

Midshires Care Limited

# Helping Hands Aylesbury

## Inspection report

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### Ratings

#### Overall rating for this service

**Good**



Is the service safe?

**Good**



Is the service effective?

**Good**



Is the service caring?

**Good**



Is the service responsive?

**Good**



Is the service well-led?

**Good**



### Overall summary

Helping Hands Aylesbury provides domiciliary care to people within their homes in Aylesbury, Oxford and the surrounding areas. The office is based in Aylesbury, Buckinghamshire and provides care to both social services' clients and private clients. Visits to people include support with personal care, shopping, housework and social visits.

Helping Hands Aylesbury has a registered manager in place. 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 provider was given 48 hours' notice of our visit. This was to ensure documentation and people were accessible on the day of our inspection. As the service was newly registered and had not been inspected before, the highest rating they could achieve was 'good' as they were unable to demonstrate a level of consistency; however, we found elements of the service to be outstanding.

# Summary of findings

People were extremely complimentary about the service they received from Helping Hands Aylesbury. People's needs were assessed and appropriate information was given to people before the service commenced. People were involved in the planning and delivery of their care including writing their care plans with office staff. One person who used the service told us "I don't want anyone else. They are fantastic."

People were protected from harm by staff who were very well inducted, trained and supervised within the service. People received consistent care staff who knew their needs and treated them with dignity and respect. People told us care staff always went above and beyond to ensure their needs were met.

The provider had excellent systems in place to ensure the running of the service. This included the use of continuous quality checks. People and staff told us the

service was extremely well led by the registered manager and co-ordinator. Staff's hard work was recognised by the provider and the service worked within and promoted the provider's values.

Health professionals were complimentary about the service and provided examples of where the service had achieved positive outcomes for people. The provider informed us that they focused on the quality of care, not the quantity which allowed them to provide personalised, tailored care to people. New care packages were thoroughly assessed to ensure the service could provide the care people needed before committing to taking on the care package.

The service was well-led and people's care was regularly reviewed. The registered manager had excellent oversight of the service. Staff members told us they felt happy, supported and confident working for Helping Hands Aylesbury.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were protected against potential harm as staff and management were aware of their responsibilities in regards to safeguarding.

People were protected from missed visits as the provider had an efficient and effective on call system in place.

People were protected from unsuitable staff as the service undertook recruitment checks to ensure potential employees suitability.

Good



### Is the service effective?

The service was effective.

People benefitted from being supported by well trained and supported staff.

Staff competency was assessed to ensure people were receiving effective care.

Systems were in place which ensured when people's needs changed, the support they received changed to meet these needs.

Good



### Is the service caring?

The service was caring.

People and relatives told us they felt staff were kind and caring.

Staff were able to explain how they treated people with dignity and respect.

Where appropriate, people's end of life wishes were discussed and recorded.

People received support from the same carers to ensure consistency.

Good



### Is the service responsive?

The service was responsive.

Care plans were thorough and based on the persons individual needs.

People were involved in regular reviews of their care and support which ensured their needs were met.

Complaints were managed and acted upon.

Good



### Is the service well-led?

The service was well-led.

The provider had excellent systems in place to promote the smooth running of the service.

Staff, people and relatives were complimentary about the management of the service.

Good



# Summary of findings

Staff were supported by the provider at a local and senior level and given tools and resources to undertake their roles effectively.	
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# Helping Hands Aylesbury

## 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 the 6 and 7 August 2015 and was announced. Before the inspection, we asked the provider to complete 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 received a

detailed PIR form from the provider. We checked to see what notifications had been received from the provider. Providers are required to inform the CQC of important events which happen within the service

The inspection was carried out by an inspector. An Expert by Experience (ExE) assisted to make phone calls to people and relatives of people who used 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. On the days of our inspection, Helping Hands Aylesbury was providing support to 60 people.

We spoke with the registered manager; care co-ordinator, regional director, a trainer, two staff and 10 people who used the service and a number of relatives. We reviewed care plans, medicine records and staff documentation including supervision and training records and copies of quality assurance documentation. We also visited two people in their home to speak with them about their care.

# Is the service safe?

## Our findings

Medicines were managed safely within the service. Where people were supported with their medicines, appropriate and clear risk assessments were in place which clearly stated what support people required with their medicines. All staff had received training on the safe administration of medicines, including how to fill in a medication administration record (MAR) correctly. We visited two people within their homes to check their MAR charts and found they were filled in correctly and accurate. Completed MAR charts were returned to the office where they were audited to ensure people had received their medicines safely. Where people used non-prescribed medicines, the service had oversight of what people used to ensure they did not counteract with prescribed medicines.

Risk assessments within the service were comprehensive. Where risks had been identified, these had been incorporated into people's care plans. Risk assessments clearly outlined potential risks and how risks were managed, for example, where people were at risk of falls or self-harm. Where required, further risk assessments were used for specific areas of risk which were recorded extremely well. Helping Hands as a provider employed a specialist nurse who was responsible for undertaking pre-assessments, risk assessments and training where it was deemed people needed support with nursing tasks. This meant risks to people were managed or reduced where possible by competent staff.

Staff and management were knowledgeable on their roles and responsibilities in regards to safeguarding. Staff knew how to raise any safeguarding concerns with the provider, or with the local authority if required. All staff had received safeguarding training and the registered manager was confident around the requirements to report and investigate allegations of abuse when needed.

We were provided with rotas for care staff. We found there to be sufficient numbers of staff employed to meet people's needs. Both the registered manager and regional manager

informed us that they would not commit to taking on a new care package unless they had sufficient staff numbers to do so. We were told the ethos of Helping Hands was 'Small volumes, high quality.' We found this to be reflective of what people told us about the staff who supported them. Comments included "They always come on time" and "They always stay the full time."

The service had robust systems in place to ensure staff were employed in a way which promoted people's safety. We looked at four recruitment records for new staff members. The provider ensured staff had completed satisfactory disclosure and barring checks (DBS) to ensure their suitability to work with adults. References, employment histories and medical histories were also provided to ensure staff suitability and protect people who used the service.

The service had an efficient on call system in place for when the office was closed. A central on call system was used which was based from Helping Hands head office in Alcester. The registered manager had taken the innovative to ensure information about people's care was recorded onto the communal system used by the entire provider. This meant if staff members were unable to work and another staff member had to provide care to a person they had not been to, they were provided with information on how to provide care to the person before they attended their visit. Contingency plans were also in place for each person in the event of an emergency, for example a fire or adverse weather.

Documentation was kept safely and securely. The service used a paperless system in their office which was password protected and backed up regularly. The registered manager had identified that confidentiality could be an issue as they worked closely with two local authorities who undertook quality monitoring checks. The registered manager worked with initiative to separate people's care plans on their system into two separate folders. This meant people's private information was protected and was kept confidential.

# Is the service effective?

## Our findings

The registered manager informed us how new staff were inducted into the service. Once a potential candidate had been interviewed and were deemed suitable, they were required to complete a three day induction before being formally offered employment. During this induction, they were assessed as whether they were suitable for employment with Helping Hands by passing the induction. Both the trainer and registered manager found this system worked well when recruiting new staff as they were able to assess how well potential staff engaged and understood their roles and responsibilities as a carer, and if they had the correct knowledge and skills to undertake their roles. Innovative practice was used during induction training such as the requirement for new staff to complete presentations to their induction group on moving and handling practice and theory. The service had a dedicated training room with equipment, and an allocated trainer to the service.

Staff inductions consisted of three days classroom learning which was based on the new care certificate qualification. This included practical and theoretical training and also included the requirement to complete an induction workbook within twelve weeks of commencing employment. New staff were then required to undertake shadowing visits with experienced staff members in which they had their competency assessed. One person commented “The new carers are shadowed by the more experienced carers, I think this is a good way of training them.” The registered manager then undertook a supervision after one week of lone working which allowed the registered manager and staff member to discuss how things were and if they needed further support. This was evidenced and placed onto staff files. We spoke with one new staff member undertaking their induction. They told us “I’ve worked in care for a long time but the induction is very very good. I’m learning a lot.” Another staff member told us “The induction was extremely thorough and very enjoyable.”

Staff were required to have supervisions every three months however; the registered manager undertook monthly supervisions with staff members. This included formal supervisions and direct observations where the registered manager and care co-ordinator observed staff members during their visits to people to assess their

competency, knowledge and skills. Supervisions were recorded well and demonstrated a two way discussion with the opportunity to identify any further personal and professional development which staff needed to undertake their roles. Staff told us “The support you get is tremendous and the training is excellent” and “I had a very thorough induction and working for Helping Hands is very, very good.”

All staff had received training appropriate to their roles, for example moving and handling and safeguarding training. Where staff had requested further specialist training such as dementia training, this was provided. Staff training was based on the new care certificate which included training on the 15 care certificate standards. Further training was also provided to staff on specific health issues such as Parkinson’s, arthritis and pressure area management. Staff were required to undertake knowledge tests to assess their competence when training had been delivered. Training consisted of classroom based training and a Virtual Learning Environment (VLE) which included e-learning training.

Good systems were in place to ensure when there were changes to people’s needs, these were recorded on the shared system used by the provider. Outcomes and changes were recorded well and demonstrated what actions had been undertaken in response to any changes, for example, updating care plans, amending times of visits, and increasing or decreasing visits where necessary. This also included links on the system to where new care plans or documentation could be found. This meant changes to people’s needs were effectively monitored and amended on a system which could be used by all the office staff in case of the managers absence.

People were supported with their nutrition and hydration needs where required. Staff ensured they recorded appropriately where people were supported with food and drink. At present, there was no one at risk of weight loss or dehydration. The registered manger ensured they informed staff of the importance of keeping well- hydrated during hot weather. Nutrition and hydration was also covered in staff training and induction.

Staff were knowledgeable about their roles and responsibilities around the Mental Capacity Act 2005 (MCA). Staff were able to describe what the MCA meant, and how this impacted upon the people they worked with. Staff were aware of the need to undertake assessments and best

## Is the service effective?

interest meetings if required. People we spoke with told us they were asked for their consent before undertaking any tasks. Where people were able to sign in agreement to their care plans, this was done. If people were unable to sign, this was discussed and recorded on their care plans. Documentation was recorded where people had lasting power of attorneys, court of protection involvement and advocacy. This meant the service was aware of how to support and promote people's best interests in line with the MCA.

The service worked well with other health professionals to ensure people's health needs were met. Where required, the registered manager and co-ordinator liaised with health professionals such as social workers, doctors and district nurses to ensure where people required medical input this was done in a collaborative and caring way. Where appointments had been made, clear notes recorded what actions and outcomes were required.

We saw an email from a health professional which contained compliments on how the service had worked well to promote a person's health needs which resulted in positive outcomes for the person. Comments included "X's

legs are in the best shape I have seen them in many years. Please be sure to let the carers know how very impressed we are." One person who used the service told us "I had a clinical situation whilst a carer was here one day, she phoned the nurse and then waited until she arrived. She acted in a very professional way." Another comment included "The carers that have been here a few times know where everything is and have even suggested things which I felt were helpful. One carer found a lump and suggested X should see a doctor, we were able to get it sorted quickly as a result of her observation."

People told us they were provided with good information about the service and what they could expect to receive from them. Comments included "I received the brochure from Helping Hands with services and charges and after reading that I decided to give them a try. They have lived up to expectation, they are very reliable", "The brochure was well written and easy to understand and then someone came to see me to explain the care I could expect" and "I do have a care plan that was drawn up with me and the office."



# Is the service caring?

## Our findings

People told us they felt staff were caring. Comments included “They are doing a marvellous job, everything they do is fantastic”, “We are really at home with X (Carer)”, “

Management and staff were able to explain the values of Helping Hands and how they implemented this into their daily work. Helping Hands values consisted of “Excellence every time and listening and understanding.” People we spoke with agreed that the support they received from staff corresponded with the providers values. One person told us “I think that the ethos of Helping Hands is very good.”

Staff were able to explain to us how they cared for people. Staff knew people’s needs well including their likes and dislikes. Staff were able to explain how they would support people to be independent. One staff member commented “I am a very caring person and will always go the extra mile. I treat people with respect and always treat people with dignity in any part of their care.” Another staff member told us “It’s all about the person we are caring for. I make sure I know all about the person. Because I have the same people I visit, I get to know them and their needs very well.” One person commented “The carers are very good, I get many different ones and they all ask me what I should be called.”

People we spoke with were positive about the staff members who supported them. One comment included: “They always make sure they spend time having a chat with X. I don’t receive care from them but they always ask if there is anything they can do to support me.” People also told us how staff went ‘the extra mile’ by simply sitting and talking to people on their care visits and enjoying conversation and laughter. One person commented “They are kind and friendly and always sit and chat with X.” Other comments included “They do give me a choice of what

food I would like and what clothes to wear”, “Yes, they do respect my choices unlike a friend of mine who is dressed by her carer and not asked what she would like to wear”, “They make sure that I take my medicine, my care and support is personalised to me” and “The carers will talk through with me on what they are doing when providing my personal care.”

Other positive comments were received from people who used the service. For example, “The carers give me a choice on what I want,” “Yes, I definitely feel that the care is personalised for me, I have two dogs and they always send me a carer who is a dog lover. I have also asked for an older carer if possible and they have respected my wishes”, “I do have a care plan, from day one, this is meticulously filled out each time. They always go the extra mile, they will do anything I ask to fill in their time allocated to me”, “They phoned me after the first week to ask me if the care was adequate and if I was happy”, They speak to me in a friendly manner and always chat while they are working”, “Yes, they all respect me and treat me as an individual” and “I have to be hoisted from the bed to a wheelchair, they always protect my dignity. They are very thoughtful.”

People were supported with their end of life wishes. People were asked at their pre-assessments about their end of life wishes and how they wanted to be supported. These were recorded on people’s care plans and were regularly reviewed. At present, no one was receiving end of life care, however the registered manager explained how they had supported people with their end of life care previously and how this was done in line with the provider’s values. The provider employed a specialist nurse who was able to undertake end of life care assessments and provide training to staff were required. The service was also respectful of people who did not wish to discuss their end of life wishes.

# Is the service responsive?

## Our findings

We looked at six care plans for people who used the service. Care plans were extremely person centred and read as though the person had written it themselves. Care plans contained comprehensive and clear details on how people wished to be supported. Care plans also focused on social elements around peoples care and included information on: 'What is most important to me, My circle of support and what outcomes I would like to achieve'. Care plans demonstrated people were involved in the planning and delivery of their care.

People's life histories were included in their care plans which gave staff useful information. Elements such as social contacts, gender preference, location and environment were also assessed using a 'Vulnerability Evaluation.' This meant the service could be aware of people's vulnerabilities and limitations, and how they could support them to overcome them. For example, one person's care plan stated they wished to undertake more cooking. The persons care plan and discussions with staff demonstrated how they had helped the person to achieve this.

Peoples care and care plans were reviewed each year, however if people's needs and requirements changed within that time, reviews were undertaken promptly to ensure people were receiving the support and care they required. Before people began using the service, comprehensive pre- assessments were undertaken. The registered manager informed us "Pre assessments take around one to two hours. This way we ensure we have as much information about the person as possible in order to provide the best care possible." This was reflective of the amount of detail in people's care plans on how they wished to be supported.

One person told us "I have not been happy with several previous agencies; I am funded and was told that I could not choose my care, I was told I had to have what I was given. I sourced Helping Hands over the internet, I rang them and they sent out a manager to see me and tell me about Helping Hands. They gave me a lot of details and I told them what I needed, I was impressed with their

attitude from the start. They are giving me the care that I need and asked for. They always ask me if there is anything else they can do before they leave, they always check that the cooker is off and the front door is locked when they leave." Another person told us "The manager from Helping Hands came to visit me to do an assessment; we discussed it together to reach the right formula." This meant people were involved in the planning and delivery of their care.

The provider was beginning to implement monthly telephone monitoring to people who used the service which would allow them to be able to conduct further reviews and to monitor any changes to people's needs. The service was very good at ensuring that care packages were only taken on if they had the capacity to do so which meant people's care would not be compromised.

The registered manager, co-ordinator and regional manager told us that consistency was key in regards to the amount of staff providing care to people. Each person who used the service had a maximum of three staff visit them when their regular carer was unavailable. This meant that people were confident in knowing they were supported by staff who knew their needs well and prevented potential frustration and disruption by having lots of different staff members visiting them. One person told us "It is very important to us that we have the same person coming so X doesn't become distressed." People we spoke with were able to tell us their regular carers names.

Where people received care visits to support them into the community, this was done so. One person was able to tell us how care staff supported them to go out and what they did for them.

Complaints were managed well within the service. People told us they knew how to complain, and who they would complain too. Complaint information was provided to people and where complaints were made, these were documented including any outcomes, actions and responses to complaints. Analysis was also undertaken to identify any trends and patterns arising from complaints. Comments from people included "I would phone the office if I had any problems, they have always been good at sorting things out."

# Is the service well-led?

## Our findings

We found the service to be extremely well led by competent management and staff. Management were supported by the provider to undertake their roles through the use of effective systems, tools and processes. For example, a paperless system and a computer system which was used specifically for a domiciliary care service. This included the use of a 'magic pen' which was used to transfer information to the providers system electronically, and the ability to scan all documents onto a singular system which was accessible to all staff. The registered manager told us "Everyone is motivated to do a good job and the support system is fantastic."

The regional manager and staff were very complimentary about the management of the service. One comment included "She [The registered manager] is excellent. I have no concerns about this service. She has even helped in other services using her skills and expertise." Another comment included "If I have ever had any concerns, the office staff are on it straight away and sorting it out." We found the registered manager to be a competent and efficient person who used initiative to make further improvements to an already good service. The care co-ordinator, registered manager and staff told us they worked well as a team and supported each other to achieve positive outcomes. A values board was displayed in the office where people had made compliments about particular staff members which included very positive comments from people who used the service. One staff member told us "The care co-ordinator is so supportive and understanding."

It was evident through discussions with the manager and staff that a clear organisational structure was in place and staff were able to access senior management easily. This also included the use of the provider's intranet to send messages to senior management. We were provided with two examples where the CEO of Helping Hands had personally written to care staff to thank them for their hard

work and dedication after people who used the service had complimented the way they worked. Staff told us this made them feel very valued, supported and appreciated. Each month a 'branch of the month' was awarded on the basis of targets and good work. This was followed up with rewards and recognition which was proudly displayed on the intranet site. A leadership group also took place one a month to discuss how improvements could be made and what was working well.

Quality assurance checks were in place such as regular auditing. The registered manager was responsible for undertaking quality checks when daily books were returned to the office. These were checked monthly to ensure information written in people's daily books corresponded with their care plans and the planned visit times. Medication audits were also undertaken. Each month records of audits were collated and analysed. The provider employed a quality team who were responsible for providing monthly statistics to services on their quality assurance processes. We were provided with Helping Hands Aylesbury monthly statistics which showed they had completed all tasks required to be 'compliant' with the provider's quality assurance processes.

Management had clear oversight of how the service was run. Staff had access to the provider's intranet site which was well maintained and an excellent resource for staff. This included links to training, how to report concerns, how to contact senior management within the service and also allowed staff to create personal profiles for themselves which allowed other staff members to 'endorse' their skills, training and competence. The intranet also contained access for staff to the provider's policies and procedures if needed. Both the registered manager and regional manager were very positive about ensuring staff had the resources they needed to undertake their roles. The registered manager told us "We really listen to our staff. Without the staff, we wouldn't have a business. Communication, consistency and support is key."