

Abbotsound Limited

Helping Hands

Inspection report

21 Cromwell Road
Eccles
Greater Manchester
M30 0QT

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31 May 2018

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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 29 and 31 May 2018. The first day was unannounced, however we informed staff we would be returning for a second day to complete the inspection and announced this in advance.

Helping Hands provides domiciliary support to up to 13 people with learning disabilities, autism, physical disabilities and mental health needs. The service is provided in three units called; Bath house, Milton and New Build. The service is provided over 24 hours. Staff are present in the units at all times. This model of care is known as 'supported living'.

At our last inspection of Helping Hands in February 2017 the home was rated as 'Requires improvement' overall due to not meeting the regulations in relation to record keeping and staff training. At this inspection we found the service had responded effectively and there had been significant improvement in both these areas.

People had been protected from the risk of harm and abuse. Staff understood what might be a safeguarding concern and how to respond to this.

The building and utilities had been maintained to a good standard with all necessary checks and certificates in place, including; gas, electrical, legionella and fire safety equipment.

Medication was safely managed, records were up to date and provided the necessary details in relation to all prescribed medicines including topical creams and dietary supplements and thickeners.

People's needs had been assessed and care plans developed to ensure their needs were met as they preferred. Risk assessments provided guidance on how to support people to manage the risks in their daily lives.

Staff had received an increased level of training which had provided them with the necessary knowledge and skill to meet people's needs. Staff reported feeling they had benefited from the training available.

The service was aware of its responsibilities in relation to the Mental Capacity Act 2005 and associate Deprivation of Liberty Safeguards including in domestic settings, known as (DIDs).

Staff were seen to be caring and supported people, kindly and respectfully. People living in the service said they thought the staff were kind and caring.

People received person centred care that was responsive to their needs. Care plans were reviewed and updated regularly.

The management structure was clear and staff reported being happy with the way the service was managed,

they felt the manager could be relied on to take appropriate action and was supportive and fair.

Auditing and governance systems had been improved and ensured people received care and support consistently.

Relatives reported feeling able to approach the manager at any time and felt confident they would act on any concerns they raised.

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 were protected from the risk of harm and abuse.

Risk assessments ensured people had the right support to manage risks in their daily life.

Staff had been recruited safely with all necessary checks being completed.

Is the service effective?

Good ●

The service was effective.

People's needs had been properly assessed in consultation with families and other professionals.

Staff received training appropriate to their roles.

The service had ensured they had met their obligations under the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

People living in the service said the staff were kind and caring and listened to them.

Relatives said the service was caring though one person felt the odd member of staff could be more attentive to their role.

Is the service responsive?

Good ●

The service was responsive.

People received person centred care that was responsive to their needs.

People had been supported to develop their own care plans. One

person said they felt they were involved.

Peoples concerns and complaints were managed and the service ensured people could talk about how they felt their concerns had been dealt with.

Is the service well-led?

Good ●

The service was well led.

There was a clear culture and commitment to high quality care.

Staff were aware of the standard of care expected of them.

Governance systems ensured care and support was provided properly and gaps or errors had been identified by audits and addressed.

Helping Hands

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 checked whether the provider was 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 29 and 31 May 2018. The first day was unannounced this meant the service did not know we were coming. However, we informed staff we would be returning for a second day to complete the inspection and announced this in advance.

The inspection team was comprised of one social care inspector.

Prior to the inspection we reviewed all the information we held about the service including statutory notifications, safeguarding referrals and complaints. We reviewed information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also liaised with external stakeholders including the local safeguarding team, commissioners and Healthwatch to see if they had any information to support our inspection planning.

As part of the inspection we spoke with, the registered manager, three members of care staff, three people who were living in the home and the relatives of two people.

We looked at the care plans for four people. We looked at other documentation held by the service including: three staff recruitment files, six medication administration records, policies and procedures and a range of records the home kept in relation to governance. We observed care practices and staff interactions in all three units.

Is the service safe?

Our findings

People living in the home told us they felt safe. One person said, "I am safe here, staff look after me and take me out." Another said, "I feel safe here because there are a lot of people I can talk to, that's important to me. If someone was upsetting me I would tell the staff, I know they would help me." A third said, "I feel safe here because of the support. I have never felt unsafe." The relatives we spoke to also felt people were safe. One said, "I know that [name] is safe because he is happy." Another said, I know [name] is safe, I visit regularly and would know if they weren't."

Safeguarding means; protecting people from the risk of harm or abuse. The service had clear safeguarding policies and procedures. Information about who to contact in the local authority safeguarding team was displayed in the office and in communal areas in the three units. The service kept a log of safeguarding concerns reported to the local authority and the outcome of any investigations.

Staff we spoke with understood how to recognise a safeguarding concern and how to respond. One said, "Safeguarding means we ensure people are safe at home and outside, if I saw anything that concerned me, like bruising I would report it straight away and ensure the person was safe." Another said, "Safeguarding means keeping the person safe from harm and abuse, I am aware of what that might be and how to report it."

The home had a system to determine how many staff needed to be on duty, this fluctuated depending on people's activities and appointments. Several people were supported by one to one workers for some or all of the day. Staff we spoke with said they felt there were enough staff to support people safely and also to remain safe themselves. We reviewed the rotas for each unit and found staffing levels corresponded with people's assessed needs.

Staff had been recruited safely; we reviewed the staff files for three members of staff, one from each unit, including someone who had been recruited since the previous inspection. Staff files included all the necessary documentation including; application forms, interview notes, proof of identity and references. The Disclosure and Barring Service, (DBS) carry out a criminal record and barring check on people who intend to work with vulnerable adults. This can help employers to recruit suitable staff. At this inspection we found DBS checks had been undertaken prior to staff starting employment.

We reviewed the service's medication policies and procedures. We also checked the medication stocks and records in each unit to check medicines were being managed safely. At the previous inspection there had been a breach of the regulations in relation to governance because medication records had not been kept according to the regulations. Some medications had not been recorded on the Medication Administration Record (MAR) charts; such as fluid thickeners and topical creams. There had been no body maps to show staff where each cream needed to be used. There had been no clear protocols to inform staff when to give medicines to be taken 'when required' such as for pain or increased anxiety.

At this inspection we found the service had addressed these concerns fully. Medication records in each unit

included full details of all prescribed medicines. Body maps were in place to show where any topical creams needed to be applied. All medicines to be given 'when required' had a clear protocol to ensure staff knew when to give them. We found one occasion when the recorded reason an 'as required' medication had been given differed to the protocol. We discussed this with the registered manager who investigated this during the inspection and found this had been a recording error rather than an incorrect use of the medication. This had happened on the first day of inspection and we were satisfied with the response of the registered manager. We interviewed other staff to check their understanding of this specific protocol which they could describe accurately. We were confident in this case the staff knew how to support this person and further that medication audits would have identified the recording error promptly.

All MAR charts were filled and signed with no gaps. Where a person had declined medication this had been recorded. Medicines were stored securely in locked cabinets, the service used a pre-dispensed system, and the majority of medicines were in blister packs. Medicines which could not go in the blister packs had been stored securely with the date of opening recorded on the packet or bottle.

Risk assessments had been completed in people's care plan to identify the risks the person needed support to manage. We found the risk assessments were thorough and provided detailed information which ensured staff knew how to support each person safely. All areas of the person's health and social care needs had been considered including; accessing community resources, road safety, managing medicines and managing finances. The risk assessments had been reviewed and updated regularly with the involvement of the person, their family and other professionals.

We found checks of the building had been completed to ensure the premises were safe for people using the service. There was a fire risk assessment and fire evacuation plan. Staff we spoke with were clear and consistent when describing how they would respond to the fire alarm. The maintenance person had good oversight of the premises and had an effective system for identifying faults and repairs. There were regular checks of the fire safety system and emergency lighting. There were current, gas safety and legionella certificates. The most recent Electrical installation report was forwarded to us after the inspection and showed no major concerns. Areas identified for non urgent attention had been scheduled by the maintenance person.

The service had an infection control policy. There was a cleaning schedule in place and checklists to ensure tasks had been completed. We looked around the building and found some areas such as entrance doors needed more thorough cleaning to minimise infection risks. We discussed this with the registered manager who raised this with the staff and we will review this at our next inspection. We found bathrooms, toilets, kitchens and communal areas to be clean and tidy. Cleaning materials were stored securely to prevent accidental harm. Personal protection equipment, such as; gloves, aprons, and hand gel, were available in all areas and we observed staff using this when required. this would help to reduce the spread of infection.

Is the service effective?

Our findings

People living in the service said they thought staff knew how to support them. One person said, "Staff are really good, they know how to help me and I can ask them for anything." Another said, "The staff are nice and they know how to talk to me and make me feel better." A third person said, "Staff know how to help you, because they go on courses." Relatives we spoke with said staff knew how to support people.

At the previous inspection the service was found to be in breach of the regulations because the registered manager had not provided staff with the required training to enable them to fulfil the requirements of their role. At this inspection we found there had been a significant increase in training for all staff. Training in over 16 different areas had been provided and had been attended by the majority of the staff. Training provided, included; positive behaviour management, autism awareness, learning disability and total communication. This meant staff had received training appropriate to their roles. Staff we spoke with told us they had found the increased training beneficial. One person said, "The best thing that has happened here is the increase in the training, it has been really interesting and helped me in my job." Another said, "I have been here a year and have had a lot of training, it helps you do your job better."

There was an induction programme for new staff which included a health and safety introduction, principles of care, safeguarding and effective communication. New staff also shadowed existing staff to develop their knowledge. Staff received regular supervision with their manager. Supervision is a one to one meeting with the manager or senior to discuss staff's development and performance.

Assessments in people's care plans were detailed and provided clear information about how to provide support to the person. Information had been included from the person, their family and other involved professionals. This showed the home had a robust assessment process in place to ensure they could meet people's needs.

People's health care needs were identified in their health action plan (HAP) which provided detailed information about the person's health needs and treatment. Health screening and monitoring was recorded to ensure people had access to health professionals when required. People were supported to attend health appointments, and the outcome had been recorded to inform future planning.

People had hospital passports, these documents provided detailed information for health professionals should the person need to go to hospital. In addition to medical information they included sections which described what was important to the person to communicate effectively and support them to feel calm and accept treatment. This showed the home had ensured transitions between services would be as smooth as possible for the person.

We looked at how the home supported people to maintain good nutrition. People's nutritional needs were recorded, information about allergies was available in the kitchens. One person needed a modified diet to avoid the risk of choking. The staff we spoke with in that unit were aware of how to provide this. People had weight records in their files and were weighed as regularly as advised. People we asked said they were

happy with the food and could choose what they had. In one of the units we found stocks of food seemed to be very low. We raised this with the staff on the unit and the registered manager. They said people went shopping every day when they decided what they would like to eat. People living in this unit said they had enough to eat. We reviewed the individual menu records for each person in this unit and found there was a wide variety of food provided and consumed each day. However, to ensure sufficient choice at all times, we would expect to see more food to be held in stock, we will review this at the next inspection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making a particular decision 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). In supported living services such as at Helping Hands this is known as Deprivation of Liberty in a Domestic Setting (DIDs).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had applied to the local authority when required for DIDs authorisations. We viewed one person's application and saw there were some restrictive practices in place. The local authority had provided training for the staff team specifically around the use of these practices. Care plans contained assessments of people's capacity to make decisions for themselves and their ability to consent to receive care and support. These decisions had been considered and reviewed regularly in their care plans. Staff were knowledgeable about seeking consent from people and we observed staff always asked before providing any care and support. Staff were skilled in communicating with people to seek their views and consent.

Some people were living with autism. The service was seeking accreditation with the National Autistic Society. As part of this process the team had used an environmental assessment tool to identify the impact of the person's environment on their wellbeing. Action plans had been developed to make improvements. There were tents erected indoors in communal areas which some people used to minimise external stimuli and feel safe. People living in the three different units of the supported living service said they liked their homes and had been able to personalise their rooms and the shared spaces.

Is the service caring?

Our findings

People living in the service said the staff were caring. One person said, "Staff are kind, they take me out every day and they listen to me." Another said, "Staff are always caring here and they don't make me feel bad." A third person said, "They are caring, they cook and wash and I feel good here." Relatives we spoke to said they thought the staff were caring. One person said, "The staff are very caring if you had anything to say they would listen."

We spoke to the relatives of some people who lived in the service. Their views were mixed. One relative said, "The staff are very caring, I am in constant touch, [name] seems very happy, he said the staff are nice." Another said, "I have no concerns and if I had I would raise them and I know the manager would deal with it." However, one person said, "I think most of the staff are good but there is an odd one who did not attend to [name] as they should have, I felt they were not being cared for. I have raised my concerns." We discussed this with the registered manager who advised the concerns had been investigated and the family were content with the outcome.

Not everyone who used the service, was able to express their views directly on the quality of care they received. We used the Short Observational Framework for Inspection tool (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed a person who had one to one support. Staff interacted frequently with the person, the staff member understood the gestures, signals and sounds the person used to express their wishes. The person showed some delight teasing their staff which the staff accepted with good humour. In addition, throughout this inspection we observed interactions between staff and other people who did not communicate verbally. Staff were kind and caring, they engaged with people regularly and encouraged them to interact.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard. We saw people had communication plans in their care plans which detailed the most effective ways to support the person to communicate. Some people used pictures. Some people used visual aids to support their communication and decision making. We observed staff signing with people using a combination of the person's own signs, Makaton and British Sign Language.

People were supported to maintain their dignity. Staff interacted discreetly when they offered support with personal care. Staff we spoke with understood how to support people respectfully. The service had links with the National Dignity Council and had aimed to improve dignity in care by establishing dignity champions, this had not been fully realised at the time of inspection but showed the service was committed to improving people's dignity.

People's independence was promoted at several levels. Assessments and care plans described the persons abilities in relation to daily living tasks and their goals for future development. One person we spoke with was hoping to move on to their own flat in the future and was working towards this in a planned way. Another person had been developing their road safety and public transport skills. Some people living in the

service could access the community independently, we saw there had been risk assessments and management plans developed to maximise people's choice and control.

Care plans included information about people's cultural backgrounds and preferences. Staff demonstrated they understood the support people needed maintain them. There were regular celebrations and parties which reflected important festivals. People were supported to maintain contact with their families and other important people. Relatives we spoke with reported they visited at different times and were always welcomed.

Is the service responsive?

Our findings

We reviewed the care records for four people to see how the service provided personalised care that was responsive to people's needs. We found people's needs had been holistically assessed and included information about what was important to them, what they enjoyed doing and what might cause them to feel upset. Care plans had been developed to ensure people's identified needs were met as they preferred them to be. We could see people had been involved in developing their care plans, either directly or indirectly through staff taking time to develop their knowledge of the persons preferences in consultation with families and other professionals.

Two of the people we spoke with had shared their care plans with us and had been happy to discuss them with the inspector. Care plans were very person centred and written in the first person. Files contained photographs of activities and events the person had taken part in. One person we spoke with told us about key things that were important to them and people who were important to them, we saw these had been included in their care plan. People's care plans were reviewed and updated regularly. Relatives we spoke with said they were always invited to any reviews and felt able to raise any elements of the care plan at any time.

Where people's needs may have changed and they needed support from other professionals we could see referrals had been made. This included, referrals around nutritional needs and referrals for reassessments. One person said, "Staff help me and take me to the doctor when I don't feel too well." Another person said, "I find it difficult to manage my weight and staff have helped me and taken me to see someone." Some people had regular appointments related to their long-term health needs. Records included full details of previous appointments and the outcomes.

People who lived in the service had access to a wide range of activities. Sometimes with others and sometimes on a one to one basis. People told us they had a lot of things to do. One person said, "I like to go out every day and they always make sure I can. I go to the corner shop, for a walk and day trips." Another person said, "I go to the day centre, my friends are there, I will go swimming." Relatives we spoke with praised the level of opportunity available for activities, one person said, "[name] has started a lot of new activities since he has been there which is really good. He has started swimming and goes out to the park."

The service had a complaints policy and procedure in place. Complaints had been logged and the outcome recorded. In addition, the registered manager completed quality assurance meetings with people if they had raised a concern and recorded their response. This showed the home were committed to listening to people's concerns and had responded to them. Relatives we spoke with felt able to raise any concerns they may have with the manager and were confident they would respond to them.

The service had an equality policy which reflected people with protected characteristics identified in the Equality Act 2010 and applied to both people living and working there. Staff we spoke with were familiar with the protected characteristics identified and the services' policy.

Due to the nature of the service, end of life care was not provided at this location so was not reviewed as part of this inspection.

Is the service well-led?

Our findings

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. There was a management structure in place, in addition to the registered manager there was a deputy manager and senior care staff in each unit. The registered manager and deputy also had responsibility for The Hamlet, a nine-bed respite service within the same building.

The ratings from the last inspection were displayed in the entrance area where they could be seen by all people.

The management team was accessible and responsive to our requests during the inspection. The service had clear values and sought to provide high quality person centered care. Staff we spoke with praised the registered manager and management team and identified they were very clear about the standards of care expected. One member of staff said, "I know what is expected of me and feel confident approaching the manager." Another said, "The manager is really nice I think they look after the staff well." People who lived in the service also praised the manager, one person said, "The managers are good here, they listen to me." We observed the manager and seniors interacted regularly with everyone. Each unit had a consistent staff team, staff told us they felt the team work was good and they could rely on their colleagues. This showed the service was clear about their values and culture and shared a common vision.

Duties and responsibilities were identified each day when staff changed over. There was a handover sheet and records in daily files to ensure staff were aware of any changes to people's support needs or wishes. Each unit had a communication book to identify any appointments and messages between staff. These ensured tasks were identified and allocated to the person responsible which ensured accountability and consistency of care.

Governance systems were in place to monitor all aspects of the service. Care plans were audited to ensure they were up to date and daily notes reviewed to ensure staff were providing support correctly and consistently. Medication records were checked every day and fully audited each week, we could see when any errors or gaps had been identified these had been brought to the attention of staff and followed up to minimise the risk of future errors. Spot checks were also completed by the management team including observed medication procedures. Cleaning duties and audits were completed to ensure the home was cleaned to a good standard. Infection control and hand hygiene audits were completed regularly. People who lived in the units could have quality assurance meetings with the manager and their relatives. These provided an opportunity for people to discuss how they felt about the care they received, areas considered included, happiness, feeling welcome, activities, food and being informed. Feedback we looked at was positive. This showed the service was committed to seeking people's views and ensuring the quality of their experience.

Team meetings were held regularly. The management team and seniors had their own meetings. Full staff meetings were held monthly. We looked at the most recent minutes and saw people's needs were discussed, new policies and procedures and any concerns raised. Staff said they could contribute to meetings and raise any concerns they had.

Policies and procedures were available in the office and some were also available on line. Staff were aware how to access these if they required.

The service had established links within the local community and with other organisations. There had been regular meetings to share knowledge and skills. In addition, the registered manager advised they were seeking accreditation with the National Autistic Society which involved closely working with them to improve and develop the service.