuring that people felt listened to. The registered manager also told us they discussed the complaints procedure with people at their first assessment and left a copy of this with them. People we spoke with confirmed they had a copy of the procedure.

## Is the service well-led?

### Our findings

There was a registered manager in post and they understood their role and responsibilities. People told us they had confidence in the registered manager and felt able to approach them if they wanted to discuss anything. One person told us, "I can always talk to some one if I need to." Staff also had confidence in the registered manager. A staff member told us, "The manager is vey approachable." Another staff member said, "I have a monthly meeting with the managers where we discuss any thing and everything and if we have problems they are sorted."

Staff we spoke with told us they enjoyed working in the service. They told us the registered manager and office manager were readily available to them, the people who used the service and their relatives, and were visible leaders. The management team were on call at any time if people who used the service, relatives or staff needed any support. People we spoke with and staff told us the registered manager and care coordinator were a visible presence and part of the team. They told us if they were also involved in delivering care to people.

We found staff were aware of the organisation's whistleblowing and complaints procedures and told us they would feel confident in initiating these. One member of staff told us, "If I wasn't happy how someone was being treated I would say so straight away to the person and also tell my manager."

The registered manager was clear on the aims of the service and told us that staff were given this information in the staff handbook when they first started working for the service as well as discussed at the interview. Staff we spoke with understood that they were there to provide the best possible care in a dignified manner whilst supporting people's independence.

People who used the service and their relations were given the opportunity to have a say in what they thought about the quality of the service. This was done by sending out surveys every six months. We saw the information and action plans from the last survey which showed a high level of satisfaction among the people who used the service. We saw that the registered manager had created an action plan as a result of the last survey. For example, they had made improvements in how the information on people's medicines were kept. Also people had commented that they did not know how to complain. As a result the registered manager had sent information to people regarding the complaints procedure.

The registered manager also used audits to assess and monitor the quality of the service provided. We saw completed audits relating to areas such as care plans and medicine management. They told us that if they found areas that had not been completed correctly they would follow this up with the individual staff member. The registered manager told us that they and the care coordinator completed spot checks on staff. This type of check is carried out at people's homes while staff provide support. These checks monitor staff behaviour and work that they had completed. Records we saw confirmed these checks had taken place and staff we spoke with confirmed that spot checks took place. This

meant that systems were in place to monitor the quality of the service that had been provided.

The registered manager was aware of the requirements upon them to notify the Care Quality Commission or other agencies of significant events within the service.