

Midshires Care Limited

# Helping Hands Harrow

## 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

We undertook an announced inspection of Helping Hands Harrow on 25 September 2018.

Helping Hands Harrow is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to people of all ages and different abilities. At the time of inspection the service provided care to 25 people, five of whom received personal care. CQC only inspect the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Our previous inspection in August 2017 found that there was no registered manager in post. The service took action in respect of this and this inspection in September 2018 found that there was 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 previous inspection on 17 August 2017 found two breaches of regulation. We rated the service as "requires improvement". During this inspection on 25 September 2018, we found that the service had made improvements in respect of risk assessments, medicines management, quality checks and audits.

Feedback indicated that people and relatives were satisfied with the care and services provided. One person we spoke with told us they were treated with respect and felt safe in the presence of care workers. Relatives we spoke with confirmed this.

Our previous inspection found a breach of regulation in respect of risk assessments. We found that the service did not always identify all potential risks and there was limited information contained in risk assessments. During this inspection in September 2018, we found that the service had taken appropriate action and made improvements in respect of this. We found appropriate risk assessments were in place and were personalised and included information specific to each person and their needs. Where people had specific health issues, there were appropriate risk assessments which included a summary of protective and preventative measures. These were also accompanied by an information fact sheet which provided details of specific health issues, warning signs and treatment.

Appropriate arrangements were in place in respect of medicines management. Records indicated that staff had received training on the administration of medicines and their competency was assessed. We noted that there were some gaps in medicine administration records (MARs). The service had a comprehensive system for auditing medicines. All the gaps in MARs had been clearly identified by these audits.

One person and relatives told us there were no issues with regards to care worker's punctuality and attendance. They told us that care workers were usually on time and if they were running late, the office

contacted them to inform them of the delay. They told us that people experienced consistency in the care they received and had regular care workers.

At the time of the previous inspection in August 2017, the service did not have an electronic system for monitoring care worker's timekeeping and duration of their visit. During this inspection in September 2018, the service had a tele-logging system in place which flagged up if a care worker had not logged a call to indicate they had arrived at the person's home or that they were running late.

We looked at the recruitment records and found background checks for safer recruitment had been carried out to ensure staff were suitable to care for people.

One person we spoke with and relatives told us that care workers were caring and helpful. Staff were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care.

Systems and processes were in place to help protect people from the risk of harm and care workers demonstrated that they were aware of these. Care workers had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

One person and relatives told us that they were confident that care workers had the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working for the service. They told us that they received continuous support from management and morale amongst staff was good. Spot checks were in place to assess care worker's competency.

Our previous inspection found that there was a lack of consistency and the quality of care documentation varied. During this inspection in September 2018, we noted that the service had made improvements and ensured that care records were consistent.

Care support plans were individualised and addressed areas such as people's personal care, what tasks needed to be done each day, time of visits, people's needs and how these needs were to be met. They also included details of people's preferences.

The service had a formal complaints procedure in place.

One person, relatives and care workers we spoke with were satisfied with the management at the service. They said that management were approachable and supportive.

Our previous inspection found the service did not have effective systems and processes in place to assess, monitor and improve the quality of the services provided. We previously found a breach of regulation in respect of this. During this inspection in September 2018, we found that the service had taken appropriate action and made improvements. The service had comprehensive MARs audits and checked care plans and risk assessments. The service also carried out regular staff spot checks and supervisions to monitor care workers. We also noted that the service had introduced an electronic tele-logging system to monitor staff punctuality and attendance.

## 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. One person we spoke with told us they were treated with respect. Relatives told us they were confident people were safe.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

Appropriate arrangements were in place in relation to the management and administration of medicines.

Appropriate employment checks were carried out to ensure the suitability of staff.

### Is the service effective?

Good ●

This service was effective. Staff had completed relevant training to enable them to care for people effectively. Staff were supervised and felt well supported by their peers and management. Appraisals were carried out where necessary.

People's care needs and choices were assessed and responded to. People's health care needs and medical history were detailed in their care plans.

There were arrangements for meeting The Mental Capacity Act.

### Is the service caring?

Good ●

The service was caring. One person and relatives told us they were satisfied with the care and support provided by the service.

Care workers were able to form positive relationships with people.

Staff were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity.

### Is the service responsive?

Good ●

The service was responsive. Care plans included information about people's individual needs and choices.

The service regularly assessed, reviewed and monitored people's individual needs.

The service had clear procedures for receiving, handling and responding to comments and complaints.

**Is the service well-led?**

**Good** ●

The service was well-led. The service had an effective system in place to monitor the quality of the service being provided to people using the service.

The service had a management structure in place with a team of care workers, the registered manager and senior management.

Staff were supported by management and told us they felt able to have open and transparent discussions with them.

# Helping Hands Harrow

## **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, and to provide a rating for the service under the Care Act 2014.

The inspection on 25 September 2018 was carried out by one inspector. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. We also wanted to speak with care staff on the day of the inspection and providing advanced notice gave the service time to arrange for care staff to visit on the day of the inspection.

At the time of the inspection, the service provided personal care to five people.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people. The provider also completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

During our inspection we went to the provider's office. We reviewed four people's care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures. The majority of people who received care were unable to communicate with us. We therefore spoke with one person who received care from the service and three relatives. We also spoke with the registered manager, head of the service for the South East region and three care workers.

# Is the service safe?

## Our findings

One person who used the service told us that they felt safe around care workers and raised no concerns about this. When asked about this, this person said, "I feel very safe. Definitely. They make me feel safe." Relatives we spoke with confirmed this and told us that they were confident that their relative was safe whilst being in the presence of care workers. One relative said, "[My relative] is totally safe." Another relative told us, "The care is absolutely fine. Yes, she is safe."

Our previous inspection found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the assessment of risks relating to the health and safety of people using the service was not being carried out appropriately and potential risks were not always identified. We also found that some risk assessments were incomplete, contained limited information and not personalised. Our inspection in September 2018 found that the service had taken appropriate action to address this and had made improvements.

During this inspection, we found individual risk assessments were completed for people. These covered risks associated with the environment, moving and handling, mobility, transfers, use of equipment and falls. Risk assessments included details of the potential risk and the level of risk. The registered manager explained that since the previous inspection, she had reviewed all risk assessments to ensure that they were completed fully and included relevant information. We found risk assessments were personalised and included information specific to each person and their needs. We also found that where people had specific health issues, there were appropriate risk assessments which included a summary of protective and preventative measures. These were also accompanied by an information fact sheet which provided details of specific health issues, warning signs and treatment. We saw evidence that risk assessments were reviewed and updated when there was a change in a person's condition.

During this inspection we found there were appropriate arrangements for the administration and recording of medicines. There was a comprehensive policy and procedure for the administration of medicines.

Our previous inspection found that the majority of medicine administration records (MAR) were completed fully. However, there were some instances where there were some unexplained gaps. During that inspection, the service confirmed that staff would attend a refresher training focusing on medicines recording. During our inspection in September 2018, the registered manager confirmed that all staff had completed a medication recording training session in September 2017.

We looked at a sample of 15 MARs for four people. The service used their own format of MARs which included information about people's allergies, details of the prescribed medicines and the level of support the person required in relation to their medicines. We noted that there were some instances where there were gaps in the sample of MARs we looked at. However, we noted that in these instances, staff had documented in daily note records that the medicines had been administered. We discussed this with the registered manager and she confirmed that the medicines had been administered and explained that on these occasions, staff had forgotten to complete the MARs despite administering the medicines.

The service had a comprehensive system for auditing medicines and this was carried out monthly for each person who received support with their medication. We noted that all the gaps in MARs had been clearly identified by these audits. The audits also detailed what action the service had taken to deal with the identified gaps which included discussing the issues with staff concerned during supervision sessions and further competency assessments and training sessions. She also advised that if it continued to be an issue for some staff they would look at disciplinary action.

People's care support plans included a medication risk assessment and a document which provided information about people's prescribed medicines, dosage and frequency. We also found that care plans included a medication fact sheet which provided information about specific medicines they were prescribed, details of how the medicine work, side effects and other important information. The registered manager explained that this helped care workers understand the importance of each of the medicines.

Safeguarding policies and procedures were in place to help protect people and help minimise the risks of abuse to people. We noted that the policy referred to the local authority, police and the CQC. The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Care workers had received training in safeguarding people. They were aware of what action to take if they had concerns about a person being abused. They said that they would report their concerns immediately to the registered manager and were aware they could report their concerns to the local authority, police and the CQC. The service had a whistleblowing policy and contact numbers to report issues were available.

The registered manager confirmed that there were enough staff to meet the needs of people who used the service. She explained that the staff rota mostly remained the same as this ensured consistency for people who used the service which was an important aspect of the care provided. One person we spoke with and relatives confirmed that they usually received care from the same care workers and raised no concerns in respect of this. One relative explained, "There is one main carer and then two that rotate for weekends and days off. [My relative] is happy." Another care worker said, "[My relative] likes the same carers and the agency is good at making sure they provide the same carers."

One person and relatives we spoke with told us that care workers were mostly on time and they raised no concerns about this. One relative said, "They turn up on time the majority of times and always call if there are delays." Another relative told us, "They are mostly on time. No issues." Another relative said, "They turn up when they say the will."

At the time of our previous inspection in August 2017, the service did not have an electronic system for monitoring care worker's timekeeping and the duration of their visit. Our inspection in September 2018 found that the service had introduced an electronic monitoring system which flagged up if a care worker had not logged a call to indicate they had arrived at the person's home or that they were running late. In this case, office staff would contact the care worker to ascertain why a call had not been logged and take necessary action. This system enabled the service to effectively monitor care worker's punctuality and attendance. The registered manager explained that the system was working well and enabled the service to monitor care workers whilst also ensuring their safety. The system produced data with regards to staff punctuality and attendance and enabled the service to monitor this effectively.

The service had a system in place for recording accidents and incidents. This was documented electronically on the service system and reviewed by the registered manager and senior management.

Comprehensive recruitment processes were in place to ensure required checks had been carried out before care workers started working with people who used the service. We looked at the recruitment records for



five members of staff and found background checks for safer recruitment including, enhanced criminal record checks had been carried out and proof of their identity and right to work in the United Kingdom had also been obtained. Written references had been obtained for care workers.

One person and relatives we spoke with told us that care workers observed hygienic practices when providing care and had access to protective clothing. We noted that a stock of gloves, aprons and other protective clothing were available in the office. Care workers we spoke with told us that they were always provided with these and were able to go to the office and pick these up.

## Is the service effective?

### Our findings

One person who used the service told us they were satisfied with the care they received from the service. This person said, "All the carers are amazing. They know what to do. I don't have to tell them." Relatives we spoke with confirmed this and said they had confidence in care workers. One relative said, "The carers are brilliant. They know what they are doing." Another relative told us, "The carers are polite and helpful. They get on with the job. They know what to do."

During the inspection, we spoke with care workers and looked at staff files to assess how staff were supported to fulfil their role and responsibilities. Care workers were provided with appropriate training and the training matrix detailed this. Training provided was in accordance with the 'Care Certificate'. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. Topics included equality and diversity, moving and handling, personal care, mental capacity, dementia, health and safety, administration of medicines, safeguarding adult and basic life support. Care workers confirmed that they had received the appropriate training for their role and spoke positively about the training they received. One member of staff told us, "The training is really good. It is hands on. We have refreshers."

We also noted that staff received an annual refresher training which covered safeguarding, infection prevention and control, medicines administration, moving and handling and basic life support. Staff were also provided with specific training relevant to people they provided care to. For example, bowel care.

Care workers undertook a three day induction when they started working for the service. Care workers we spoke with told us that the induction was adequate and prepared them to do their job effectively. One care worker told us, "The induction training was very helpful. It taught me a lot." Before newly recruited care workers started providing care to people, they shadowed other members of staff so that they were provided with hands on training and were able to fully understand the needs of people they would be supporting.

The registered manager explained that she monitored care workers progress through a combination of competency assessments, spot checks and supervision sessions and we saw documented evidence of this. We observed that the majority of care workers had not yet worked at the service for a year and therefore an appraisal had not yet taken place. Where staff had worked at the service for a year, an appraisal had taken place.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had received training in the MCA as part of their induction training. Care workers were aware of the importance of ensuring people were able to make their own decisions as much as possible. They told us

that they always ensured people were given a choice and were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans included information about people's preferred communication. We noted that where people were unable to make decisions, the service implemented a best interest decision tool which was to be used to support specific decisions in relation to the support supplied by the service. We noted that all care support plans with the exception of one had been signed by people or their representatives to indicate that they had been involved in their care and had agreed to it.

People's healthcare needs were monitored by care workers where this was part of their care agreement. We noted that the care records contained important information regarding people's medical conditions and healthcare needs.

Some people were supported with their nutritional and hydration needs where their care plans detailed this. Where necessary, care support plans included information about people's dietary needs and requirements, personal likes and dislikes and allergies. Staff completed fluid and nutrition training. The registered manager explained that if care workers had concerns about people's weight they were trained to contact the office immediately and inform management about this and this was confirmed by care workers we spoke with. The service would then contact all relevant stakeholders, including the GP, social services, occupational therapist and next of kin. We saw evidence that people's nutrition and hydration details were recorded in the daily records so that the service could monitor people's progress.

## Is the service caring?

### Our findings

One person and relatives we spoke with told us that they felt the service was caring and spoke positively about care workers. One person said, "All the carers are amazing. They are very caring. They are very good to me. They look after me." One relative said, "Carers are caring. They really get to know [my relative]. They are good at building relationships. They take account of her needs and wishes." Another relative said, "The carers are very professional. They have been lovely with [my relative]."

People's care plans included detailed information about their background, life history and their interests. Care support plans were personalised and specific to the individual. They included information about what was important to them, outcomes they wish to achieve and expectations for the future. This information was useful in enabling the service to understand people and provide suitable care workers who had similar interest. Where possible, care workers were matched to people with the same type of interest and background so that they can get on well.

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Care support plans included information about cultural and spiritual values. The service had a policy on ensuring equality and valuing diversity. Staff we spoke with demonstrated that they ensured they treated people with respect and dignity regardless of people's background and personal circumstances. They had a good understanding of ensuring they were caring, respectful and compassionate towards people using the service. They were aware of the importance of ensuring people were given a choice and promoting their independence. Care workers were also aware of the importance of respecting people's privacy and maintaining their dignity. One care worker told us, "I help people with their personal care. I always speak to clients beforehand and encourage them to do what they can. I encourage them to be independent." Another care worker said, "I always give people choice. They have the right to make their own choices. It is up to them. They have the power to say."

The registered manager explained to us that the service aimed to ensure that people consistently received a high standard of care and she ensured that she was involved with all aspects of the running of the service. She confirmed that during the initial assessment, they ensured that staff discussed people's care with them and tailored their care according to what their individual needs were. She also confirmed that the service did not provide home visits of less than 30 minutes. She explained that it was important for care workers to spend time speaking and interacting with people and doing things at people's own pace, not rushing them and a minimum of 30 minute visits enabled them to do this. This enabled the service to focus on providing person centred care.

The service had a comprehensive service user guide which was provided to people who used the service and they confirmed this. The guide provided useful and important information regarding the service and highlighted important procedures and contact numbers. It also included information about the service's mission statement and values which included focusing on people, excellence, listening and understanding and building on success.

## Is the service responsive?

### Our findings

One person and relatives told us they felt listened to by the service. They told us that they were satisfied with the care provided by the service and raised no concerns in respect of this. One person said, "[The carer] always asks me what I want." One relative said, "Communication is very good. The manager keeps me updated." Another relative told us, "[The registered manager] is approachable. She is very responsive and really listens."

People's care plans provided information about people's life history and medical background. There was a support plan outlining the support people needed with various aspects of their daily life such as personal care, continence, eating and drinking, mobility, medicines, religious and cultural needs. Care support plans were person-centred and specific to each person and their needs. We saw that care plans detailed people's care preferences, daily routine likes and dislikes and people that were important to them. Care plans contained information about people's past, previous interests and occupations.

Our previous inspection found that there were some inconsistencies where some care plans included more information than others. During this inspection in September 2018, the registered manager explained that since the previous inspection, she had reviewed people's care support plans and ensured information was consistently documented in these. During this inspection, we looked at these and found that care support plans were tailored to meet each person's individual needs and included comprehensive and detailed information about people's daily preferred routines and support required. These included detailed step by step instructions for care workers detailing what the person required support with. Care records included detailed fact sheets which provided care workers with additional information about various medical conditions.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. Records showed reviews of people's care plans and care provided had been conducted. The registered manager confirmed that they reviewed these every six months. Records showed when the person's needs had changed, the person's care plan had been updated accordingly and measures put in place if additional support was required.

The service monitored people's progress through daily records. These recorded daily visit notes, meal log and medication support. These were consistently completed in detail and were up to date.

The service had clear procedures for receiving, handling and responding to comments and complaints. One person we spoke with and relatives told us they did not have any complaints about the service but knew what to do if they needed to raise a complaint or concern. They also told us that they were confident that their concerns would be addressed. We noted that the service's complaint procedures and details were detailed in people's handbook which was kept in their homes. This ensured that it was easily accessible to people and relatives.

The registered manager explained that the service focused on listening to people and relatives and she

encouraged them to contact her to provide feedback and raise concerns. The provider had carried out a regional satisfaction survey in December 2017 and the results were mostly positive. There was also evidence that where people and relatives had raised issues, the provider had taken action to respond to these. The head of service explained that the service was looking to carry out branch specific surveys so that information specific to the service was obtained.

## Is the service well-led?

### Our findings

One person and relatives we spoke with told us that the service was well managed and raised no concerns in respect of this. They spoke positively about the management at the service. One person said, "The manager is brilliant. She is very caring. They always ask me for my feedback." One relative said, "Communication is very good. I have spoken with [the registered manager]. She keeps me updated." Another relative told us, "[The registered manager] is very helpful and definitely approachable."

Care workers spoke positively about management at the service. One care worker said, "The service is so much more organised. Especially in the last year. Communication has improved and there is a good atmosphere. The manager works well with the team." Another care worker told us, "The support is very good. Everything is working well. I am supported. There is a good atmosphere." Staff told us they were supported by the registered manager and said that all staff worked well as a team. They felt matters would be taken seriously and management would seek to resolve the matter quickly.

Staff spoke positively about communication within the service. They told us they were kept informed of developments through monthly staff meetings, regular briefings and emails. Our previous inspection found that staff meetings did not consistently occur due to changes with management. During this inspection we saw evidence that these occurred monthly and this was confirmed by care workers we spoke with.

The manager at the service had been registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

Our inspection in August 2017 found that the service did not have effective systems and processes in place to assess, monitor and improve the quality of the services provided. We found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service failed to carry out regular and consistent checks and audits and identify areas for improvement. It was therefore not evident how the service monitored the service they provided.

During this inspection in September 2018, we found that the service had taken appropriate action and made improvements to address the breach of regulation.

Previously we found the service had failed to identify issues in respect of gaps on MARs. During this inspection in September 2018, we found that the service had comprehensive medicines audits which they carried out monthly. We noted that these audits identified all gaps and where there were areas for improvement, there was clear information about the necessary action that was required.

Our previous inspection found that there was a lack of detail in risk assessments and inconsistency of information in people's care records. We previously found the service did not have a system in place to identify this issue. During this inspection in September 2018, we observed that the service had reviewed their care support plans and risk assessments and had systems in place to review these and ensure they were up

to date.

Our previous inspection also found that the service did not have a system in place to check the punctuality and attendance of care workers. Our inspection in September 2018 found that the service had introduced an electronic monitoring system which flagged up if a care worker had not logged a call to indicate they had arrived at the person's home or that they were running late. This system enabled the service to effectively monitor care worker's punctuality and attendance.

At the time of our previous inspection we found that the service had carried out some checks in respect of telephone monitoring of the standard of care but these were not consistently carried out. During this inspection, we saw evidence that the service had carried out telephone monitoring in April 2018. The registered manager explained that the service aimed to carry these out every six months.

The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control, safeguarding and whistleblowing.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

The CQC rating of the previous inspection was displayed in the office as required in line with legislation. The report was also available on their website.