

Helping Caring Hands Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 25 April 2017 and was announced.

Helping Caring Hands care agency provides care services to people in their own homes mainly on the Isle of Sheppey. The care they provided was tailored to people's needs so that people could maintain or regain their independence. This included older people who had been discharged from hospital who needed help with day to day tasks like cooking, shopping, washing and dressing and help to maintain their health and wellbeing. At the time of our inspection, there was one privately funded person using the service. This person received a 24 hour care package and was mainly cared for in bed.

At the time of our inspection there had not been a registered manager employed at the service since 20 February 2015. 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. There was a manager in day to day charge of the service but they had failed to register.

At the previous inspection on 19 and 23 November 2015, we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Health and Social Care Act 2009 (Registration) Regulations 2014. The breaches were in relation to full and robust recruitment checks not being carried out on some staff employed and that the registered person had not complied with the conditions of their registration by appointing a registered manager.

At this inspection, the regulated activity of personal care was only being delivered to one person. The staff working with this person had appropriate employment checks, for example they were checked against the disclosure and barring service records. However, the provider had not registered a manager and continued to be in breach of the Registration Regulations.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed on the provider's website. The provider had failed to display their rating.

Staff were recruited safely and had been through a selection process that ensured they were fit to work with people who needed safeguarding. Recruitment policies were in place that had been followed. Safe recruitment practices included background and criminal records checks prior to staff starting work.

The care was predominantly delivered by one member of staff as part of a small team of care staff, but two care staff were made available when moving and handling tasks were needed. A slide sheet was available and staff had been trained to use it.

The person receiving personal care and their representatives spoke about the staff in a positive light

regarding their feelings of being safe and well cared for. They thought that staff were caring and compassionate. Staff were trusted and well thought of by the people they cared for.

The manager assessed people's needs and planned people's care to maintain their safety, health and wellbeing. Risks were assessed by staff to protect people. There were systems in place to monitor incidents and accidents.

Staff training covered both core training like first aid and more specialised training like catheter care. They also understood the Mental Capacity Act 2005 and how to support people's best interest if they lacked capacity.

Staff had received training about protecting people from abuse. Procedures for reporting any concerns were in place. The manager knew how and when they should escalate concerns following the local authorities safeguarding protocols.

There was an up to date policy about the safe administration of medicines. Staff had been trained to administer medicines safely. Staff followed guidance about supporting people to eat and drink enough. Care plans were kept in people's homes, they were reviewed and updated.

The manager had contact with people when delivering care and the person receiving personal care knew the manager and provider well. There were policies in place, which ensured people would be listened to and treated fairly if they complained.

We found a continuing breach and a new breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are taking action against the provider.

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 told us they experienced safe care. The systems in place to manage risk had ensured that people were kept safe. People's risks assessments were relevant to their current needs.

The manager and staff were committed to preventing abuse. Medicines were administered by competent staff.

Recruitment checks were in place for new staff.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who knew their needs well. Staff met with their managers to discuss their work performance and staff had attained the skills they required to carry out their role.

Training for all staff was kept up to date. The manager and staff had completed training in respect of the Mental Capacity Act 2005.

Staff understood their responsibility to help people maintain their health and wellbeing. This included ensuring that they encouraged people to eat and drink enough.

Is the service caring?

Good ●

The service was caring.

People could forge good relationships with staff so that they were comfortable and felt well treated.

People were treated as individuals, able to make choices about their care.

People experienced care from staff who respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them.

Staff worked with health and social care professionals to protect people's health and wellbeing.

People were consistently asked what they thought of the care provided and had been encouraged to raise any issues they were unhappy about.

Is the service well-led?

The service was not well led.

The provider had consistently failed to register a manager and respond to request for information from the Commission.

The manager monitored and reviewed risk.

Requires Improvement 

Helping Caring Hands 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 21 April 2017 and was announced. 48 hours' notice of the inspection was given because the service was small and the manager was often out of the office supporting staff. We needed them to be available during the inspection. The inspection was carried out by one inspector.

Before the inspection, we looked at reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We visited a person at home and spoke to them with their solicitor, who is their legal appointee, about their experience of the service. This also enabled us to view their care plan and speak to staff. We spoke with the manager and one member of staff to gain their views about the service.

We spent time looking at records, policies and procedures, complaints and incident and accident monitoring systems. We looked at one person's care file, two staff files, the staff training programme and medicine records. We asked the manager and the provider to send us information after the inspection about care plans that should be kept in their office, the content of training sessions and what actions they had taken to register as the manager. This information was not sent to us.

Is the service safe?

Our findings

One person said, "I feel safe, I do not know what I would do without the carers."

At our inspection on 19 and 23 November 2015 we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full and robust recruitment checks had not been carried out on some staff employed and the manager and provider were not meeting the requirements of schedule 3 of the care act 2014.

At this inspection people were protected from the risk of receiving care from unsuitable staff. People had consistent care from the same staff. The manager provided staff based on individual needs with the right skills and experience to keep people safe. Staff had been through an interview and selection process. The recruitment policy was followed when staff had been recruited and the staff records confirmed this. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

People were protected by the service's medicines administration procedures and the training provided for staff. People were protected by staff who understood their responsibility to record the administration of medicines. The medicine administration record (MAR) sheets showed that people received their medicines at the right times. The system of MAR records allowed for the checking and recording of medicines, which showed that the medicine had been administered and signed for by the staff visiting the person's home. This protected people from potential medicine errors.

The manager protected people's health and safety. Safe working practices and the risks of delivering the care were assessed and recorded to keep people safe. If two staff were needed to carry out moving and handling tasks, they were made available. There were comprehensive risk assessments in the persons home. For example, about medicines administration. Environmental risks and potential hazards were assessed. There was guidance and procedures for staff about what actions to take in relation to health and safety matters whilst caring for the person in their own home.

Staff received training about the risks relating to their work. The manager had ensured that risks relating to people's individual needs had been assessed and that safe working practices were recorded and followed by staff. For example, people had been assessed to see if they were at any risk from falls or not eating and drinking enough. If they were at risk, the steps staff needed to follow to keep people safe were well documented in people's care plan files.

The manager and staff understood about dealing with incidents and accidents. This ensured that should any incidents occur they would be fully investigated by the manager and steps would be taken to prevent them from happening again.

Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff were trained and had access to information so they understood how abuse could occur. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example, bruising. The manager had a whistleblowing policy in place. Staff could use this to raise issues outside of the organisation if they needed to.

Is the service effective?

Our findings

Staff understood people's needs, followed people's care plans and were trained for their roles. One person told us that staff met their needs and delivered the care they wanted. Their representative said, "The staff provide a pretty good service, I visit regularly to keep an eye on things and do not have any issues." and, "The staff discuss the persons health needs with her GP."

People's care was delivered in line with their needs and choices. Staff understood the care they should be providing to individual people as they followed detailed care plans. Care plans were left with people in their home for staff to follow. We saw this was in place and kept up to date. People's care was checked by the manager as they carried out spot visits. These random spot visits gave the manager the opportunity to check staff were delivering care appropriately. The care people received was fully recorded by staff. We could see that their notes reflected the care required in people's assessment of need.

People had recorded their consent to receive the care in their care plan and staff gained verbal consent at each visit. Gaining consent from people before care was delivered happened routinely. People were free to do as they wished in their own homes. The manager had a good understanding of the Mental Capacity Act (MCA) 2005. There was a policy in place covering mental capacity. Staff had received training in relation to protecting people's rights. This prepared them for any situation where they may think the MCA needed to be considered as part of someone's care. For example, if people developed dementia and were no longer able to understand why the care was provided or their safety at home could not be protected.

When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to communicate information to relatives or representatives when this was appropriate. Doing this meant that others involved in people's care received up to date information and could organise visits to health appointments. A member of staff described to us how they liaised with the person GP and supported health appointments.

Staff were helping people to maintain their health and wellbeing through good nutrition and hydration. Staff had an awareness of making sure people had access to drinks and food when they provided care. The person we spoke with told us that the staff gave them choices about what they ate and drank. They told us the food they were cooked was to a good standard and that they enjoyed the food. Food hygiene training was provided to staff.

Staff records demonstrated that new staff were provided with training and induction and that they were introduced to the person receiving personal care. The member of staff we spoke with confirmed this happened. They were able to become familiar with the needs of the people they would be providing care for.

The manager used a range of methods to ensure that staff could develop the right skills for their role. Staff completed training that was in line with the nationally recognised 'Skills for Care' care certificate standards. These standards are achieved through assessment and training so that staff can gain the skills, they need to

work safely with people. Staff also held national vocational qualifications (NVQ) in social care. The member of staff we spoke with was able to confirm the training they had received.

The manager met with staff to discuss their training needs and kept a training plan for staff to follow so that they could keep up to date with developments in social care. Staff supervisions were recorded. Staff told us that supervisions were regular and they were useful.

The manager had a plan in place to ensure that all staff received an annual appraisal. This gave staff the opportunity to discuss what had gone well for them over the previous year, where they had weaknesses in their skills and enabled them to plan their training and development for the coming year.

Is the service caring?

Our findings

People described the care that they received very positively. One person said, "I am very happy with the care staff." And their representative said, "The girls are very caring, they meet her needs very well."

Staff we spoke with displayed the right attitude and caring nature which underpinned people's experiences. Staff spoke about assisting people to be as independent as possible. People told us that staff were good at respecting their privacy and dignity. People confirmed they were offered choices about how they wanted their care delivered.

Information was given to people about how their care would be provided. People signed their care plan at the start of the care and when it had been reviewed. The care plans enabled them to check they were receiving the agreed care. The provider often visited to sit and chat to the person receiving care. The person said they got on very well with the provider and explained how the conversations helped by giving them something to look forward to and something different to do.

People's personal details were secure and their right to privacy was respected. Information about people was kept securely in the office and the access was restricted to senior staff. The manager ensured that confidential paperwork was regularly stored securely at the registered office.

Is the service responsive?

Our findings

People felt their needs were reviewed and kept up to date.

People's needs were assessed using a range of information which was used to develop a care plan for staff to follow. Care plans were individualised and focused on areas of care people needed. People who were receiving care to regain their independence after an injury or hospitalisation had specific care input targeted to their recovery needs. For example, staff assisted people to keep their joints moving to assist their recovery.

Records showed that people had been asked their views about their care. People told us they had been involved in the care planning process. Reviews of the care plan could be completed at any time if the person's needs changed. We could see that care plan reviews had taken place as planned and that these had been recorded. Staff read people's daily reports for any changes that had been recorded and the manager reviewed people's care notes to ensure that people's needs were being met.

Staff protected people's welfare by responding to changes in people's health. For example, staff called health and social care professionals such as community nurses or GP's if people were unwell.

In response to the risk a person faced from their skin breaking down when they were cared for in bed an air mattress was in use. This ensured that the risk of pressure ulcers developing was minimised. We noted that, as one person's mobility had changed after a hip fracture, a hoist may be needed after an appropriate health and social care professional assessment. We discussed this with the staff, the person receiving care and their representative. The person's representative told us they would look into getting a physiotherapist to assess the need for a hoist and that one would be provided if required.

There was a policy about dealing with complaints that the staff and manager followed. This ensured that complaints were responded to. There were no complaints about this service. There was regular contact between people using the service and the management team.

Is the service well-led?

Our findings

People told us that the service was well run. They had no complaints about the way the service was managed.

The manager had been working at the service since it was registered in May 2014. The manager also spent most of their time delivering care to people. Therefore, people knew the manager and provider well and could talk to them about the service.

The provider had continued not to comply with the conditions of their registration because they had failed to appoint a registered manager to manage the service. This was recorded on their registration certificate dated 28 May 2014 as a condition of their registration. We had taken action to encourage the provider to register a manager and the manager had submitted their pre application disclosure and barring service check. This was in February 2017. However, at the time of this inspection a manager had not registered.

This was a continued breach of Section 33 of The Health and Social Care Act 2008 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating in their office, but that it had not been displayed on their website.

Failure to conspicuously display the last inspection rating was a breach of Regulation 20A of The Health and Social Care Act 2008 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There were systems in place to review the quality of all aspects of the service. Audits were carried out to monitor areas such as person centred planning and accident and incidents. These audits assisted the manager to maintain a good standard of service for people. Care plans, risk assessments and staff files.

Staff were committed and passionate about delivering good, person centred care to people. We spoke with staff who were well supported and who had regular and effective communications with their managers.

The manager ensured that staff received training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service. Staff felt they were listened to as part of a team, they were positive about the management team of the service. Staff spoke about the importance of the support they got from senior staff, they told us that the manager was approachable.

There were a range of policies and procedures governing how the service needed to be run. They were kept in the registered office where they could be viewed by staff. The policies protected staff who wanted to raise concerns about practice within the service. For example, The 'Whistleblowing' process.

The manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.