

HH Care Ltd

# Helping Hands Homecare Services

## Inspection report

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30 January 2019

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

Helping Hands Homecare Services is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection eight people were using the service. Everyone using Helping Hands Homecare Services received personal care.

People's experience of using this service:

People using this service were well supported by caring staff.

One person told us, "I feel very safe with my staff, they are always pleasant, respectful and kind."

People and staff felt respected and listened to.

People were consulted about their care and support.

People received personalised care and support related to their needs and preferences. All people were matched with staff specific to their needs.

People we spoke with gave us positive feedback about staff. Comments included, "My carers are really lovely. They're very polite and kind," and "They know what they need to do to help me."

People were supported by staff who had been recruited by a robust process to ensure they had the right skills and attributes.

Staff were aware of how to recognise signs of abuse and were knowledgeable about what to do in the event of any concern being raised.

People could be confident that staff were trained to support them, the provider ensured staff had access to training and systems were in place to monitor staff performance.

Where required, people were supported with their nutritional needs. Staff worked with external health care professionals to keep people healthy and well.

Staff were aware of people's likes and dislikes, information was gathered about people's interests.

People were supported to access appropriate healthcare when required.

Quality audits were completed to ensure consistent good quality care.

This service met the characteristics of Good in all areas.

More information is available in the 'Detailed Findings' below.

Rating at last inspection:

This was the first inspection of the service since their registration on 9 January 2018 with the Care Quality Commission.

Why we inspected:

This was a planned inspection. Our announced inspection started on 29th January 2019 and ended on 30th January 2019. This included telephone calls to people and their relatives using the service.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for services rated Good.

## 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

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# Helping Hands Homecare Services

## **Detailed findings**

### Background to this inspection

The 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.

Inspection team:

The inspection team consisted of two inspectors.

Service and service type:

Helping Hands Homecare Services is a domiciliary care agency. It provides personal care to people living in their own homes. Everyone using Helping Hands Homecare Services received the regulated activity; the Care Quality Commission (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, nine people were receiving personal care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager had left the service the previous week. The area manager was currently covering the role. We will refer to this person as the manager within this report.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is a small service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

We reviewed information we had received about the service, this included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We contacted the local authority safeguarding and commissioning teams to gather information about the service. They raised no concerns about the care and support people received from Helping Hands. We used all this information to plan our inspection.

During our inspection we spoke with six members of staff including the manager, three people using the service, and three relatives.

We reviewed a range of records. This included four people's care records, four staff files around staff recruitment and supervision and the training records for all staff. We also reviewed records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe. One person told us, "I feel very safe"
- Staff told us that they had good safeguarding training and could explain the safeguarding processes in detail.
- Staff supervision meetings were regular and staff said they regularly see the manager. One staff told us, "I see my manager once a month, they listen to me"
- The provider had effective safeguarding and whistleblowing systems and policies in place and staff continued to receive training based upon these. The manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management.

- Risk assessments were detailed within categories for example, breathing, mobility, environmental and many others. The risk level and actions to reduce the risk were clearly documented.
- Risks to people were regularly assessed and safely managed.
- People's needs and abilities had been assessed in a pre-assessment plan. The potential risks to each person's health, safety and welfare had been identified.

Staffing and recruitment.

- The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers.
- There were enough staff to meet the needs of people supported by the service.
- All staff had completed training in line with the providers policies and had competency checks to ensure they understood the training provided.

Using medicines safely.

- People who were prescribed medication with serious side effects did not always have appropriate guidance for staff in place. The manager agreed to ensure this information was documented.
- People's independence to manage their own medicines was maintained if safe to do so. Any changes to this was done with people's full consent.
- People told us they were happy with the support they received to take their medicines.
- Records showed that medication was administered as prescribed.

Preventing and controlling infection.

- All staff had completed infection control training. Unannounced spot check visits were completed by the

manager to ensure staff followed the infection control procedures and used personal protective equipment (PPE) when carrying out personal care, food preparation and handling.

- Staff told us they had access to PPE as required.

Learning lessons when things go wrong.

- A family member recommended that a better handover between carers would be more beneficial. In response the provider made changes to the handover procedures and ensured staff completed it in as much detail as possible.
- Incidents and accidents were regularly audited to check for trends or patterns, to mitigate further risks.



## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Assessments of people's needs were comprehensive and expected outcomes were identified. The care and support was regularly reviewed with the person.
- All care plans and risk assessment were signed by the person or the persons nominated individual.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Supporting people to eat and drink enough to maintain a balanced diet.

- People told us they were supported appropriately with eating and drinking. One person told us, "I am always asked what I want to eat."
- We saw records of meals, choices, amounts and people's involvement in preparing and cooking the meals within people's files.
- Where required staff recorded how much and what a person drank. This information was then used to ensure appropriate healthcare was sought if needed.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff told us when a person required support from two carers another agency supplied the 'second carer'.
- Staff told us there was good communication between the two agencies. We saw evidence of records that supported this.
- Staff communicated well with other staff. Staff told us the methods they used to communicate included handover sheets, team meetings and via text messages.
- Care plans were regularly updated and audited by managers and staff to ensure that changes in need were documented. This meant that staff and managers were aware of changes that might affect how their needs are met.

Supporting people to live healthier lives, access healthcare services and support.

- When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised or they assisted the person to call themselves.
- Relatives told us that staff were "excellent" at identifying any health concerns and ensuring the correct professional was contacted.

Ensuring consent to care and treatment in line with law and guidance.

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We saw evidence of mental capacity assessments being carried out, however these were generic and not always decision specific. The manager agreed to update these straight away.
- Care plans were developed with people and their relatives. People had agreed with the content and had signed to receive care and treatment.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People and relatives told us they felt supported. One person said, "[Name of staff] is marvellous." A relative said, "[Name of relative] receives excellent care, first class."
- Where people were unable to communicate their needs and choices, staff understood their way of communicating.
- People and staff told us that management always tried to match people with staff. They considered people's personal preferences, likes and dislikes, hobbies and personalities. One person told us, "They [managers] asked me what type of person I wanted."
- A relative told us, "The handover between staff is really good, they make sure that all staff know what to do and how to do it, we are very lucky to be with them."

Supporting people to express their views and be involved in making decisions about their care.

- People told us they are involved in their care planning.
- We saw evidence in care plans that people had been asked about their likes/dislikes, preferences and routines.
- People were treated respectfully and were involved in every decision possible.
- People, relatives and staff all told us that the service is interested in the whole family and try to engage as many people as possible in decision making.

Respecting and promoting people's privacy, dignity and independence.

- People's right to privacy and confidentiality was respected. One person said, "Staff are always respectful"
- A relative told us, "They always help [person's name], if they need support or just reminding."
- We saw evidence of when a staff member had supported someone to be more independent by supporting them to use the equipment which meant less reliance on staff.
- The manager had a good understanding of advocacy services and how this could be used for important decisions, or if people required independent support to make decisions about their care or finances. An advocate is a trained professional who supports, enables and empowers people to speak up.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People were supported to take part in social activities. One staff member told us, "We support [name of person] to attend a day centre, arrange transport and make sure they are okay."
- People, and where appropriate their relatives, had been involved in the development of care plans. A person told us, "My family get on really well with [staff name], I like them involved." A relative told us, "Staff contact me with any updates, they treat [relatives name] as part of their family as well."
- People received care based on their individual assessed needs. A relative told us, "Staff are so patient with [relatives name] they know them well and always do their best."
- People were asked about their previous life history and what was most important to them. This helped staff provide care which was individualised.
- The manager understood their responsibility to comply with the Accessible Information Standard and could access information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how each person communicated.

Improving care quality in response to complaints or concerns.

- People and relatives knew how to make a complaint. A relative told us, "They are very good at dealing with issues." A person told us, "I had to complain about a staff member but [manager] listened and sorted it out, the staff member didn't come back."
- Staff told us they were able to talk to the manager about any issues, concerns or 'grumbles'. One staff member said "[managers name] listens to concerns and acts upon them."
- We saw evidence of complaints that had been dealt with appropriately and within the specified timeframe.

End of life care and support.

- People's preferences and choices were not fully documented in their support plan regarding their end of life care. The manager confirmed they would complete a more formalised end of life care plan for people that required it.
- The provider had procedures in place for supporting people with end of life care and staff were trained to support people at the end of their lives.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- All staff we spoke to, stated they enjoyed their job and thought the manager was very supportive.
- A relative said, "Staff are incredible, communication is good, and the organisation is well run."
- People were protected against discrimination. There was a policy which covered equality and diversity, which staff understood and adhered to.
- People's care plans and pre- assessments documented any preferences or cultural needs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Staff spoke positively about the manager. A staff member said, "[ manager] is fantastic, and we provide really good care, the assessments are detailed, and they tell me what I need to do." Another staff member said, "They [management] support us all the way."
- We saw evidence of audits completed for a range of checks including care plans, medication administration charts and daily notes. The provider also completed monthly spot checks, to ensure staff were completing person centred care.
- Staff were clear in their roles and understood what the provider expected from them as these expectations were outlined at induction, explained in their employee handbook and through the supervision and support they received at the service. This meant people received good care from staff who knew what they were doing.
- The manager understood their role and shared information with us about all aspects of the service including quality performance, risks and regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Everyone we spoke with knew who the manager was and how to contact them.
- The provider gathered feedback about the service using surveys that were sent to people, relatives, staff and professionals involved. The results were mostly positive, the areas of negative responses had been addressed at the time of inspection.
- One person had commented that they would like to have staff member that could drive. The manager then advertised for staff who can drive to meet this need.

Continuous learning and improving care.

- Systems were in place to ensure staff continued to learn, were trained and supported in their role. Staff told us any issues raised with the manager and had been listened to and acted on.
- A staff member told us, "We get all the training and support we need, the manager contacts me weekly to see how I am and to have an update on the person I support."

Working in partnership with others.

- The manager and staff team worked in partnership with other professionals such as district nurses, GP's, Macmillan nurses and commissioners to promote and maintain people's quality of life
- The service submitted relevant statutory notifications to CQC promptly. This ensured we could effectively monitor the service between our inspections. When needed, the management team provided information to us to help with our enquiries into matters.