Midshires Care Limited

Helping Hands Wokingham

Inspection report

4 The Courtyard
Wokingham
Berkshire
RG40 2AZ

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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 inspection took place on the 1 March 2017 and was announced.

Helping Hands Wokingham is a care agency which provides staff to support people in their own homes. People with various care needs can use this service including people with physical disabilities and older people. At the time of this inspection 60 people received care from this service.

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 and their relatives told us that they felt safe with staff and would be confident to raise any concerns they had. The provider's recruitment procedures were thorough and medicines were managed safely. There were sufficient staff to provide safe, effective care at the times agreed by the people who were using the service.

People were supported to have maximum choice and control of their lives, in relation to their care package, and supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were procedures in place to manage risks to people and staff. Staff were aware of how to deal with emergency situations and knew how to keep people safe by reporting concerns promptly through processes that they understood well.

Staff received an induction and spent time working with experienced members of staff before working alone with people. Staff were supported to receive the training and development they needed to care for and support people's individual needs.

The majority of people and their families spoke positively and were complimentary of the services provided. The comments we received demonstrated that the vast majority of people felt valued and listened to. People were treated with kindness and respect whilst their independence was promoted within their homes and the community. People received care and support from familiar and regular staff most of the time and some would recommend the service to other people.

People's needs were reviewed and their care and support plans promoted person-centred care. Up to date information was generally communicated to the staff to ensure they could provide the appropriate care and support for each individual. Staff knew how to contact healthcare professionals in a timely manner if there were concerns about a person's wellbeing.

The provider had a system to regularly assess and monitor the quality of service that people received and identified areas for improvement.

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.

Staff knew how to protect people from abuse.

People felt they were safe when receiving care and support from staff.

The provider had emergency plans that staff understood and could put into practice.

There were sufficient staff with relevant skills and experience to keep people safe.

Is the service effective?

Good

The service was effective.

People were involved in their care and their consent was sought before care was provided. They were asked about their preferences and their choices were respected.

People were supported by staff who had received relevant training and who felt supported by the registered manager.

Staff sought advice with regard to people's health, personal care and support in a timely way.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect. Their privacy and dignity was protected.

People were encouraged and supported to maintain their independence.

People were involved in and supported to make decisions about their care.

Is the service responsive?

Good

The service was responsive.

Staff knew people well and responded to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Is the service well-led?

Good

The service was well-led.

There was an open culture in the service. People and staff found the registered manager approachable, open and transparent.

People were asked for their views on the service. Staff had opportunities to say how the service could be improved and raise concerns.

The quality of the service was monitored through discussions and action was taken when issues were identified.

Helping Hands Wokingham

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 1 March 2017. It was carried out by two inspectors.

We gave the service 48 hours' notice of the inspection because it is office based and we needed to be sure that relevant staff would be available.

Before the inspection the registered manager completed a Provider Information Return (PIR). This 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. We looked at the PIR and at all the information we had collected about the service. This included information received from health and social care professionals. We also looked at notifications the service had sent us. A notification is information about important events, which the service is required to tell us about by law.

We spoke with a wide range of staff including the registered manager, the care coordinator and the field care supervisor. In addition, we spoke with the quality and compliance manager for the company, the head of home care for the area and the staff trainer who were all present in the service during the inspection visit. We spoke on the telephone with eleven people and\or their relatives about the quality of care they received. Email responses were received from two relatives of people. We requested feedback from a range of professionals who had contact with the service and received responses from a commissioner, a quality and contracts officer from the local authority and another care agency who worked in conjunction with Helping Hands Wokingham with a particular individual. We requested information via email from every staff member employed by the service and received six written replies.

We looked at six people's records and documentation that was used by the service to monitor their care. In addition, we looked at four staff recruitment files of the most recently appointed staff. We also looked at staff training and other records used to measure the quality of the services.

Good

Is the service safe?

Our findings

People were safe when receiving care from Helping Hands Wokingham. One person said, "I definitely feel safe and have no complaints. The carers are always familiar to me and do what I ask them". One relative told us, "The staff come on time and are very pleasant. Mum knows most of the carers and she is confident with them. It has changed her life for the better". One staff member commented, "In my experience so far I have not had any concerns about the safety or treatment of clients or anything that I was not comfortable with". Another staff member told us, "I am very confident that the people we support are safe."

The service had reported incidents of alleged or potential abuse to the local authority safeguarding team since the date of registration in April 2014, although these had been very low in number. People were protected against the risks of potential abuse. They informed us that they felt safe from abuse and/or harm from their carers (staff). Care staff told us that people were kept safe and that there were robust procedures which they were duty bound to follow in order to keep them and people safe at all times. We were assured that staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. The information we received confirmed that they knew what to do if they suspected people they supported were at risk of abuse. Staff were provided with details of the company's whistle blowing procedure and dedicated phone line and had the training and knowledge to identify and report safeguarding concerns to keep people safe.

Any identified risks to people were included in their care plan together with guidance for staff on how to manage and/or minimise the risks. Routine risks included manual handling, medicines, functional capabilities, dietary needs and any likes/dislikes or allergies. There were on call numbers and guidance available for staff should there be an emergency. We saw that a business continuity plan was in place which provided clear instruction for the action to be taken in the event of unforeseen occurrences such as a utility failure or flood.

People we spoke with told us that all staff wore uniforms, aprons and gloves when required. One person told us that a new carer had turned up recently and had not been wearing a uniform. The registered manager confirmed that this staff member had not been on duty but agreed to cover the call at very short notice due to staff sickness absence. The staff member did not have their uniform with them and would cause unnecessary delay by trying to obtain one. The staff training records indicated that staff had attended health and safety training that included infection control, moving and handling and fire awareness.

Most staff had received training in the safe management of medicines and only those who had undertaken the training were able to manage medicines for people. A medicine risk assessment, where applicable, identified possible risks, support required and outcomes agreed for the person. Where the service supported people with medicines this was set out in their care plans, which detailed whether staff needed to prompt or administer the medicines. There had been no incidents of missed or incorrect administration of medicines over the previous year.

The provider's recruitment procedures were detailed in a policy document. The procedure was robust and

included completion of Disclosure and Barring Service (DBS) checks. A DBS check allows an employer to check if an applicant has any criminal convictions which would prevent them from working with vulnerable people. Application forms were completed and face to face interviews were held and responses to questions were recorded. Three references were taken up including character references and from past employers to assess an applicant's previous performance and behaviour in their employment. When references from previous employers only provided beginning and end dates of employment with no indication of conduct this was taken into account with increased monitoring through shadowing arrangements.

There were enough staff employed by the agency to safely meet peoples' needs within the timeframes of their care packages. We noted that some feedback from staff indicated that travel times could be excessive on occasions and this was time that was not paid for by the agency. One person who received a service told us that they thought this issue had resulted in a number of very good care staff leaving the agency. It was reported from other staff that lengthy travel times had improved over time. The registered manager informed us that this biggest challenge for the service was the deploying of consistent staff to people. This was most often achieved once regular visits had been established. There were 24 staff employed to meet the needs of the people who were currently using the service. The registered manager had responded to any staff conduct issues appropriately by following the provider's disciplinary procedures. From records we reviewed all incidents including accidents had been reported and appropriate action had been taken. All incidents and accidents were monitored by the registered manager and dedicated personnel employed by the company. Any trends or common indicators were addressed to prevent recurrence whenever possible.

Good

Is the service effective?

Our findings

People informed us that they received care and support from friendly, familiar, well trained and consistent staff. One person said, "The service we have received is brilliant, all the staff are courteous and respectful. The time is perfect and they call if they are running late which isn't very often." The registered manager told us that they would not consider calls that were insufficient in time to allow carers to undertake their duties to a good standard. Several people or their relatives were complimentary about individual carers.

Staff were rostered to cover calls to each person's home at variable times of the day according to the needs and preferences of the individual. An electronic rostering system was being introduced which would help and improve the organisation and timings of calls. The registered manager told us that there had been no missed calls. However, one relative we spoke to told us that a call had been missed in late January 2017.The registered manager provided an investigation report which had been compiled at the time which indicated that a call had been missed due to the carer misreading the rota. An apology was provided to the family and an assurance that every effort would be made to avoid further missed calls.

Each staff member had a timetable of calls to people they supported regularly as far as possible. Draft rotas were issued to staff early each week for cover the following week. Each staff member was required to confirm their calls before a final rota was issued each Friday. The timetable was designed to provide support and / or personal care by consistent staff. A person's relative said, "The carers mostly arrive at the time agreed and with the same care staff."

The majority of people, their relatives and care staff described communication as good. In response to questions about effective communication we were told that the office based staff were available and relevant information was mostly passed on. However, we were provided with some examples from people where information was not passed on by office staff to relevant care staff. Of the six staff that provided feedback five indicated that changes were communicated appropriately.
The overall picture was of an agency where the majority of calls were conducted within agreed timescales by care staff who were familiar to people. However, there had been occasions when changes had not been communicated to the relevant people which had caused breakdowns in the efficiency of the service. We were told that an electronic rostering system was being introduced which would be supported by smart phones for each member of care staff. It was envisaged that this would greatly reduce and hopefully eliminate any issues with the timing of calls and the communicating of changes or important information.

Changes in people's health and/or well-being prompted a referral by the service to the appropriate health or social care professional and examples were evident from discussion with staff and relatives of people. The majority of staff told us that they were kept informed of changes with one commenting, "Yes, all the time I am kept informed." However, we were told by one person that a call had been cancelled by them within the agreed timescale but this had not been passed to the care staff. One care staff member told us that they were not always consistently told about changes such as people being admitted to hospital. People who required support with their meals received assistance from staff within an agreed and appropriate timescale to promote their nutritional needs. Staff were prompted within care plans to obtain consent from people

before any task or activities were commenced with them.

People and their relatives said that staff had the skills and knowledge to give the cared for person the care and support they needed. Information was provided within a staff handbook which was made available to all staff. We spoke with the company trainer who was qualified to deliver training for the care certificate. The care certificate is a set of standards that health and social care workers need to complete during their induction period and adhere to in their daily working life. We saw from records that staff received an induction that enabled them to support people confidently. The registered manager stated that as part of staff's initial induction they did not work alone unsupervised until they were confident within their role to support people. Every effort was made for new staff to shadow with those people they were likely to be supporting in the future. The observer provided feedback to new staff members immediately and made an electronic record of the observation which could be referred to in one to one meeting for follow up about performance and to identify any training or support needs. One staff member did say that they felt that some new staff who were new to the role could benefit from more time with experienced care staff so that they were better equipped to deal with unforeseen or complex situations such as people's health needs or when people became unwell. The registered manager was informed of this feedback and undertook to address this.

The training record provided gave an accurate picture of all training undertaken by staff which indicated that all staff were either up to date with training or were booked on to refresher courses. All staff were eligible to undertake formal qualifications once they had successfully completed six months employment. Staff confirmed that they received regular training with comments including, "Yes, we have online training and in person training. I have not been with HH long enough to do refresher training yet, but I know it will happen," and, "I have already had plenty of refresher training and have been in the care industry for around 16 years in various care settings." One care staff member told us, "I have completed my online program but to date there isn't any further training that has been offered or is forthcoming."

The policy of the provider was that all staff should receive supervision approximately every two months. This included spot checks which incorporated an element of staff supervision and practice monitoring. There were records for supervision and spot checks. We checked the supervision for three long standing members of staff and found that each did have regular one to one supervision. Of the six written responses from staff five indicated that they were supported by the agency and received supervision and regular spot checks. However, one staff member told us that there were regular staff meetings that they had been unable to attend due to rostering schedules and that their last formal supervision had occurred four months previously. We informed the registered manager of this and they undertook to follow this up.

Staff meetings were held periodically. We were provided with the minutes for two staff meetings which were held in August 2016 and February 2017. We saw that important information and reminders were recorded. Attendees were low in number, four and five care staff respectively. We did receive feedback from staff to the effect that rota constraints prevented them from attending meetings. We discussed with the registered manager the possibility of repeating meetings so that more staff could have the opportunity to attend. We were told that staff do receive pay for attending.

People's legal rights to make their own decisions were upheld and understood by staff who had a clear understanding 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. People can only be deprived of their liberty to receive care and

treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive people of their liberty must be made to the Court of Protection. At the time of our visit, no one was being deprived of their liberty or lacked capacity.

Good

Is the service caring?

Our findings

The service was caring. People were treated with care and kindness. Staff were knowledgeable about the people they cared for, their needs and what they liked to do. One relative told us, "I would like to say I do appreciate the service provided. It provides me with confidence and it has enhanced my mother's quality of life". Another person said, "The carers are lovely, some of them are more like family now."

People's diverse needs and how to meet them were contained in people's individual care plans. We saw they included cultural and spiritual needs, where they had been identified. People's relatives said they had been involved in planning and reviewing their care. Care plans included an area for people to sign to confirm they had been involved in care planning where appropriate. The recording of people's preferences, likes and dislikes was in evidence. The registered manager and care staff kept in regular contact with the person's relatives by phone and in person where appropriate.

The registered manager told us she frequently worked alongside care workers and also carried out regular spot checks of care practices. We were confident from what we were told and from the records we saw that care staff were committed to maintaining people's well-being and were alert to people's changing needs. Records seen confirmed that unannounced spot checks were periodically undertaken whilst they were working with individuals in their homes to ensure that care staff were working to the values of the company.

Information was provided for people and their carers through a service user guide. This gave guidance about what to expect from the service and included contact details should they need to speak with someone either during or out of office hours. A standardised folder was maintained in each person's home that provided essential information about the person including a copy of their most up to date care plan. Various other leaflets and information was provided for the convenience of the person and if appropriate their family members.

People's care records were kept secure in an electronic data base. The service used an electronic pen to write and update care plans which was used to copy information into type written documents once returned to the office. Daily logs once completed were returned to the office and locked into cabinets kept within the office. We saw that daily logs provided sufficient information about each call, were person centred and gave an overview of the person's wellbeing. The registered manager told us staff were fully aware of their responsibility not to disclose people's personal information to anyone, and not to refer to other clients or their carers when in a person's home. People told us they had no concerns about confidentiality and said their care workers were always discrete. We asked people if their workers protected their privacy and dignity. They told us they did, one person commenting, "They always protect my privacy and treat me with respect".

Good

Is the service responsive?

Our findings

The service was responsive. People had individual care plans developed from an assessment carried out prior to them using the service. Wherever possible prospective care staff were introduced to people before the service commenced. However, we did receive feedback from two people to say that this had not always happened in their experience. Care plans were sufficiently detailed and contained information with regard to people's individual wishes about how they preferred to be supported. They gave guidance to staff with regard to supporting people in aspects of the care the service was responsible for. They also helped to ensure people remained in control of their lives and retained as much independence wherever they were able and when appropriate. Reviews of people's care plans were undertaken annually as a minimum or whenever people's needs changed. There was a periodic review of daily care notes, usually undertaken during spot checks, which were also used to improve record keeping overall. People told us there had been spot checks and they were involved in the reviews and had the opportunity to discuss their care and request changes.

Staff provided some feedback about how they responded to people's or their carer's changing needs. This was confirmed through feedback from people and their relatives. One relative told us, "We are given verbal feedback on the day by carers and accurate written feedback in the Hourly Log of any positive outcomes or notable changes in my mother's emotional or physical condition." Staff wrote any concerns in the daily notes and informed the office immediately. We were told that office staff would then inform the next care staff member due to visit the person and/or inform the relative where appropriate. They would also take action if a more in depth review of the care was needed. Daily notes were of a good quality and person centred. They described people's health and well-being as well as the tasks completed. Daily records were audited by the registered manager or the care coordinator on a periodic basis dependent on the level of care provided.

People and their families told us they had the information they needed to know what to do and who to go to if they had a concern or a complaint. The service had received two formal complaints from people or their relatives during the previous nine months. We saw that these had been responded to appropriately and action had been taken to minimise the risk of reoccurrence. There had been 13 compliments received about the quality of the care provided over the previous 12 months. The complaint procedure detailed that complaints and concerns would be taken seriously and used as an opportunity to improve the service. Following any complaint or concern the quality assurance department, which was located in the head office, evaluated the cause and implemented any changes where necessary.

Good

Is the service well-led?

Our findings

The service was well led. The vast majority of people and their families were complimentary of the services provided by the service. They told us that the agency listened to what they had to say and acted on this to promote person centred care and improve services. There was an overwhelming view from people, their relatives and care staff that the organisation of the service had improved over time with management staff always available at any time. Comments from staff about the service included, "I believe the service to be well managed. I know at times there can be a lot of rota changes to accommodate clients when carers are sick." "Management are always very supportive and helpful." The feedback we received from people and/or their families included, "Wokingham Helping Hands is very well managed. The service is reliable and runs smoothly." In answer to a question about the accessibility of management staff one relative told us, "Yes. This is a real strength of the service provided by Wokingham Helping Hands. Phone calls are usually answered straightaway by [registered manager] or [care coordinator], who are both a pleasure to work with." Overall we identified a positive culture, which was person centred and demonstrated a good understanding of equality and respect.

People benefitted from a staff team who were supported in their work. There was confidence that any concerns could be taken to the management and they would be taken seriously and the registered manager would take action where appropriate. Staff members told us the office based management team was accessible and approachable and dealt effectively with any concerns they raised. The registered manager was open with them and always communicated what was happening at the service.

The service had quality assurance processes which were designed to measure the quality of the service and to act on areas that needed improvement. We spoke with the quality and compliance manager for the company who explained the current systems that were in place. Quality assurance processes included formal requests for feedback from people and/or their next of kin using email contact on an annual basis and to care staff on a six monthly basis. In addition, periodic telephone calls were made to people by the registered manager and the coordinator. These calls were to discuss the quality of the service and to check if there were any concerns which needed to be addressed. Also all care staff were encouraged to communicate with the office based staff on a regular basis to discuss their role, advise them on any issues they may have and to communicate relevant information regarding the people they support. Periodic unannounced spot checks were undertaken to observe the care practices of staff and to gain people's views. The service kept people and their relatives informed on what was happening with the service. Care plans, daily records and risk assessments were reviewed on an on-going basis and any changes were recorded on the care plan and in daily records. Staff training was monitored and reviewed regularly by the use of a training matrix and supporting documentation.

We were told that a complete review of quality monitoring systems had taken place within the company and a new and extensive tool was being introduced to capture information about all aspects of the running of each branch. The Wokingham office was due to have a complete review of its systems before the end of March 2017. Once complete a rating is applied dependent upon the assessment of how well the branch is operating. The rating is used to determine the frequency of follow up visits to monitor progress. In addition,

a monitoring tool was being implemented for all heads of homecare who line manager the branches. This tool will be less extensive but is intended to monitor and to focus on specific areas within each branch on a more frequent basis than is occurring currently.

The service was a member of a local care services association. This provided access to advice, support and workshops which were designed to support services to enhance the functioning and quality of the care provided. The registered manager had attended some workshops and meetings which had been run locally which covered a range of topics. All of the service's registration requirements were met. The company had an internal internet based interactive site which could be used by all levels of staff in the organisation. This could be used to access particular information about conditions, internal contacts and other relevant information. The site enabled staff to report concerns, request holiday, order supplies, submit wages queries and request help from the dementia specialist and the registered nurse employed by the company. All members of staff were able to nominate another member of staff at any level who had inspired/impressed or amazed them by their attitude/action or just by being themselves. In order to celebrate outstanding work the
Chief Executive wrote to individual staff members who had gone above and beyond the role in which they were placed.