

Midshires Care Limited

# Helping Hands Hungerford

## 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

### About the service

Helping Hands Hungerford is a domiciliary care agency providing personal care to people in their own homes. The service supported older people, younger adults, people living with dementia, people with a sensory impairment and people with a physical disability. At the time of this inspection the service was supporting 14 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

The provider did not ensure systems were in place to oversee the service and ensure compliance with the fundamental standards. The registered manager did not ensure the Care Quality Commission (CQC) was informed of notifiable incidents in a timely manner.

There was insufficient evidence to demonstrate that medicines were always safely managed. We made a recommendation about reviewing people care plans in response to their needs and to identify themes and trends of incidents and accidents. The registered manager did not have evidence to support there being an effective process in place.

People received care and support that was personalised to meet their individual needs. People's diverse needs were identified and their right to confidentiality was protected. There were contingency plans in place to respond to emergencies.

Staff felt they could visit people on time and stay the right time. The visits were scheduled using an online system and overseen by the care coordinator. People reported to be involved in their care plans and were supported to remain independent.

People and relatives reported they felt safe with the staff providing their support and care. Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. The staff team followed procedures and practices to control the spread of infection using personal protective equipment. People and their relatives who provided feedback said people were treated with care, respect, and kindness by the staff visiting them.

People felt safe in the care of staff and were protected from the risk of getting an infection. People had caring relationships with staff who promoted their privacy, dignity and independence. People's views were sought by the provider.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's needs and choices were assessed and documented

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 28 July 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to notifiable incidents and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

**Good** ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

**Good** ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

**Good** ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Helping Hands Hungerford

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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.

#### Notice of inspection

We gave a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 22 June 2021 and ended on 25 June 2021. We visited the office location on 22 June 2021.

#### What we did before the inspection

We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We checked information held by Companies House and we looked at online reviews. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who use the service and seven relatives about their experience of the care provided. We contacted nine members of staff and spoke with two in the office including the care coordinator and care and training practitioner. We reviewed a range of records including three people's care records and two medicines records. We looked at four staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at recruitment records and quality assurance records.



# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- During this inspection, we found the provider had failed to ensure CQC was consistently notified of reportable events without delay such as allegations of abuse.
- This meant we could not check that appropriate action had been taken to ensure people were safe at that time.

The provider failed to notify us of significant events and other incidents that happened in the service without delay. This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Learning lessons when things go wrong

- An effective system was in place to record individual incidents and accidents.
- Accidents and incidents were recorded and reported to ensure that harm to people was appropriately documented and reviewed.
- There was no evidence that the management team investigated the incidents or accidents effectively or they analysed themes and trends in the accident and incident reports to ensure measures were in place to reduce the likelihood of repeat events.

We recommend the provider effectively documents action taken following incidents and accidents and identify themes and trends in order to improve the service and be in line with best practice guidance.

- People felt safe in their homes and liked the staff who supported them.
- We spoke to staff regarding their responsibilities and staff knew how to recognise and protect people from the risk of abuse.
- All staff had received safeguarding training, and this was refreshed annually.
- There was an appropriate safeguarding policy in place which explained what steps to take if there were any allegations of abuse.

Assessing risk, safety monitoring and management

- Risks to people's safety were fully assessed by staff and recorded.
- People's care plans contained specific risk assessments. These were written in partnership with people and their significant others where appropriate.
- Care plans were informative and written from the person's perspective. They contained clear instructions

for staff to protect people from risks to their health and wellbeing and risks in their environment.

- However, there was no evidence that the management team updated people's care plans following a change in their needs. For example, following a fall where the person required medical support, there is no evidence the person's care plan was updated to reduce the risk of the fall reoccurring.

We recommend the registered manager assesses how they review care plans in response to people's changing needs.

#### Using medicines safely

- The service supported two people with their medicines.
- Medicine administration records (MAR) contained several unexplained omissions. For example, in one person's MAR there was no record of medicines being given on 24 January 2021, 9 December 2020 and 29 October 2020. There was also no record of one medicine being given on 21 March 2021.
- We spoke to the registered manager who reported it was due to staff not using the online system to document activities completed at the time of the visit, and then failing to update the system at a later time.
- We reviewed the monthly audits of MAR charts to identify if the errors had been reported on, however identified no audits were completed for one person and only one audit had been completed for the other person since the date of registration.

#### Staffing and recruitment

- People told us there were enough staff deployed to meet their needs.
- The registered manager used an electronic planner to ensure enough staff were available to provide care and support. The same staff supported the same people as much as possible, to ensure continuity of care and to build and maintain relationships between people and staff.
- Recruitment of staff was discussed with the registered manager. They advised that they, the care coordinator and care and training practitioner had all recently supported with providing care to people due to the difficulty in recruiting new staff. The registered manager advised two further staff had been recruited meaning they would have more time to undertake their managerial responsibilities once the new staff's induction was completed.
- The registered manager used a thorough recruitment process to employ suitable staff. All staff files contained necessary evidence including employment history and relevant qualifications and were in line with legal requirements.

#### Preventing and controlling infection

- People told us they were protected from getting an infection by trained staff who used the appropriate personal protective equipment (PPE) when giving care and support. One person said, "Their uniforms are smart, and they always wear PPE."



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People's needs and preferences were assessed and documented by staff.
- Care plans contained information about people's health needs, preferences and a summary of their daily routines. Care plans were individualised and included information about how people would like their care to be delivered.
- Care plans were reviewed bi-annually and updated to reflect people's changing needs.
- Daily notes of people's care were reviewed and people's emotional and psychological welfare were recorded.

Staff support: induction, training, skills and experience

- All staff undertook a four-week induction, including shadowing experienced staff. All new staff are also provided with a handbook which included the visions and values of the provider.
- All new staff also completed the Care Certificate, which is a set of nationally agreed training modules for staff working in adult social care.
- Practical training was provided by the care and training practitioner where staff received yearly updates including in manual handling.
- Staff completed training relevant to the needs of people they supported.
- Staff training records showed they had completed the provider's mandatory training and updates.

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

- Staff training records showed staff had completed food hygiene training.
- Food and drinks provided at each visit was documented within the daily care notes to monitor people's intake.

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

- The registered manager reported that they were in the process of arranging training for all staff with specialist nurses in order to meet the needs and support clients with a percutaneous endoscopic gastrostomy (PEG) in place.
- The registered manager reported that they were aware of how to access support from professionals, however had not yet been involved in working with other agencies at present.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- All staff received training in the MCA, and this was repeated annually.
- People's care plans documented if they had a Lasting Power of Attorney and the provider had sought evidence of this, however records did not always report what decisions a person could make individually. This was highlighted to the registered manager who advised that this would be included.
- People told us staff sought consent before providing support.
- People's care and support documents contained signed forms showing they consented to receiving care and support.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People said staff supporting them were kind and caring. Comments included, "They've always treated me with kindness. I am one hundred percent safe with them..." And, "They are all very, very good and very kind and they always try and help me out and do extra things, like watering my plants. Someone recommended them to my [relative] when I needed them. I'm very pleased I found Helping Hands [Hungerford]."
- People's human rights were respected by staff who had a good understanding of people's life histories, needs and preferences.
- The registered manager worked to ensure people received consistency in care by allocating the same staff to the same visits as much as possible.

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

- People and relatives told us they were involved in decisions about people's care and support. They stated, "Yes I am involved because I volunteer the information about what help we need and get. I feel free to ask and they explain. I always get a friendly 'helping hand'. They are literally a lifeline" and, "Yes, I was involved with the care plan. We devised both the care plans [the person] has and it was the same with her husband previously."
- The registered manager reviewed people's care plans and risk assessments biannually or more often if people's needs changed. This ensured they were accurate and reflected people's current needs and preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff reported they understood promoting people's privacy and dignity. One said, "Everyone that works for Helping Hands Hungerford treats their clients with the highest respect and dignity."
- People said staff supporting them respected their privacy, dignity and independence. Comments included, "Oh yes, yes they definitely do treat [the person] with respect and care and they are very aware of his dignity...they are very respectful and chat to him. We are lucky, because we will have the same carers every time and they know his routine" and, "They encourage me to do what I can do myself and help with everything else."
- The registered manager reported that regular spot checks took place, and this included ensuring that staff were treating people with dignity and supporting people with their independence.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were written from people's perspectives and contained information for staff about how people wanted things to be done.
- Care plans included specific information which captured people's needs, interests, positive personality traits and life histories.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of the individual needs of people and felt they had enough information to support the person safely and effectively.
- People's communication needs were recorded in their care plans so staff were aware of how to support the person in the most appropriate way.

Improving care quality in response to complaints or concerns

- There was a clear complaints policy in place and the registered manager was able to explain how complaints were acted on.
- Staff told us they were aware of how to and would raise a concern. One said, "I would be happy to whistle-blow, knowing that my manager would deal with the situation professionally."

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others; Continuous learning and improving care

- At this inspection, we found non-compliance with three regulations. The provider had failed to ensure safe care and treatment, good governance and notification of other incidents. The provider's systems had failed to identify they were non-compliant with these fundamental standards.
- The registered manager's audits of people's care plans and medicine administration records was not completed regularly, therefore errors and omissions had not been identified.
- The management team did not always effectively operate quality assurance and governance systems to drive continuous improvement in the service. For example, the registered manager was due to complete regular audits for monitoring late or missed visits. Where people's support calls were late, they had not been identified as audits as audits were only completed in February and March 2021. There was no evidence to show the registered manager had analysed this information to identify reasons for lateness.
- When this was discussed with the registered manager, they reported that audits had not been completed due to the care and training practitioner, care coordinator and registered manager needing to attend people's support calls.
- Although the registered manager was able to explain actions to be taken if professionals' input was required, the service has not developed any partnerships with other professionals in order to meet the needs of people.
- Themes and trends of audits had not been identified in order to learn and improve the service and the care being provided.

Systems and processes to monitor quality and safety in the service were not established and operated effectively to ensure compliance with legal requirements. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People felt the service was well managed. One person told us, "I have contact with the [management team]. I think they know what they are doing and I feel confident in them and the whole service." Another person told us, "They really are excellent; they really are nice people and well organised and managed."
- The registered manager was committed to providing high quality, personalised care which met people's needs and preferences.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff team had a clear understanding of their responsibility to uphold the duty of candour if something went wrong.
- The management team had developed good relationships between people who use the service, their significant others and staff and actively encouraged critical feedback from people to help improve the service.

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

- The service requested feedback from people and there were opportunities for people and relatives to provide feedback. The management team operated an open-door policy and welcomed any feedback.
- Staff were supported via one to one meetings, and staff meetings. Staff reported feeling listened to. One stated, "The [registered manager] and [care co-ordinator] will always listen to my views on how we can improve our service to our clients."

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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>How the regulation was not being met:</p> <p>The registered manager failed to notify the Commission of notifiable events without delay.</p> <p>Regulation 18 (1)(2)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems and processes to monitor quality and safety in the service were not established and operated effectively to ensure compliance with legal requirements.</p> <p>Regulation 17 (1)(2)(a)(c)</p>