

HH Care Ltd







Helping Hands Homecare Services

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?	Requires improvement	

Overall summary

This inspection took place on the 10 and 13 April 2015 and was announced.

Helping Hands Homecare Services provides support and care to eleven people who reside within Saffron Court which is extra care-housing accommodation. The provider employed four care staff who supported people

with their personal care. In addition they supported people with household tasks, such as cleaning, laundry, cooking and shopping, which fall outside of our regulatory framework.

The service did not have 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider was in the process of interviewing for the position of manager. The service was being managed by the provider and area manager until the appointment of a manager had been secured.

Staff were confident that if they had any concerns about people's safety, health or welfare then they would know what action to take, which would include reporting their concerns to the provider, management team or to relevant external agencies. Potential risks to people were assessed and used to develop plans of care.

People were prompted to take their medication by staff where people's assessed needs and plans of care required.

People's needs were met, which included providing support by liaising with health care services. There were sufficient numbers of staff employed who had undergone a robust recruitment process and had received training to enable them to meet people's needs in a timely manner. People received support to prepare and cook meals for themselves where required. People's choices and decisions were recorded within their care records. Staff promoted the rights and decisions of people and were aware of the principles of the Mental Capacity Act 2005.

People we spoke with were happy with the care and support they received and were complimentary about the care staff. People's needs had been assessed prior to them receiving a service and they told us they had been involved in the development and reviewing of their plans of care. Staff were knowledgeable about the needs of people and were aware of their preferences with regards to the support they required.

People told us they were aware of how to raise concerns. The provider had not received any complaints within the last twelve months.

Staff told us that they were supervised and that staff meetings were held. They told us they were supported and that communication was effective as they were a small staff team.

The provider visited the service most days during the working week, which enabled them to meet with staff and speak with people who used the service. The provider had a system for seeking the views of people. They had a quality assurance system, however improvements to the system were identified which were discussed with the provider and area manager, to ensure the service people received was monitored and kept under review ensuring their needs were met.

Summary of findings

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 safe.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

There were sufficient numbers of staff available to keep people safe who had the appropriate skills and knowledge. Safe recruitment procedures were followed to ensure staff were suitable to work with people who used the service.

People were prompted by staff to take their medication.

Good



Is the service effective?

The service was effective.

People were supported by staff who had the appropriate knowledge and skills to provide care and who understood the needs of people.

Staff had an understanding of the Mental Capacity Act 2005 and how it applied to people in their own homes.

People were provided with support to ensure their dietary requirements were met.

People were supported to access and liaise with the health care professionals where needed.

Good



Is the service caring?

The service was caring.

People we spoke with were happy with the care and support they received.

People were involved in the development and reviewing of plans of care which recorded their involvement and decisions.

People were supported by staff who were committed to the promotion of people's rights and who listened too and respected people.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed prior to receiving a service. Staff knew how to support people and took account of people's individual preferences in the delivery of care.

Good



Summary of findings

People we spoke with told us they had no reason to complain but were confident that their concerns would be listened to and acted upon.

Is the service well-led?

The service was not consistently well-led

The provider regularly visited the service to meet staff and speak with those who used the service.

A registered manager was not in post.

The provider had a system to assess the quality of the service however this was limited and improvements were identified.

Requires improvement



Helping Hands Homecare Services

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 the 10 and 13 April 2015 and was announced.

The provider was given 60 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

We reviewed the information that the provider had sent to us which included notifications of significant events that

affect the health and safety of people who used the service. The Care Quality Commission (CQC) received information of concern prior to our inspection and we considered the information when planning and undertaking the inspection.

We spoke with three people who used the service. We spoke with the registered person, regional manager and two care staff. We looked at the records of four people, which included their plans of care, risk assessments and records about the care they received. We also looked at the recruitment files of the care staff, a range of policies and procedures, maintenance records of equipment and the building, quality assurance audits and the minutes of staff meetings.

We asked the provider to send us additional information with regards to the outcome of its quality assurance processes. These were provided.

Is the service safe?

Our findings

We spoke with people and asked them whether they felt safe. They told us, “Yes, I am safe here.” And, “Yes, I’m confident that the girls [care staff] will keep me safe.” People’s comments reflected that people were confident that the staff supported them in a safe way.

The provider’s safeguarding and whistleblowing policies advised staff what to do if they had concerns about the welfare of any of the people who used the service. Staff were trained in safeguarding as part of their induction so they knew how to protect people. Staff we spoke with were knowledgeable about their role and responsibilities in raising concerns with the management team and the role of external agencies, such as the local authority or the Care Quality Commission (CQC). One member of staff said, “if the manager didn’t listen to my concerns, I would contact social services or the CQC”.

Staff we spoke with were able to tell us how they supported people individually. They told us how they supported people with personal care. People had a copy of their plans of care, these had been signed and provided guidance for staff as to the care and support people required and included information about their preferences and preferred daily routine. This helped to promote a consistent approach as staff were familiar and read people’s plans of care.

People’s safety was supported by the provider’s recruitment practices. We looked at recruitment records for staff. We found that the relevant checks had been completed before staff worked unsupervised at the service.

We found there were sufficient staff to meet people’s needs and keep them safe. People we spoke with told us that staff were in the main reliable and were on time. We were told that on occasions staff were late, however people told us

they were kept informed about any delays. We asked staff how they supported people when there were less staff available for example where staff were unwell. They told us that they managed this between them by re-prioritising their work and by letting people know that they maybe late in attending to them. This ensured people were kept up to date and reduced their anxiety. They also said that in some instances the provider or regional manager provided support to people to ensure people received the care they needed.

The provider gave to care staff a weekly rota which detailed who they were supporting and at what time. Staff told us this system had recently improved as the provider now used a computer programme to develop staff rotas, which they could access on-line and meant they did not have to visit the office and was easier to update, which meant staff had access to up to date information.

All aspects of a persons support was documented within a plan of care. Where potential risks had been identified risk assessments had been undertaken which detailed how the risk to the person was to be minimised, whilst supporting and respecting the persons independence and choices, which included people’s wishes regarding how personal care was to be provided, for example when assisting people in and out of the bath.

One person we spoke with told us that they managed all aspects of their medication, which included ordering their prescription and having their medication delivered by a pharmacist, which meant the person maintained their independence. People’s plans of care contained information about their medication and the role of staff in reminding people to take their medication. Staff told us that people needed reminding, but were able to administer the medication as medicine management had been assessed and discussed with them during their assessment.

Is the service effective?

Our findings

We spoke with people and asked them whether they were involved in decisions about their care. One person told us, “I’m very independent and the girls [carers] know I want to keep my independence.” We spoke with one person who used the service and asked them how the staff and the service supported them. They told us, “The move here was good for me, they’ve given me back my independence by giving me the support I need.” Two other people told us that they received the care and support they needed, which enabled them to continue to live independently.

Staff told us about the training they had received, they told us that the training enabled them to meet the needs of people. Information provided within staff records detailed the training staff had received, which was consistent with information provided by staff we spoke with. Training topics reflected health and safety issues, the management and recording of information and training specific to the needs of people who used the service.

Staff told us they had been supervised providing support to people by the area manager. And in addition received one to one supervision in the form of meetings. They said they had received constructive feedback which enabled them to make improvements to their practices where required.

Minutes of staff meetings showed staff were able to discuss the needs of people who used the service and to discuss

any changes which needed to be introduced to ensure people received support and care that met their needs. The provider and staff told us that due to the small size of the staff team they regularly liaised with each other to ensure information was shared effectively.

People’s plans of care included information as to their choices and wishes, which included what time they wished to receive personal care. Staff told us that in some instances people declined support and their wishes were respected. One person we spoke with told us “I like to spend time in the lounge and don’t want to go back to my flat.”

Care records showed that the principles of the Mental Capacity Act 2005 (MCA) Code of Practice had been used when assessing people’s ability to make decisions. The MCA is a law which provides a system of assessment and decision making to protect people who do not have the capacity to give consent themselves. The provider when we spoke with them were aware that any applications to restrict a person’s rights and choices would require a Court of Protection order. This would be necessary to ensure that legal authority had been sought for the delivery of care.

Staff supported people to liaise with health care professionals when they became unwell by contacting them on their behalf and arranging appointments.

Is the service caring?

Our findings

People using the service were supported by one of four care staff. Whilst some staff were relatively new to the service the daily contact with people had enabled them to develop professional relationships with staff. One person told us, “I’ve got no problems with the carers, they’re great and lovely. They’re more like friends.”

A person we spoke with told us “The carers are good they respect my privacy and the decisions I make.” People told us they had a copy of their care plan and that this had been discussed with them, which they had signed.

Staff told us they had received training on equality and diversity and we asked them what this meant for them when delivering care and support. One member of staff told us “everybody is different, they have rights. Not everyone’s care is the same. So not everyone is treated the same, but individually.”

People’s privacy and dignity was respected by staff who understood that they were supporting people within their own homes. The records we read showed how staff recorded people’s day to day decisions. For example, their decision to decline personal care and support as they were unwell or wished to remain in bed for a ‘lie in’.

People were provided with a service user guide. This document contained information about the service and what people could expect to receive, along with information about how people’s views would be sought and information on reporting concerns and raising complaints. This meant people had access to information to enable them to make decisions and raise issues of concern.

Is the service responsive?

Our findings

People's plans of care provided information about the person, which included their preferences as to their lifestyle choices, such as their preferred time to receive support. This meant staff provided people with person centred and tailored care. People's assessment of need had been carried out by a social worker who had referred them to the provider through an independent agency.

Assessments of need had been used to develop plans of care which were regularly reviewed and updated by the regional manager, staff and people who used the service. This ensured the support people received was as they required and as agreed by them. Records detailed the care and support staff provided when they visited people.

We spoke with people who used the service and asked what they would do if they had concerns. They told us they

would speak with staff or the owner [provider]. Those we spoke with told us that they didn't have any concerns. People knew who to contact if a carer did not arrive, telling us they used their phone or the internal communication system of the extra housing complex.

The complaints procedure was included within the service user guide, a copy of which had been given to people when they started to receive support from Helping Hands Homecare. The provider told us they had not received any complaints. The Care Quality Commission (CQC) received information of concern prior to our inspection with regards to staff recruitment, training and supervision. The information was considered as part of the inspection and we looked at staff records and found that staff had been appropriately recruited and received the necessary training and supervision.

Is the service well-led?

Our findings

The provider showed us the results they had gathered from surveys which had been sent to people who used the service that had sought their views about the service they received. Information from the surveys had been shared with people and was displayed on a notice board in the foyer of the extra housing accommodation.

A member of staff we spoke with told us they had attended staff meetings. Staff told us that there were effective systems for the sharing of information, either in person or by recording information within people's care records. Staff told us the sharing of information was made easy due to the small number of staff employed. Minutes of staff meetings showed staff discussed the day to day running of the service, which included the importance of providing support to people, the need to maintain records and health and safety issues.

We spoke with the provider about the service and looked at the providers statement of purpose. A statement of purpose is a document which includes a standard required set of information about a service. The provider and

information we read advised us that the service provided the support and care people needed to enable them to maintain their independence and to continue to live within their own home.

The provider had a business continuity plan which detailed what action they and staff would take in the event of an unplanned incident to ensure people continued to receive the support they needed to maintain their safety.

A system was in place which the provider used to assess the quality of the service, which focused on the views of people who used the service. There was a system in place for further quality audits to be carried out, however these had not been completed, which meant people could not be confident that all aspects of the service were being managed well. The provider and area manager confirmed they would implement and review their current system.

The service did not have a registered manager in post, the service was being overseen by the provider and area manager. The provider told us they were currently in the process of interviewing candidates for the position of manager and were hopeful an appointment would soon be made. The provider confirmed they would ensure that upon the appointment of a manager an application would be submitted to the CQC for their registration.