

Mrs Nicola Kay French

Helping Hand

Inspection report

Autumn Park Business Centre
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Helping Hand is a domiciliary care agency providing personal care to people in their own homes. The service provides support to older people, younger adults, people with a physical disability, sensory impairment, learning disability or autistic spectrum disorder, mental health support needs and people living with dementia. At the time of our inspection there were 19 people using the service.

People's experience of the service and what we found:

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support

People were provided with high quality care which achieved good outcomes for them. Staff followed safe infection prevention and control practices and supported people to manage their medicines safely. People were supported to stay safe in their home environment and staff helped them manage their health needs, including referring to community agencies when people needed additional support.

Right Care

People were supported in a way which reflected their individual needs. Staff knew people's needs, risks and preferences well. People were supported by staff who had been recruited safely. Staff had completed training on how to recognise and report abuse and they knew the action to take to keep people safe.

Right Culture

The culture at the service promoted high, quality person-centred care. People and relatives were involved in the development of the service and were regularly asked for their feedback about the care provided. The provider ensured staff were clear about their roles and responsibilities, through regular training, observations and supervision. Staff told us they felt well supported and could raise concerns or make suggestions. The provider monitored the care provided, to ensure appropriate standards of quality and safety were maintained.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service was Good (published 3 January 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Helping Hand at www.cqc.org.uk.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led? Good

The service was well-led.

Details are in our well-led findings below.

Helping Hand

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

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

Notice of inspection

The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before the inspection

We reviewed the information we held about the service, including the last inspection report. We contacted Healthwatch for feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke on the telephone with 2 people and 3 relatives to gain their feedback about the care and support provided. We also visited 1 person at home. We spoke with the manager, provider, the care coordinator and 3 homecare assistants.

We reviewed a range of records, including 3 people's care records and 4 people's medicines records. We reviewed staff training records and 2 staff recruitment files. We also looked at a variety of records related to the management of the service, including policies and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were safeguarded from abuse and avoidable harm.

- Staff had completed safeguarding training and knew the action to take if they suspected abuse was taking place.
- The provider had processes to ensure appropriate action was taken when safeguarding incidents occurred.

Assessing risk, safety monitoring and management

The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.

- Care plans included information about people's risks and how staff should support them safely. One person's care plan needed to be updated to ensure it reflected the person's risks accurately. Their care plan documented that they were at risk of falls but had not been updated following their most recent fall.
- Everyone we spoke with told us staff provided safe care and support. One person commented, "I always feels safe when staff are supporting me with moving or showering."

Staffing and recruitment

The provider ensured there were sufficient numbers of suitable staff.

- People and relatives told us staff always visited on time and stayed as long as they should.
- The provider operated safe recruitment processes.
- Appropriate checks were completed before staff started working at the service to ensure they were suitable to support people.

Using medicines safely

People were supported to receive their medicines safely.

- Staff had completed relevant training and their competence to administer people's medicines safely had been assessed.
- Some minor improvements were needed to ensure medicines administration records (MARs) reflected National Institute of Health and Care Excellence (NICE) guidance. These included how often the medication should be taken and the route of administration.
- People told us they received support with their medicines as and when they should.

Preventing and controlling infection

People were protected from the risk of infection as staff were following safe infection prevention and control practices.

- Most staff had completed infection prevention and control (IPC) training and their IPC practice was checked regularly during spot checks and competence assessments to ensure it was safe.
- People and relatives told us staff IPC practice was safe and staff wore appropriate personal protective equipment (PPE) when providing support.

Learning lessons when things go wrong

The provider learned lessons when things had gone wrong.

- The provider had processes in place to ensure lessons learned were shared with staff when things went wrong, through training, supervision, staff meetings and weekly staff memos. For example, a medicines error had taken place, and this was addressed with the staff member involved. Learning from the error was then shared with all staff to avoid a similar occurrence happening again.

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.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

There was a positive and open culture at the service.

The provider had systems to provide person-centred care that achieved good outcomes for people.

- People received high quality care from skilled, caring staff.
- People and relatives were very happy with the support provided. A person told us, "I'm very happy with the service. I would definitely recommend them." A relative commented, "It's a brilliant service. It's very comforting to have them going in every day. [Person] is very happy with the service."

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 provider had a duty of candour policy and understood their responsibilities under the duty of candour.
- No incidents had occurred that we were aware of which fell under the provider's duty of candour.

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

The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.

- Staff understood their responsibility to provide high quality care. Their roles were made clear in their job descriptions and during induction, training, supervision, competence assessments, spot checks, staff meetings and annual appraisals.
- Audits and checks were completed regularly to ensure appropriate standards of quality and safety were maintained. This meant the provider had effective oversight of the service and any improvements that were needed.
- The provider ensured notifications were submitted to CQC when appropriate. A notification is information providers are required to send to CQC by law.

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

People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.

- People supported by the service and relatives were actively involved in the service and their views were

regularly sought during reviews, spot checks, quality visits and satisfaction questionnaires. People and relatives provided positive feedback about the support provided.

- Regular staff meetings took place and staff told us they could make suggestions or raise concerns. They found the provider approachable and supportive. One staff member told us, "We are encouraged to raise any issues and there is always someone on call".

Continuous learning and improving care

The provider had created a learning culture at the service which improved the care people received.

- Staff had completed the training necessary to support people safely and effectively.
- One relative and one community professional felt that staff could benefit from training in supporting people with dementia. We discussed this with the provider who told us they would source some training.

Working in partnership with others

The provider worked in partnership with others.

- We saw evidence of staff and the provider working closely with community health and social care agencies, to ensure people received any additional support they needed.
- We received feedback from two community professionals who had regular contact with the service. They told us staff provided people with high quality, compassionate care and sought any support needed in a timely manner.