Helping Hand Care Company Limited

# Helping Hand Care Company Ltd

## Inspection report

Unit 5
23-25 Worthington Street
Dover
Kent
CT17 9AG

Tel: 01304242981
Website: www.helpinghandcarecompany.co.uk

Date of inspection visit:
09 May 2018

Date of publication:
19 June 2018

## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Requires Improvement |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

This inspection was completed on 9 May 2018 and was announced.

Helping Hands Care Company Ltd. is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults.

Not everyone using Helping Hands Care Company Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of our inspection there was not a registered manager in post. A new manager had been appointed and was in the process of applying to be registered. 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.

We last inspected Helping Hands Care Company Ltd. in August 2017. We found significant shortfalls and the service was rated inadequate and placed into special measures. Staff were not deployed effectively. Medicines were not managed safely. Care and treatment was not always provided in a safe way for people. There was a lack of sufficient guidance for staff regarding how to manage risks to people and not all potential risks had been assessed. There was a lack of guidance in place to ensure people were supported appropriately with their health care needs. The provider and registered manager failed to ensure that systems were established and operated effectively to ensure compliance with the regulations. The systems and procedures in place to assess, monitor and drive improvement in the quality and safety of people were not effective. CQC had not been notified of important event that happened within the service. People's care plans did not reflect their needs and preferences. Complaints were not documented, investigated and responded to.

We took enforcement action and issued warning notices relating to 'Safe Care and Treatment' and 'Good Governance.' We required the provider to make improvements and the service was placed in special measures. Services that are in special measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. At this inspection we found that improvements had been made and there were no breaches of the fundamental standards and regulations.

Since our last inspection the previous registered manager had left and a new manager had been appointed. The provider had greater oversight of the service, and was working there each day. They completed a range of checks and audits to ensure that improvements were continuing to be made and people received safe, effective, compassionate care. Medicines were now managed safely and the provider checked medicines

administration records (MARs) to ensure they were accurate and fully completed.

A new call handling system had been introduced, which automatically allocated travel time to staff and did not allow staff to be scheduled in multiple places at once. People told us that staff were now on time, and they were not rushed.

Staff had met with each person since our last inspection, and completed a full assessment. Risks had been identified and assessed. There was guidance in place for staff regarding how to respond to risks, such as the breakdown of skin or if people fell. There was still generic information in place regarding people's healthcare conditions, however, this sat alongside personalised information when there was specific action that staff should take. The provider told us that they wanted to continue to make this information more person-centred going forward. People's end of life wishes were not consistently recorded and the provider told us they would add this to their assessment process.

Staff now reported all incidents that occurred when they were providing support. This information was collated and analysed, and any learning was shared amongst the staff team. Complaints were now recorded and responded too, but had not been analysed to aid learning. We made a recommendation regarding this.

Staff knew how to recognise and respond to abuse. Any potential instances of abuse had been reported to the local authority safeguarding team.

People were supported to eat and drink safely and received support to manage their healthcare needs. Staff sought advice from a range of health care professionals and followed their advice, to support people to live healthier lives.

People told us that staff were kind and caring, and they had built up strong relationships with them. People had been involved in planning their care. People's care plans had been written in different languages, to aid their understanding. Staff told us how they protected people's privacy and dignity, and people's care plans detailed how to promote people's independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff had an understanding of people's equality and diversity needs and told us they would challenge discrimination in any form.

Staff had received training to enable them to carry out their roles effectively. Regular spot checks were completed on staff when they were working independently with people and staff met regularly with their manager to reflect on their practice.

The rating was displayed on the provider's website, and CQC had been informed of all important events that had happened within the service.

## 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.

Risks relating to people's care and support had been reviewed and guidance for staff had been updated since our last inspection.

Accidents and incidents were now reviewed and analysed and any learning was shared within the staff team.

A new call scheduling system had been introduced and staff had time to travel between calls and to spend time with people.

Medicines were managed safely.

People were protected from the risk of abuse and appropriate action had been taken if safeguarding concerns were identified.

Staff were recruited safely and had an awareness of infection prevention and control.

### Is the service effective?

Good

The service was effective.

Since our last inspection each person had been assessed using recognised tools.

Staff received training, support, supervision and guidance to be able to carry out their roles effectively.

People received support to eat and drink safely.

Staff sought advice from and worked with a range of healthcare professionals. People were supported to lead healthier lives.

People were asked for their consent before receiving care and staff had an understanding regarding The Mental Capacity Act (2005.)

### Is the service caring?

Good

The service was caring.

People told us they had built up relationships with regular staff that supported them.

People had been involved in planning their care and information was presented in different formats depending on people's needs.

Staff supported people to retain their independence and treated people with respect.

## Is the service responsive?

**Requires Improvement**

The service was not consistently responsive.

Staff provided people with person-centred care, but some information regarding people's health care needs was generic.

People's wishes regarding what they wanted to happen at the end of their lives were not consistently recorded.

Complaints were documented and responded to, but were not consistently collated and analysed to aid learning.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well-led.

Checks and audits were now completed at the service, however, it had only been six months since our last inspection, so we were unable to tell if improvements had been embedded.

Staff told us the culture at the service had improved since the last inspection, and there were plans in place to ensure the service continued to improve.

Senior staff had met with people and their relatives and their feedback had been recorded.

The provider had worked in partnership with the local safeguarding and commissioning team.

The provider had notified us of important events that had happened in the service and had displayed their rating on their website and at the service.

# Helping Hand Care Company Ltd

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection site visit activity started on 9 May 2018 and ended on 10 May 2018. It included visits to five people in their own homes. We spoke with an additional 20 people and two relatives via telephone. We visited the office location on 9 May 2018 to see the registered manager and office staff; and to review care records and policies and procedures. The provider was given 24 hours' notice because the location is a domiciliary care agency and we needed to be sure that someone would be at the office. The inspection was carried out by four inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider was not asked to complete a Provider Information Return because we returned to inspect within six months. 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 looked at the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the provider, the manager, and the care co-ordinator of the service. We spoke with two additional members of staff. We looked at 10 people's care plans and the associated risk assessments and guidance. We looked at a range of other records including five staff recruitment files, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

Good

# Is the service safe?

## Our findings

People and their relatives told us they felt safe using the service. One person told us, "I feel more than safe with the staff, they have never put a foot wrong." Another person said, "I have been with this agency a long time and always feel very safe and very happy with the service they provide." A third person told us, "I am very safe with the carers and they never let me down." A relative said, "We have never had a problem and have always felt safe and happy with the carers provided."

At our previous inspection risks relating to people's care and support had not always been clearly identified or mitigated. Some people remained in bed and others were at risk of developing pressure sores. Detailed guidance was not in place regarding how to prevent a pressure area from forming or what action staff should take if they had any concerns. At this inspection there was now detailed guidance in place. Staff completed a checklist on each call and recorded if people's skin was red or if they had any concerns regarding people's skin integrity. Staff told us they felt confident in recognising the signs of a deterioration in people's skin, and knew when to take action.

There was now guidance in place for staff regarding people's health care conditions and how this could impact on their care and support. Although this information was generic, for example, describing type one and type two diabetes, without distinguishing which type people had, the risks regarding this were clearly identified and the action which staff should take if people's needs deteriorated were clear. One person told us, "Oh yes, they are…always, always so clever and know just exactly what to do."

Staff now took action when people fell or their needs deteriorated. Any accidents or incidents had been reported to the office, and these were then collated and analysed to look for trends and patterns. Any learning was shared amongst the staff team and people's risk assessments and care plans were updated accordingly.

At our last inspection we found that staff were not given enough time to travel between people, and were often scheduled to be in two places at once. People told us that staff were often late and when their regular staff were unavailable they were supported by staff they did not know. At this inspection, improvements had been made. The provider had introduced a new call scheduling system, which automatically allocated travel time for staff depending on if they were walking or driving between calls, and it would not allow staff to be scheduled to be in two places at once. People told us that staff were now on time, and if they were held up in traffic or due to another call over running they were always informed. One person told us, "[Staff member] always arrives on time and there has never been occasion to call to say she will be late." A relative said, "They are mostly always on time and if not, I get a call warning me of the delay, but I don't need to worry they are never very late."

Staff shadowed experienced staff and were given the opportunity to meet people before working regularly with them. One person told us, "I have never been let down and if my usual carer is away or ill they always have someone to fill in for her." Another person said, "There is always a replacement if my particular carer is away or unwell." People also fed back that they were not rushed and staff had time to spend with them. One

person said, "I am never rushed but we do things at my speed and without haste."

At our previous inspection, medicines were not managed safely. Medicine administration records (MARs) were checked, but unsafe practices, such as staff not recording all of the medicines they supported people to take were not picked up. One person's MAR showed they were regularly running out of medicine, but no action had been taken to ensure the person was able to receive all of the medicines they required. There was no guidance or direction for staff when people required as and when medicine, for pain relief or other health issues. Staff applied people's medicated patches for pain relief. Although staff signed to say these had been applied they did not record where on the person's body the patches were being applied.

At this inspection, medicines were now managed safely. The provider had introduced additional checks on medicines records and regularly reviewed them, themselves to ensure they had been completed fully and accurately. There was now a list of all medicines that people were supported to take on each individual MAR. When people required additional support with their medicines staff acted to ensure they had all of the medicines they required in stock. For example, one person was running low of their high calorie drink, and staff had visited the pharmacy to pick up some more for them, to ensure they did not run out. One person told us, "I do my own medicines, but my carer will help me check my prescription order and work out what I need to re-order and such like."

There was now clear guidance in place for as and when medicines, such as when staff should assist people to take pain relieving medicine. This stated when the medicine should be administered, how much was safe to take and how long there should be between doses. When staff applied medicated patches they completed body maps to record where the patch had been applied, so they could ensure the patch was rotated to protect people's skin integrity.

People were protected from the risk of abuse. Staff had a clear understanding of different types of abuse and told us they were confident the new manager and provider would act on any concerns that were raised. One staff member told us, "I would report it [abuse] immediately to the office." When potential instances of abuse had occurred the provider had reported them and liaised with the local authority safeguarding team as necessary. People told us that they felt safe and protected by staff. One person said, "I think that they instinctively know if I am worried I don't need to call anyone or tell the manager."

Staff were recruited safely. Full checks had been completed before staff started working with people, including proof of identity and a full employment history. Each staff member had a Disclosure and Barring Service (DBS) criminal records check in place. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Staff had received training in infection prevention and control and told us how they minimised the spread of infection when visiting people in their homes. Protective equipment was readily available, and people confirmed that staff used it when assisting them.

Good

# Is the service effective?

## Our findings

People told us they felt staff were knowledgeable, and knew how to provide effective care. One person told us, "They [staff] are top of the class with their caring, and so knowledgeable." Another person said, "I am full of confidence with all the staff." A relative told us, "Staff always listen and help all they can."

At our last inspection staff had not always reported incidents when people's needs changed or they could require medical assistance. Information regarding people's health care needs was not always detailed, which further increased this risk. At this inspection, improvements had been made. The provider and manager had re-assessed everyone using the service, and ensured that information regarding their health care needs were up to date. Recognised tools such as Waterlow assessments, which are used to assess people's risk of developing pressure areas had been used. A detailed task list was in place to guide staff on how people wanted to be supported.

The provider had introduced a checklist for staff, to be consulted at each call, which included reporting any changes in people's needs or if they had fallen and required medical assistance. Staff had reported any concerns to the office, and these had been recorded. The manager and office staff followed up, and ensured that if people required a doctor or a referral to relevant health care professionals that this was actioned. People confirmed that when they were unwell staff assisted them. One person said, "Of course, they would call a doctor if I needed one. They are fabulous and here to help."

Staff worked closely with a range of healthcare professionals, including district nurses to ensure that people's health care needs were met, and people were supported to lead healthier lives. One person told us, "They [staff] liaise really well with the nurses and communication is good. They work very well together at the moment."

People received support to eat and drink safely. Staff left drinks out where people could reach them after they left the call. People confirmed that they did this and that staff asked if there was anything else they needed before they left. One person said, "If I am feeling particularly tired or something, my carer will buck me up and put a bit of energy in my old bones by making some food and drink and leaving it for me if I can't eat straight away."

When staff joined the organisation they received a full induction before starting to work with people. This included essential training, such as moving and handling and safeguarding and was mapped to the Care Certificate. The Care Certificate is an identified set of standards that social care workers work through based on their competency. Staff received regular training to ensure their knowledge remained updated, and had received training in topics specific to people's needs, such as continence and catheter care and dementia. People told us that staff were skilled, and clearly knew how to provide effective care. One person said, "I most certainly do feel that the staff are all well trained and, well organised and go out of their way to make me comfortable." The provider and senior staff had completed regular spot checks on staff. Staff told us they felt well supported by the management team and that communication was, "Great".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When people are living in their own home these applications must be made to the Court of Protection.

No one was currently subject to a Court of Protection Order. The manager and provider told us that most people were able to consent to their care, and had signed their care plans to show they agreed with how that care should be provided. Staff spoke with knowledge and understanding regarding the MCA and told us, "They must always assume capacity" and, "Where possible involve them [people] in every decision." People confirmed that staff always asked for their permission before providing care, and they were consulted on important decisions.

Good

# Is the service caring?

## Our findings

People and their relatives told us that staff were kind and caring. One relative told us, "The staff are more than kind and caring they are angels. I just don't know what I'd do without them here I just couldn't cope." Another relative said that staff were, "Nice, thorough, always chatty and without doubt always caring." A person said, "The staff are more than friendly they are wonderful and a real treat to have in the house."

At our last inspection the systems and processes in place meant that people were not always treated with respect. People expressed concern about the impact the lack of travelling time was having on the staff providing support to them. They also told us that they did not always receive care from a staff member who knew them well. People did not always receive their medicines as required and staff had not always taken action when people informed them they had fallen or when their skin became sore. The registered manager reviewed people's daily notes and medicines records but did not always identify issues that had occurred. This meant people had been at risk of receiving undignified care that did not meet their needs.

At this inspection, improvements had been made. Staff now had time to spend with people, and people received their medicines as required. One person said, "I am never rushed they are always obliging and polite." People now received support from regular staff, and were able to build up relationships with them. One person told us, "They [staff] are kind, caring and more than that they become your friend and I look forward to their arrival each day." A relative said "We are lucky to have always had the same carer for a while now."

People told us that they were grateful for the support they received from staff, and appreciated the conversations they had, and the time that staff spent with people. One person told us, "If they have a bit of time they will always stop and chat which is so kind of them as I do get lonely." A relative told us, "I make them a cup of tea and they will sit with me and we put the world to rights."

Staff treated people with respect and dignity. People commented, "There is no issue with privacy they could not be more respectful and courteous." "They always close the door when I use the commode and leave the room at my request." "They are polite and always respect my dignity and privacy at all times." And, "They will then always knock and wait for my response before re-entering the room."

People and their loved ones had been involved in planning their care and told us that staff listened to how they wanted to be supported and any changes were made to their support as necessary. One person told us, "I have seen my care plan and am more than happy with the content." A relative said, "I always have a chat about the care he needs, and they always listen and change as and when necessary."

From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. When people's first language was not English the provider had ensured that people's care plans were made available in different languages, depending on people's preferences.

One person had a visual impairment and staff spent additional time speaking with them about what was in their care plan, to ensure that they understood it fully.

People were encouraged to be as independent as possible. People's care plans contained information regarding what people could do for themselves, such as washing their face and back, and how much support staff should offer.

Requires Improvement

# Is the service responsive?

## Our findings

At our last inspection there were detailed task lists in place describing how staff should support people at each individual call. However, other information regarding people's needs was generic and there was a lack of person-centred guidance regarding each individual. The provider and registered manager had generic sheets of information about people's healthcare conditions such as diabetes and lymphedema, for example. These were not specific to the individual.

At this inspection the generic information sheets regarding people's healthcare conditions remained. However, where people had specific needs, such as the applying of specialist straps additional information was provided to ensure staff were able to provide the support people required. The manager and provider had reviewed each person since our last inspection to ensure that information about people was accurate. They told us now that risks to be people were being managed, they would work towards personalising information so it was more specific to each individual.

People confirmed that staff had visited them to review their care. One person told us, "I do have a care plan and I am always asked what should be in it and we do review it when my son can help too." Another person said, "The office came to visit me ages ago before a carer came, and we discussed exactly what I needed and what care was required. This has changed over time and the carers care accordingly."

When people were supported at the end of their life a comprehensive care plan was put in place, giving staff explicit guidance regarding how people wanted their care to be delivered. However, this was not discussed routinely with people before their needs had deteriorated. The provider and manager acknowledged that there was a risk if people became unwell quickly, their end of life wishes may not be known to staff. They agreed that this was an area for improvement and emailed us after the inspection to confirm that it had been introduced as part of their assessment process.

At our last inspection complaints had not been consistently recorded. Although staff dealt with people's individual concerns, investigations into how these incidents had occurred or how they could be prevented in the future had not been completed. People and their relatives did not receive any formal feedback from the registered manager regarding the concerns they had raised. Without a record of these complaints and the themes and outcomes there was a risk that the registered manager would not be aware of them and therefore, not use this to improve the service.

At this inspection some improvements had been made. People told us that the office was responsive and they felt able to discuss any concerns they may have. One person said, "I haven't had a concern, but I am fully confident that they would help immediately if I did." Another person said, "I do call the office sometimes but not to raise a concern really just to ask the odd question and they are always happy to hear from me." A relative told us, "I often call the office with a query or two and they can always answer me satisfactorily."

The manager had recorded all concerns or complaints that people raised with the office and ensured that

action was taken. However, there was still no systematic way of recording complaints centrally to ensure they were collated and analysed. This limited the amount of learning from complaints, as there was no way of looking for any trends or patterns to reduce the chance of complaints occurring again.

We recommend that the provider takes advice from a reputable source regarding a system to manage complaints effectively.

Requires Improvement

# Is the service well-led?

## Our findings

People told us that they felt the service was well-led. One person told us, "I think this set up (the care service) is well led and we often have chats with the office, but I never had to complain about anything." Another person said, "I think the service must be well led because they do such a sterling job." A relative told us, "I deal with the office and they always listen and get back to me very quickly and always help."

At our previous inspection, the provider and registered manager had failed to identify the shortfalls at the service through regular, effective auditing. Feedback was not being gathered from all stakeholders to improve the quality of the service. There were no internal systems or processes in place to ensure the provider and registered manager knew if the service was providing safe, effective care. There was no analysis of accidents or incidents to look for trends or patterns or to reduce the risk of events happening again. Senior staff checked paperwork which staff completed, however, did not identify when errors or concerns were documented.

We took enforcement action and issued warning notices relating to safe care and treatment and good governance. We told the provider to make improvements, and they sent us an action plan, stating they would be complaint with the fundamental standards and regulations by October 2017.

At this inspection, improvements had been made. A new manager had been appointed and were in the process of applying to be registered with the Care Quality Commission. The provider had increased their oversight of the service and was now working full time at the service, alongside staff and we were told they were now a visible and approachable presence who staff would go to with any concerns. One person told us, "If I wanted to call the office it would be to tell them what a grand job they are doing now and how well organised I think they are."

There were still ongoing improvements that the provider acknowledged needed to be made. These included reviewing their complaints procedure to ensure that all incidents were fully analysed and updating people's care plans to ensure they were more person-centred. They were also going to introduce discussions regarding end of life care as part of their initial assessment process.

Although improvements had been made, and there were no longer any breaches of the regulations, for a service to be rated Good overall, they need to be able to demonstrate sustained and continual improvement. The new manager had only been appointed in December 2017 and it was only six months since our last inspection. As such, we were unable to tell if the improvements they had made were embedded within the service. We will follow this up at our next inspection.

The provider and manager consistently checked daily notes completed by staff and people's care plans to ensure they were accurate and up to date. When gaps or areas of concern were identified these were rectified immediately. The provider had identified that some members of staff were not regularly completing a chart to confirm that people's skin was intact. They had met with the relevant staff and explained why this chart was important. Since the meeting charts had been fully completed, as required.

People and their relatives had been asked their views on the service. The provider and manager had met with each person individually to gather their feedback and offer reassurance following our previous report. People's feedback had been generally positive, and people told us they had appreciated being able to meet with senior staff in this way. One person said, "I do get a phone call or two as well, asking my opinion and asking if I am happy with things the way they are and I always am happy." Another person said, "The only suggestion I would make would be to carry on the way they are." The provider told us that having met with people they now planned to send out surveys to people, their relatives and other stakeholders to gain further feedback which they could analyse going forward.

Staff told us that the culture at the service had improved since our last inspection, and that they felt well supported by the new management arrangements. The provider told us they wanted the service to continue to improve and that their vision for the service was for one that provided excellent care and ensured people were at the heart of everything they did. Staff shared this vision and were proud of the improvements that had been made.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating on a notice board in the office and on their website.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This ensures that CQC can then check that appropriate action had been taken. The provider had notified the Care Quality Commission of important events as required.