

Midshires Care Limited

# Helping Hands Worthing

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We carried out a comprehensive inspection of Helping Hands Worthing on 31 January and 2 February 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides support to older people and younger adults with physical disabilities, sensory impairments and mental health needs. At the time of the inspection 19 people were using the service.

This was the first inspection of the service since it was registered with the Care Quality Commission (CQC) in March 2016.

There was not currently a registered manager in post at the service. 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 service had been without a formal registered manager since 6 January 2017. This had impacted negatively on the ability of the service to consistently deliver high quality care that met people's needs. There was not always effective management of staff and quality assurance systems. This meant staff had not always had the right support and quality issues had not always been identified or acted on quickly enough. This is an area of practice in need of improvement.

People and their relatives said they thought the service was safe. The service had sufficient staff to meet people's needs. There had been historical care co-ordination issues and the service had invested in resources to address this. We found that management of medicines was an area of practice in need of improvement.

People had risk assessments in place that identified any potential hazards to their well-being and the control measures needed. People were involved in this process and restrictions on their independence were minimised as much as possible. Accidents or incidents were reported internally and externally onto other relevant partner agencies for review and to agree any necessary actions to keep people safe.

There were systems and processes in place to keep people safe from abuse. Staff received equality and diversity training to have the skills to be aware of, recognise and take action to prevent people suffering from any form of discriminatory abuse.

There were safe recruitment practices. Staff induction training included infection control and food hygiene and staff followed these best practice guidance when supporting people with personal care and food

preparation.

The service was operating within the principles of the Mental Capacity Act (MCA). People, or relevant people acting on their behalf, had consented to their care. People were involved in regular reviews of their support and could see their care plans whenever they wanted.

People's physical, psychological and social needs were assessed to ensure the service was able to meet their preferred support outcomes. The service did not discriminate against people's needs or decisions relating to their protected characteristics under the Equality Act 2010. Where necessary, people had effective support to meet their healthcare and eating and drinking needs.

Staff received sufficient on-going training and support to carry out their roles effectively. All staff received an induction that met the Care Certificate standards. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.

Everyone we spoke with told us they thought staff were caring. People were involved in making decisions about their care. Staff communicated with people in ways they understood. Staff were compassionate and took steps to make people feel as if they mattered. People told us staff knew who they were as an individual. People's privacy, dignity and confidentiality was respected and people were encouraged to be as independent as possible when having support.

The service took steps to protect people's personal information in line with the principles of the Data Protection Act. These included having IT and other forms of security systems in place when collecting, sharing and storing people's data.

People and relevant people in their lives were involved and had control over the planning and delivery of their support. People had personalised care plans that were reviewed regularly to ensure their needs were met and their choices were respected.

People's care plans identified how to meet the communication needs of people with a disability or sensory loss. The service ensured the accessibility of information about care and support for people with a disability or sensory loss related communication need in line with the principles of the Accessible Information Standards (AIS).

There was a complaints policy in place and people told us they knew how to raise a complaint and felt confident to do so. Complaints were responded to and managed appropriately. Complaints were reviewed internally and used as a learning experience to help improve practice.

The provider sent staff and people surveys asking for feedback about the service performance and ideas about making it better and actions were taken based on their responses. Staff had support to maintain their personal well-being and their equality and diversity rights were respected and upheld in recruitment practices and organisational policies.

During this inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Medicines were not always safely managed.

People told us they felt safe and had risk assessments in place.

There were sufficient staff and people's needs were met.

There were systems and processes in place to keep people safe from abuse.

### Is the service effective?

**Good** 

The service was effective.

Staff received relevant on-going training and support to be able to carry out their roles.

The service was operating within the principles of the Mental Capacity Act (MCA).

People, or relevant people acting on their behalf, had consented to their care.

People's physical, psychological and social needs were assessed to meet their preferred support outcomes.

The service did not discriminate against people's needs or decisions.

People had support to meet their healthcare and eating and drinking needs.

### Is the service caring?

**Good** 

The service was caring.

Staff were kind and caring and people were involved in making decisions about their care.

Staff communicated with people in ways they understood.

People's privacy, dignity and confidentiality was respected.

People were encouraged to be as independent as possible.

### Is the service responsive?

Good ●

The service was responsive.

People were involved and had control over the planning and delivery of their support.

People had personalised care plans that were reviewed regularly.

The service ensured the accessibility of information for people with a disability or sensory loss related communication need.

People felt confident to raise complaints and these were responded to and managed appropriately.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

There had not been a registered manager in post for over 12 months.

Staff had not always had the right leadership or support.

Quality issues had not always been identified or acted on quickly enough.

Staff and people were sent surveys asking for feedback about the service performance and ideas about making it better.

Staff equality and diversity rights were respected and upheld in recruitment practices and organisational policies.

# Helping Hands Worthing

## **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 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 31 January and 02 February 2018 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to allow enough time for the provider to arrange for us to visit people in their own homes on the day of the inspection.

The inspection team consisted of an inspector. An expert by experience also made telephone calls to speak to people using the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used 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 reviewed other information we held about the service. We considered the information which had been shared with us by the local authority and other people, looked at any safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events the provider is required to tell us about by law. This is necessary so that, where needed, the Care Quality Commission (CQC) can take follow up action.

During the inspection, we visited two people in their homes to talk with them and observe their care. We spoke with five people who use service on the telephone. We spoke with four relatives, five support workers, a care co-ordinator, a regional quality team officer and the area manager.

We reviewed care records for four people and 'pathway tracked' them to understand how their care was

being delivered in line with this.

We reviewed staff training, supervision and recruitment records, medicines records, care plans, risk assessments, and accidents and incident records. We also reviewed complaints and compliments documents, quality audits, policies and procedures, staff rotas and other records related to the management of the service.

# Is the service safe?

## Our findings

People we visited in their homes and spoke with on the telephone told us they felt safe. Relatives of people we spoke with said they thought the service was safe. One relative said, "Yes he is safe with them". We found that although overall there was evidence of safe practice, management of medicines was an area of practice in need of improvement.

There were systems in place to ensure safe and proper use of medicines. Medication Administration Record (MAR) were in place. MAR included information about people and the medicines they needed, including details about how their medicines should be taken or used and how often. These details were cross checked with the instructions on the medicines labels before being administered. The MAR was then signed to say the medicines had been given. This ensured people got their medicines as intended and this was recorded appropriately. However, we sampled MAR sheets and found there were gaps in administration records that had not been accounted for. This meant it was not known if people had received their medicines.

People had body maps in place to guide staff with administering prescribed topical creams. In some people's files we sampled, body maps had not always been completed. Some people were prescribed medicines on a 'when required' (PRN) basis if they needed them. Although for medicines we found PRN guidance in place describing the requirements for when staff should offer and administer these, similar guidance was not always in place for people's PRN topical creams. This meant it was not known if people had received their prescribed creams as intended.

We identified these issues with medicines as an area of practice in need of improvement. The area manager acknowledged this and took immediate action to put in place body maps and PRN guidance where they were missing and to re-audit MAR sheets to address the reasons for any gaps.

Notifications submitted by the provider and concerns raised by people viewed prior to the inspection confirmed people's calls had been missed in the past. Although this had not resulted in significant or lasting harm, people's needs were not met and one person's safety had been placed at risk. Some people we spoke with said they had staff not turn up in the past, but everyone said that currently calls were never missed. People said calls arrived on, or reasonably near, their agreed time. If a call was going to be exceptionally late, people said they would be contacted to let them know.

The area manager acknowledged calls had been missed or late in the past due to recruitment and care co-ordinating issues. The area manager said the issues had occurred over a two to three month period last year and acknowledged, "We made some mistakes and we held our hands up". The provider had taken action to resolve the issues. They had reviewed their care co-ordination systems and operations and had now recruited enough staff.

The current care co-ordinator told us, "There were some problems...systems weren't always being used correctly when calls were missed in the past". They were confident in using the current system and said it was very effective in ensuring people's needs were being met by suitable staff. We saw a recent audit of the



systems data that showed calls had been made as scheduled.

People had risk assessments in place that identified any potential hazards to their well-being, the risks this presented and the control measures needed. Staff confirmed they were sent risks assessments before they went to support people for the first time so they knew how to keep people safe. Risk assessments were undertaken to make sure people's homes were safe to work in. There were risk assessments for operating any equipment people needed for their support. Risk assessments recorded people were involved in this process and that restrictions on their independence should be minimised as much as possible.

Staff completed daily electronic notes and specific report forms that detailed any accidents or incidents. Reports were then passed onto the internal quality team, who reviewed these with the area manager. A plan was then put into place to keep people safe. Outcomes and learning following accidents and incidents were communicated to the team by the area manager to help prevent these from occurring in the future. The area manager had reported incidents and accidents onto other relevant partner agencies for review and to agree any necessary actions to keep people safe.

There were systems and processes in place to keep people safe from abuse. Staff had received safeguarding training and understood their responsibilities to recognise signs of abuse and how to stop or prevent this. Any concerns of abuse were recorded and reported to the office staff or area manager, who took necessary action to help keep the people safe. Staff knew who to contact outside the organisation to report any concerns about abuse if they thought this was necessary. Staff received equality and diversity training to have the skills to be aware of, recognise and take action to prevent people suffering from any form of discriminatory abuse.

There were safe recruitment practices. All staff had undertaken a satisfactory Disclosure and Barring Service (DBS) check. DBS checks help employers make safe recruitment decisions and help prevent unsuitable staff from working in a care setting. In addition, all staff also had to submit an application form, supply two references, a full employment history and complete a successful competency based interview before they started work. We saw records in staff files that evidenced these measures had been taken for staff currently working at the service.

Staff induction training included infection control and food hygiene modules. We observed Personal Protective Equipment (PPE) was available and used by staff when supporting people with personal care tasks. Suitable bags, containers and disposal equipment was available and in use by staff when supporting people to manage any hazardous waste. Staff followed food hygiene best practice guidance when supporting people with preparing and handling food.

# Is the service effective?

## Our findings

People we visited in their homes and spoke with on the telephone told us the service was effective. One person told us, "Staff are very confident in what they do and are trained and skilled". Another person said, "I think they are good at what they do for me". A relative told us the service supported their family members to achieve their desired outcomes and have a good quality of life. They added, "This makes a big difference to me. I am not worrying so much about them".

The Mental Capacity Act (MCA) 2005 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. We checked to see if the service was operating within the principles of the MCA and found that it was.

Staff received MCA training and understood the relevant consent and decision-making requirements of the legislation. There was no formal mental capacity assessment in place for people, but care plans did contain necessary broad details about people's abilities to make decisions about different activities. We discussed this with the area manager and quality team officer. We were told the organisation was in the process of including more formal MCA assessments in people's plans and upskilling their managers to be able to do this more effectively.

Where people had been identified as not being able to make decisions in some aspects of their lives, plans recorded who was acting in their best interests and on what authority. For example, a person's plan identified family members as having Power of Attorney over their financial affairs. We saw people or a relevant person acting on their behalf had signed their support plans to say they consented to their care. People were involved in regular reviews of their support and could see their care plans whenever they wanted.

The area manager or senior staff completed a thorough assessment of people's physical, psychological and social needs to ensure they were able to meet their preferred support outcomes. Where appropriate family members, health and social care professionals and other relevant people were also involved in people's assessments. This meant all relevant information about people was shared to make sure they got the support they wanted and needed.

The area manager told us it was important that people experienced no discrimination regarding a specific assessed need or if they made a particular decision relating to their protected characteristics under the Equality Act 2010. They gave an example of ensuring people received support with any religious or cultural needs adding, "We treat everyone as an individual, you have to respect the customer's differences".

Staff received an induction that met the Care Certificate standards. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets

out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. After an induction had been successfully completed, staff had regular training and updates to be able to have the right skills and knowledge to be able to meet people's individual assessed needs. Staff told us the training was, "Really good", and that they could ask for specific training if they felt they needed it. One staff member told us they had recently received epilepsy training after making a request.

The organisation had an in-house quality team who delivered training and shared information with staff based on the most up to date professional practice and knowledge. There were clinical nurse trainers to help staff deliver the most effective support for people with specific health needs. For example, the clinical nurse team had recently delivered administration of food, fluids and medicines via a percutaneous endoscopic gastrostomy (PEG) tube training for staff at the service. In addition to training, staff had regular spot checks, supervisions and appraisals to help them to understand their roles and responsibilities.

People's care plans contained details of any medical and health care support needs. Staff told us if people needed support with their healthcare needs this usually involved them making appointments for people or helping them to access healthcare services. Where necessary, people had effective support to eat and drink and maintain a balanced diet. People's care plans recorded any eating and drinking support needs. Where people had complex eating and drinking needs this was recorded and included any specialist guidelines they may need. For example, one person received their food via PEG and there was detailed guidance for staff about how to do this effectively.

## Is the service caring?

### Our findings

Everyone we spoke with told us they thought staff were caring. One person said, "The staff are very friendly and kind". Another person said, "The carers are very kind to me". A person's relative said, "They are exceptionally kind to him".

People told us they felt involved in making decisions about their care. One person said, "They always ask me what I want done and do the things I ask". Another person said, "They respect my choices. Although I usually have the same thing when they are making my breakfast they always ask what I want, they never make an assumption". Staff told us they had time to talk to people about their support. One staff said, "We don't have to rush calls". They explained this was important as it allowed them to listen to people and explain things to them so they felt included in their care. A relative told this mattered very much to their family member and gave us an example of staff taking time to discuss changes to the regular carers and answer their questions about this.

We observed staff communicating with people in ways they understood, speaking loudly in clear short sentences using simple language with a person who was hearing impaired. Staff waited patiently for the person to respond, which they did by using a gesture and a single word. The staff member then acknowledged their response by making eye contact at their seating level and using appropriate touch. The area manager told us other people's protected characteristics under the Equality Act 2010 were also taken into account when considering how to communicate in the most accessible way for people. For example, if requested, staff could read correspondence and other written materials to people who were vision impaired.

People told us staff were compassionate and took steps to make them feel as if they were mattered. One person told us, "They are always doing extra bits for me like shopping and if I need something they will offer to get it and bring it the next time they come". Another person said, "They are always smiling and willing to do more for me. They pay attention to things". A relative told us, "He always brightens up when they come". We observed staff using cheerful and friendly language when asking people about their support and responding to their requests in a reassuring manner.

People told us staff knew and respected who they were as an individual. One person told us, "They know I like things done a particular way and work with me on that". Another person said, "I tell them about my family and they tell me about theirs - we're getting to know each other and they do seem interested". Staff told us they used the information in people's care plans and spent time chatting with people to know and understand who they were as a person. Staff told us this was important and improved people's support as it helped build empathy and trust into their professional relationships with people.

People told us they felt staff respected their privacy and dignity. A relative told us, "They get on well with him and the regular girls are always chatting and joking with him but they still treat him with respect and dignity". Staff we spoke with understood the importance of promoting people's dignity and treating them with respect at all times. People's preference for only receiving intimate care support from staff of a

particular gender was respected.

People told us they were encouraged to be as independent as possible when having support. We saw that people's care plans detailed that people were given space and time to be able to carry out tasks such as showering with minimal support. Staff told us they approached supporting people with the view that, "They should tell me what help they want. I'm all for people doing things that they can".

The area manager told us the service took steps to protect people's personal information in line with the principles of the Data Protection Act. These included having IT and other forms of security systems in place when collecting, sharing and storing people's data. Staff we spoke with understood their responsibilities to maintain people's confidentiality.

## Is the service responsive?

### Our findings

Everyone we visited in their homes and spoke with on the telephone told us the service was responsive and they had personalised care that met their needs. One person said, "The help we have is all we need". Another person said, "It's working well. They're not slapdash".

Everyone told us they had contributed to the personalising the arrangements for their care and support. This meant people had control over the planning and delivery of their support. One person said, "The lady from the office came and saw me right at the beginning and we worked out what help I needed. She talked it all through with me and so far it's working well".

People's family members, where appropriate, were also involved with planning people's care on their behalf. One relative said, "I was involved with setting up the care plan and it was all talked through with the family". This helped to make sure staff had accurate information about people's strengths and levels of independence so they had support to have the best quality of life that they could.

People and relevant people in their lives had regular reviews of their care with staff or the area manager. Reviews took place at least every six months, although these could be brought forward if there had been any physical, mental and emotional or environmental changes to people. This allowed staff to make any necessary changes to people's support so it met their most recent levels of support needs.

People told us the review system worked well. One person said they had regular reviews, "To check things are going on okay or if my needs are changing". Another person who had more complex needs meaning their support needs could fluctuate said they had regular contact with the area manager to review their care. They told us this ensured that, "If anything changes then I can let them know".

The quality team and area manager had recently put in place a new care plan format for everyone using the service. The new format placed an emphasis on the inclusion of person centred details across all aspects of people's lives. Plans included information and details about people's likes and dislikes, preferred routine, life history, expectations for the future, social and personal relationship networks, interests and hobbies, religious needs and physical and emotional well-being. This informed staff about how best to deliver people's support in a personalised and meaningful way.

Staff told us plans included all they needed to know and do when supporting people. We sampled people's plans and found they contained a good level of detail. Plans were regularly updated and staff regularly spoke with family members and other staff. This meant staff had up to date knowledge to help them to know and understand how best to support people and respond to their needs.

There was technology in place to make sure people received timely and responsive support. The provider had installed an electronic system for scheduling and tracking calls. The system was uploaded with staff member's key skills and training details. Calls requiring specific training or skills were automatically 'locked', meaning only staff with the right skillset could be allocated to these calls. The system calculated the mileage

between calls and sent an alert if there was not enough travel time between scheduled calls. This reduced the chances of calls arriving late.

The system logged when staff arrived and left calls and sent alerts to the office if a call was running late or was missed. This meant the care co-ordinator would be made aware straight away and could immediately monitor and review to resolve the issue. People's required support tasks were uploaded onto the system and were signed off at each call by staff via a mobile device. If an allocated task was not signed off, the system would alert the staff member to complete this before they could close the call.

People's plans ascertained the level of support people might need to maintain or develop relationships and to access any social activities. For some people this included support to be able to access part-time employment and volunteer for local charities. This helped to make sure people did not become isolated and had meaningful and relevant social interactions.

People's care plans identified how to meet the communication needs of people with a disability or sensory loss. For example, plans contained an assessment of any speech, hearing or sight support needs that people may have. Plans then identified any communication needs or aids people needed and the reasons why. This meant staff had information to be able to interact with people and understand and respect the choices a person was making.

The service ensured the accessibility of information about care and support for people with a disability or sensory loss related communication need in line with the principles of the Accessible Information Standards (AIS). The area manager told us the service could accommodate requests for alternative versions of information about care and support. For example large print formatting for people who were vision impaired, or 'Easy Read' literature for people with an intellectual disability.

There was a complaints policy in place and people were provided with a copy of this in their care plan. People told us they knew how to raise a complaint and felt confident to do so. A relative said, "We haven't made any formal complaints, but we would phone the office if there was any problems". People who had made complaints told us that these had been resolved satisfactorily. One person said, "We have had one complaint. We spoke to the office and they reacted promptly". Another person said, "Yes, we did complain once. They dealt with that very quickly".

We saw records that evidenced complaints had been responded to within the timeframes stipulated in the company policy. The complaints policy pledged to "adhere to the principle of openness and honesty in all investigations and responses to complaints". The area manager told gave us an example of how they put this into practice by personally visiting people who had complained about their support. They had been transparent about the reasons for the issues and explained about how the service was responding. The area manager told us complaints were reviewed internally and used as a learning experience to help improve practice.

## Is the service well-led?

### Our findings

People we visited in their homes and spoke with on the telephone gave us mixed feedback about the leadership of the service. People we spoke with who had recently started using the service told us they thought it was well led and would recommend them. However, people who had been using the service for longer did not think the service was always well run due to past organisational and administrative issues. We found that, although progress was being made in addressing historical issues, governance and management were still areas of practice that required improvement.

There was not currently a registered manager in post at the service. 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 service had been without a formal registered manager since 6 January 2017. There had been various people fulfilling the registered manager role since this time, but not on a permanent or formal basis. As of October 2017 an area manager from the organisation was assuming the registered manager role for the service alongside their normal job requirements.

However, inconsistencies in performance and high turnover of people fulfilling the interim manager post prior to October 2017 had meant management of staff and quality assurance and information governance systems had not always been effective. This had impacted negatively on the ability of the service to deliver their vision and strategy of high quality care.

For example, staff completed daily care notes and these were audited daily by care co-ordinators and managers. Quality assurance information about service performance from care notes and other information sources, such as accident and incident forms and complaints were audited by the area manager, the quality team and other senior managers within the organisations. This identified any actions for improvement or areas of success to build on. These actions were added to an on-going development plan with timeframes for responses to each action.

However, during the period where no formal registered manager had been in post quality issues had often not been reported or identified in audits. This meant those responsible had been unable to maintain an accurate service development plan and respond as necessary. Where issues had been identified, effective action had not always been taken to rectify them. This meant errors and poor practice was able to consistently re-occur over significant periods of time. For example, people's calls had been missed and their needs not met. This had not been reported or identified, so was not followed up, meaning continued missed calls and unmet needs for people.

We found interim manager cover at the service on had not always submitted required notifications in line with CQC registration requirements prior to October 2017. There had been an instance where a notifiable event notification had only been made after an unreasonable delay. These notifications are required by law



to be delivered without delay. This is necessary so that, where needed, CQC can take follow up action.

This issue was raised at the time with the provider. It was apparent at the time of the incident occurring they had shared information and worked with the local authority to implement actions in response. When it was noted CQC had neglected to be sent a notification as required, one had been sent immediately. The area manager offered assurances that there would be no further delays with submitting notifications and the service would continue to work in partnership with other agencies in response to notable incidents.

The organisation had a clear set of values including focusing on people first and striving for excellent care. It was expected staff would be aware of these and management would keep oversight of how they promoted these values in their roles. However, prior to October 2017 processes in place such as supervisions, appraisals, induction and probation and disciplinary had not been followed. This had meant there had been no support for staff to account for their performance, or to ensure the organisations values were effectively embedded into their practice. Staff said any feedback they had received had been unconstructive and demotivating. This had meant they had not felt valued and supported or inspired to deliver a high quality service.

Staff told us that the inconsistencies with past interim management arrangements had impacted negatively on the team culture and morale. Managers had not been aware or made an effort to maintain a positive team culture. Staff told us management had not always been visible or approachable. Staff had not had regular meetings and communication with managers to discuss delivery of support had been inconsistent and sporadic. This had meant that staff may not always have been aware of potential risks or compromises to quality across the service.

We found the above failures to ensure consistent and effective management and governance of the service for a protracted length of time is a breach of Regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The area manager told us a new service manager had been recruited and would be starting shortly and registering formally in a few months, contingent on probation and induction requirements being met. We saw that actions were now in progress to address quality issues and maintain continuous improvement. Staff now received more support from management and team culture was more positive. However, progress had been limited and given the depth of the negative impact and on-going instability caused by a lack of a full time, permanent registered manager in post for over 12 months, we have identified management and governance as continued areas of improvement.

The service had systems and processes in place to encourage open communication with people. The area manager told us the service logged all comments and suggestions about what was and wasn't working from staff daily notes. People and their relatives could visit the service office at any time to talk to staff and managers about any aspect of their care. People and their relatives were sent annual surveys asking for feedback about the service performance and ideas about making it better. Information from all of these sources was then analysed to help the service to look at how they could continually improve.

The provider had systems and processes in place to help involve and enable staff in improving and developing all of their services, including Helping Hands Worthing. There were staff satisfaction surveys sent out regularly and actions taken as a result of the feedback were taken and shared with staff. There was a whistleblowing policy in place that allowed staff to raise concerns confidentially at any time. The area manager told us staff well-being was important. The service offered 24 hour independent counselling support and offered occupational health referrals to support staff with on-going health issues. Staff's

equality and diversity rights were also respected and upheld in recruitment practices and organisational policies.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17: Good Governance. 17 (1) (2) (a) b) (e) (f)  Failure to ensure consistent and effective management and governance of the service.