

THHG Limited

The Helping Hands Group

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:

The Helping Hands Group is a domiciliary care agency that provides the regulated activity of personal care to younger adults, including those with physical and learning disabilities in their own home or supported living accommodation. The service was providing personal care to one person at the time of the inspection.

People's experience of using this service:

The care service has been developed and designed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service did not undertake robust recruitment checks on potential new staff to make sure they were suitable. The governance system and audits undertaken had not found the concerns identified during this inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People and their relatives were involved in discussions about their care.

Relatives of people were happy with the care and support their family member received from staff. Staff encouraged people to complete tasks independently, or with minimal support where possible. This support from staff aimed to enable people to be as independent as possible. Staff assisted people in a caring and compassionate way.

Staff knew about safeguarding people from harm or poor care. Staff knew how to report their concerns internally and externally to local safeguarding authorities.

Staff undertook a pre-assessment on people new to the service. This established what care and support a person required and whether staff were trained to meet these needs. People and their relatives were involved in their care decisions and the planning of their day-to-day care. Staff monitored people's assessed risks. Guidance and training was in place for staff on how to support people with these risks. This included a personal emergency evacuation plan which gave information to staff in the case of an emergency such as a fire.

Staff respected and promoted people's dignity and privacy. People's prescribed medicines administration records were not always accurately completed by staff. People were supported by staff with their food and drinks to make sure they were eating and drinking healthily.

People's personal information was confidentially stored within the office. There were enough staff to meet people's needs and people received their care visits on time. People were kept safe from risks of infection

and cross contamination, and new staff received an induction when new to the service. Staff received supervision and training to ensure that they could effectively carry out their role. Staff learnt lessons from incidents and near misses that happened to help reduce the risk of the incident happening again.

Staff worked with other external organisations to help support and promote people's well-being. Staff gave people information in different formats, when needed, to help people with their understanding.

People and their relatives were given the opportunity to feedback on the quality of the service provided. People and their relatives were given information on how to raise a complaint and their concerns were listened to, investigated and resolved where possible.

Rating at last inspection: At the last inspection the service was rated good. The report was published on 4 October 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Enforcement: We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to fit and proper persons employed. This was because staff recruitment processes were not robust enough to ensure only suitable staff were employed. Details of action we have asked the provider to take can be found at the end of this report.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 not always safe.
Details are in our Safe findings below.

Requires Improvement ●

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 not always well-led.
Details are in our Well-Led findings below.

Requires Improvement ●

The Helping Hands Group

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out this inspection.

Service and service type:

This service provides care and support to people living in one supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 the service 24 hours' notice of the inspection site visit because it is small and the registered manager is often out of the office supporting staff. We needed to be sure that they would be in.

What we did:

Prior to the inspection we reviewed information we held about the service to aid with our inspection planning. This included notifications. Notifications are incidents that the registered manager must notify us of. We used information the provider sent us in the Provider Information Return on 7 March 2019. This is information we require providers to send us to give some key information about the service, what the service does well and the improvements they plan to make. We also contacted other health and social care organisations such as representatives from local authority contracting and quality improvements teams and safeguarding team. This was to ask their views about the service provided.

Questionnaires completed by a number of staff and stakeholders involved in the service were also reviewed prior to the inspection. The feedback was in the main positive. However, feedback pointed out some concerns about staffing levels at the service and a lack of staff meetings. This led the inspection team to explore these concerns.

The inspection site visit activity started and ended on 3 April 2019. We visited the office location on 3 April 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

During the inspection on 3 April 2019, we spoke with one relative of the person who used the service. We also spoke with the registered manager, the office manager, a team leader and a support worker. We looked at one person's care record and corresponding risk assessments, and monitoring records including medicine administration records. We also looked at staff records to check recruitment processes, supervisions, competency checks and training. We looked at policies and procedures, and records used in the management of the service.

Is the service safe?

Our findings

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

RI: ☐ 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. Regulations may or may not have been met.

Staffing and recruitment.

- ☐ Potential new staff did not have all the checks needed completed to make sure they were suitable to work with people. The recruitment policy did not make clear whether professional references or character references were suitable. The policy did not make clear that those new staff who had worked previously in health and social care should seek a professional reference from that employer. As such, professional references were not always sought from the previous health care employers.
- ☐ Checks carried out did not explore all gaps in a staff member's employment history.
- ☐ There was no risk assessment in place or documented record of a discussion with a potential new staff member when concerns were raised during recruitment checks.

These missed checks increased the risk that potential new staff were not of good character and not suitable to work with the people they supported. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ During this inspection, the registered manager told us they had run a successful recruitment campaign and they were now fully staffed.
- ☐ A relative confirmed to us, "There have been no missed care visits." A staff member said, "Staffing levels improved recently, it has brought a bit of stability [to the service]. I've not been asked to work long hours [to cover]."

Using medicines safely.

- ☐ A relative said, "It is [named staff members] responsibility to order and dispose of [family member's] medicines. The pharmacy delivers. I have no concerns regarding medicines support."
- ☐ Care records did not clearly set out who was responsible for the ordering, collecting or delivery and disposal of people's medicines. This was corrected during the inspection.
- ☐ Staff told us their competency to administer people's medicines safely was checked. A staff member said, "Yes I have had competency checks to do this [administer medicines] late last year."
- ☐ Audits carried out on people's medicine administration records did not identify staff errors in the recording of people's medicine administration. This increased the risk of other staff misinterpreting these records. We spoke to the registered manager about this during the inspection. They confirmed to us they would make the necessary improvements.

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

- ☐ Staff had been trained on safeguarding adults and they understood what the different definitions of harm

were. They told us about their duty to report any suspicions of harm or concerns of poor care. Staff confirmed that they would report these concerns both inside and outside of the organisation in line with their training. A staff member said, "I would report a concern to my manager, the CQC, the ASC [Adult Social Care] board and the police."

Assessing risk, safety monitoring and management.

- ☐ People had risk assessments in place to check the care and support given and their well-being. These risk assessments were reviewed to make sure they were up-to-date and met people's current care and support needs.
- ☐ Staff told us how people were supported in a safe way and gave examples of how they would support people. For example, they told us how they supported people at risk of choking or at risk of harm through increased anxiety. Guidance and monitoring charts were in place for staff to check these risks.
- ☐ People had personal emergency evacuation plans to guide staff on what to do should an emergency such as a fire occurred.
- ☐ Staff had been trained in 'behaviour support' to help to reduce the risk to the person and other people when levels of anxiety increased. A staff member confirmed, "I have had [named behaviour support] training which trains me how to handle certain situations [escalating situations] and how you communicate and how I position myself. No restraint is used."

Preventing and controlling infection.

- ☐ Staff confirmed, and records showed that they had training in infection control and food hygiene.
- ☐ Staff told us they used personal protective equipment to help promote infection control. They confirmed that this equipment was to be used once and disposed of before each new task.

Learning lessons when things go wrong.

- ☐ Accidents and incidents that happened were documented and any actions taken to reduce the risk of it happening again were recorded.
- ☐ Staff explained how they learnt from accidents, incidents or near misses. One staff member said, "There is a communication book in situ [to handover information to other staff]. There was an issue with a wheelchair, there was an email to staff not to use this chair [manual] so there was a near miss, but it was prevented."

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

Good: ☐ 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 were assessed before they used the service and reviewed whilst using the service. From information gathered, care and support plans and risk assessments were developed with the person and, or, their relative or legal representative or advocate.
- ☐ The registered manager and staff worked closely with external health professionals and organisations such as the Speech and Language Therapists (SALT) team. This was to make sure people were being supported in line with best practice guidance and to promote people's well-being.

Staff support: induction, training, skills and experience.

- ☐ New staff were required to complete an induction that was based on the Care Certificate. This is a nationally recognised training programme for staff working in health care.
- ☐ Staff had been trained to develop their knowledge and skills to support people effectively and help them with their independence.
- ☐ Staff were encouraged to develop their skills whilst working for the provider. A staff member said, "My manager is a great mentor and really developed my skills."
- ☐ Staff told us they had supervisions, observation competency checks and support to carry out their roles effectively. The registered manager told us the expectation was that staff had supervisions every six weeks, but records showed that this did not always happen. The registered manager told us they would look into this.

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

- ☐ People were supported well to eat and drink enough. Staff demonstrated to us a knowledge of how to support people at risk of choking in line with their risk assessment, care plan and SALT guidance. A staff member said about a person at risk of choking, "[Their] meals are to be cut up into postage size bites. If the person is not distracted and in a quiet environment, they can have crusts. You follow SALT guidance following a best interest meeting."
- ☐ A relative said, "[Family member] has always had a healthy diet so I have no concerns. [They] also still get treats like [they] used to [at home]."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support.

- ☐ A relative confirmed to us that, "I am always kept up to date regarding any health concerns. I am always informed if staff contact the doctor or the 111 service for [family member] ... Communication is good."
- ☐ The registered manager and staff worked with other organisations to promote people's well-being and provide effective care. Records showed that people had the physiotherapy team and speech and language

team involved at various times when the needs arose to promote their well-being.

- A staff member confirmed to us that in line with a person's care record, "[Staff] do physio exercises with [named person's] feet and hands."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- 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.
- The registered manager told us that there had been a request made for a mental capacity assessment to be undertaken on a person. This was to make sure they had mental capacity to make decisions about their care and support.
- Staff had training in the MCA and could demonstrate their understanding to us. A staff member said, "Yes, you assume [mental] capacity unless there are signs that a person lacks capacity."

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

Good: □ 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.

- □ A relative had very positive comments to make about the service provided to their family member. They told us, "The service is extremely good and the [named registered manager] and [named team leader] why are these in brackets? make sure everything is in place and that they are always available. I can't speak highly enough of them."

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

- □ People who were unable to speak up for themselves were supported by a relative when needed.
- □ A relative told us they were involved in the planning of their family member's care and support. They said, "My input into [family member]'s care decisions are also valued [by staff at the service]."
- □ People's care records were available in different formats such as 'large print' or 'pictorial text.' This meant that information was given to people in formats that would help with their understanding.
- □ Staff explained how they gave people a choice using verbal or visual prompts and explained to people what they were doing before supporting them. Where people had limited communication, staff confirmed that they paid attention to the person's facial and body language to help understand what they were feeling.

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

- □ Staff support of people's care needs meant that they could live as independent a life as possible, in their own homes.
- □ Staff promoted and maintained people's privacy and dignity whilst supporting them. Technology such as a communication tool was used to summon staff when needed during a care visit to enable people to use the toilet in private.
- □ A staff member confirmed that, "A towel is placed over certain areas when [named person] is being washed. The doors are shut when personal care is being delivered. There is a communication aid for [named person] to press to summon staff after [named person] has been to the toilet."
- □ Staff securely stored all paper and electronic records in the office.

Is the service responsive?

Our findings

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

Good: ☐ 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.

- ☐ A relative told us, "I was very involved when transferring information [from the previous care provider] and providing information to create care record [for family member]."
- ☐ Regular reviews of people's care and support needs were carried out, to make sure they were up-to-date.
- ☐ Staff supported people to maintain their individual interests and helped people to take part in activities in the community to promote social inclusion. A staff member gave us some examples. They said, "When we go into the community, we go to the theatre, we go shopping and we have gone abroad with [named person]."

Improving care quality in response to complaints or concerns.

- ☐ Staff had received compliments from relatives of people who used the service.
- ☐ When a complaint had been received about the service, it had been investigated and the complainant responded to. A relative said, "If I had any concerns I would email and it would be dealt with very quickly and looked into."

End of life care and support.

- ☐ No one currently using the service was on end of life care.
- ☐ During the inspection the registered manager approached a representative from the local authority quality improvement team for guidance on end-of-life care plans and guidance. The registered manager told us they would look to implement these as guidance for staff should the need arise.

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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care.

- ☐ The governance and audits in place did not find the concerns we found during this inspection about the lack of staff recruitment checks.
- ☐ The audits to check the accuracy of the medicine administration records did not identify that improvements were required. There were gaps in the records and codes used to denote why a medication had not been administered were not used correctly. This increased the risk of other staff misinterpreting these records. There were crossings out where staff had made a recording error. The audits did not document any actions taken to reduce the risk of the error happening again. This increased the risk of these mistakes in recording people's medicine administration support continuing.
- ☐ The provider had not clearly displayed their previous CQC inspection rating both on their website and within the office for people to refer to if needed. This was corrected during this inspection.
- ☐ Staff at all levels understood the importance of their roles and responsibilities. Staff were held to account for their performance when required.
- ☐ The registered manager notified the CQC of incidents that they were legally obliged to.

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

- ☐ Staff supported people with their individual needs and could demonstrate to us they knew the people they supported well.
- ☐ Relatives and advocates of people using the service were asked to feedback on the quality of service provided. A relative told us, "Overall, I am very pleased with the service that they give and I hope that it continues."
- ☐ Staff told us there was a clear expectation from the registered manager for them to deliver a good quality service to the people they supported.
- ☐ A staff member said the vision and values of the service provided were, "To encourage independence and fulfil people's life and help them achieve more."

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

- ☐ Relatives of people who used the service and staff felt listened to and told us that the registered manager and staff team were approachable. This was because communication was good.

- A relative said, "I'm not made to feel a nuisance or that I shouldn't ask things by staff or the management." They went on to say, "Staff are approachable. The registered manager is exceptional, [they] cannot do enough for you."
- A staff member told us, "[The registered manager] is one of the best bosses I have worked for. Very supportive. [Named registered manager] is always there if I need to talk. There is an open door or if not available, I can book time to talk."

Working in partnership with others.

- The registered manager and staff worked in partnership with key organisations to provide joined-up care and support. These included the persons GP and representatives from the speech and language team and physiotherapy team.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met: People who use services and others were not protected against the risks associated with a lack of checks completed when recruiting potential new staff. Regulation 19 (1) (a) (2) (a) (b) (3).</p>