

Helping Caring Hands Limited

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Inspection report

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Date of inspection visit: 19 and 23 November 2015.

Date of publication: 22/01/2016

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



Overall summary

This inspection took place on 19 and 23 November 2015 and was announced.

Helping Caring Hands provides care services to people in their own homes mainly on the Isle of Sheppey. The care they provided was tailored to people's needs so that people could maintain or regain their independence. This included older people who had been discharged from hospital who needed help with day-to-day tasks like cooking, shopping, washing and dressing and help to

maintain their health and wellbeing. There were six people using the service at the time of our inspection. People were assessed as low risk in terms of the care they needed.

A registered manager was not employed at the service. It was a condition of the providers registration to appoint a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

‘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.

New staff had been through a recruitment and selection process that ensured they were fit to work with people who needed safeguarding. Recruitment policies were in place, however the provider did not always follow the law or their recruitment policy by carrying out checks on all staff prior to staff starting work.

People spoke about the staff in a positive light regarding their feelings of being safe and well cared for. They thought that staff were caring and compassionate. Staff were trusted and well thought of by the people they cared for.

The manager assessed people’s needs and planned people’s care to maintain their safety, health and wellbeing. Risks were assessed by staff to protect people. There were systems in place to monitor incidents and accidents.

Staff had received training about protecting people from abuse and showed a good understanding of what their responsibilities were in preventing abuse. Procedures for reporting any concerns were in place. The manager knew how and when they should escalate concerns following the local authorities safeguarding protocols.

People who used the service had capacity to make day to day and more complex decisions about their health and wellbeing. However, the manager and staff had received awareness training about the Mental Capacity Act 2005 and understood when and how to support people’s best interest if they lacked capacity to make certain decisions about their care.

Working in community settings staff often had to work on their own, but the risk associated with this were well

managed. The manager provided staff with support and an ‘Outside Office Hours’ number to call during evenings and at weekends if they had concerns about people. The service could continue to run in the event of emergencies arising so that people’s care would continue. For example, when there was heavy snow or if there was a power failure at the main office.

People felt that staff were well trained and understood their needs. They told us that staff looked at their care plans and followed the care as required. People told us that staff discussed their care with them so that they could decide how it would be delivered.

Staff had been trained to administer medicines safely. However, medicines were not administered by staff at the time of this inspection.

The manager gave staff guidance about supporting people to eat and drink enough. People were pleased that staff encouraged them to keep healthy through eating a balanced diet and drinking enough fluids. Care plans were kept reviewed and updated.

There were policies in place which ensured people would be listened to and treated fairly if they complained. The manager ensured that people’s care met their most up to date needs and any issues raised were dealt with to people’s satisfaction.

People were happy with the leadership and approachability of the service’s manager. Staff felt well supported. Audits were effective and risks were monitored by manager to keep people safe.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the full version of the report.

Summary of findings

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 not always safe.

Recruitment processes for new staff were not robust and did not always include disclosure and barring service checks before new staff started to deliver care.

People told us they experienced safe care. The systems in place to manage risk had ensured that people were kept safe. People's risks assessments were relevant to their current needs.

The manager and staff were committed to preventing abuse. Staff spoke confidently about blowing the whistle if needed. Staff received training in the safe administration of medicines.

Requires improvement



Is the service effective?

The service was effective.

People were cared for by staff who knew their needs well. Staff met with their managers to discuss their work performance and staff had attained the skills they required to carry out their role.

New staff received an induction. Training for all staff was kept up to date. The manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

Staff understood their responsibility to help people maintain their health and wellbeing. This included looking out for signs of people becoming unwell and ensuring that they encouraged people to eat and drink enough.

Good



Is the service caring?

The service was caring.

People could forge good relationships with staff so that they were comfortable and felt well treated. People were treated as individuals, able to make choices about their care.

People had been involved in planning their care and their views were taken into account. If people wanted to, they could involve others in their care planning such as their relatives.

People experienced care from staff who respected their privacy and dignity.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People were provided with care when they needed it based on assessments and the development of a care plan about them. The care plan informed staff of the care people needed.

Information about people was updated often and with their involvement so that staff only provided care that was up to date. Any changes in care were agreed with people and put into their updated care plan. Staff spoke to other health and social care professionals if they had concerns about people's health and wellbeing.

People were consistently asked what they thought of the care provided and had been encouraged to raise any issues they were unhappy about. It was clear that the manager wanted to resolve any issues people may have quickly and to their satisfaction.

Is the service well-led?

The service was not always well led.

The service had benefited from consistent and stable management, but the provider had failed to meet the condition of their registration by appointing a registered manager.

Policies were effective and focused on service delivery. The manager was keen to hear people's views about the quality of all aspects of the service. Staff were informed and enthusiastic about delivering high quality care. They were supported to do this on a day to day basis.

There were clear structures in place to monitor and review the risks that may present themselves as the service was delivered and actions were taken to keep people safe from harm.

Requires improvement



Helping Caring Hands 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.

This inspection took place on 19 and 23 November 2015 and was announced. We gave 48 hours' notice of the inspection because the service was small and the manager was often out of the office supporting staff or delivering care. We needed them to be available during the inspection. The inspection team consisted of an inspector.

Before the inspection we looked at notifications about important events that had taken place at the service, which

the provider is required to tell us by law. Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked information of concern we had received prior to the inspection about poor recruitment practice at the service.

We spoke with two people about their experience of the service. We spoke with two staff including the manager to gain their views about the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at six people's care files, two staff record files, the staff training programme and the staff rota.

This was the first comprehensive ratings inspection for this service since registration in May 2014.

Is the service safe?

Our findings

People we spoke with told us they felt 'Very' safe when staff were in their homes delivering care. All said that the carers respected their homes and possessions. One person said, "They are a nice set of girls, I've had the same carers for more than a year, they are reliable and safe."

New staff who may have previous criminal convictions or who were barred from working with people who needed safeguarding had not been fully checked. Prior to our inspection we received information of concern that disclosure and barring service checks (DBS) were not being carried out on staff. At this inspection we found that a member of staff had been recruited in May 2015, but their DBS check had not been sent off until October 2015. The manager told us that this employee had not worked consistently since they were recruited, but recognised that a DBS check should have been applied for before the new member of staff started to deliver care in people's homes. This meant that full and robust checks had not been carried out on some staff employed and that the manager and provider were not meeting the requirements of Schedule 3 of the Care Act 2014.

This was in breach of regulation 19 (1) (a) (3) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

New staff had been through an interview and selection process. Staff told us the policy was followed when they had been recruited and their records confirmed this. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications.

People had consistent care from regular staff. Some of the things that made people feel safe was the reliability and consistency of staff calling to their homes. People could be sure that their calls would be made by staff who they knew. The manager told us that if there was a change in the staff calling, for example due to sickness, they informed people so that they would know. The manager often delivered care for people themselves and had a good understanding of how other staff conducted themselves.

People remained independent with their medicines which was encouraged by the manager. Staff understood the

provider's safe administration of medicines policy. They attended training about administering medicines safely and they signed the provider's policy to acknowledge they understood it. This enabled staff to take on the administration of medicines if this was required to meet people's needs.

The providers medicines policy was up to date with correct best practice guidance and covered everything from using a medicine administration record (MAR), checking and recording of medicines, ordering, storage and disposal of medicines and reporting errors. This protected people from potential harm.

Safe working practices and the risks of delivering the care were assessed and recoded to keep people safe. Environmental risks staff may face in people's homes were assessed and equipment was checked by staff before they used it.

People were kept safe by staff who understood and received training about the risks relating to their work. The manager had ensured that risks had been assessed and that safe working practices were followed by staff. For example, people had been assessed to see if they were at any risk from falls or not eating and drinking enough. If they were at risk, the steps staff needed to follow to keep people safe were well documented in people's care plan files. We found as soon as people started to receive the service, risks assessment were completed by staff as a priority.

Guidance was given to staff about reporting incidents and accidents and this was backed up by a policy. The policy gave details of how the manager would monitor incidents and accidents.

Staff supported people in the right numbers to be able to deliver care safely. We could see that people had been assessed to see how many staff were needed for this. We could check the assessment against the staff rota and saw that staff were allocated to cover calls.

The manager understood how to protect people by reporting concerns they had to the local authority and protecting people from harm. Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff told us that they had read the safeguarding policy and that they were trained and had access to information so they understood how abuse could occur. Staff had signed the policy as read and their training records confirmed their safeguarding training was up to

Is the service safe?

date. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff we spoke with were experienced and understood how to protect people and how to recognise warning signs that would cause them concern. For example bruising. Staff knew that they could blow-the-whistle to care managers or others about their concerns if they needed to. (Blowing the whistle enables employees to contact people with their concerns outside of the organisation they work for, like social services.)

People's care could continue if there was disruption to the service, for example in periods of extreme weather

conditions. The manager used a system to assess and prioritise people who could not make other arrangements for their care if staff could not get to them. For example, most people had someone else living with them who could make them drinks and prepare food or telephone for help in an emergency. This meant that the service could focus its resources into getting staff to the people most in need. All of the people would receive regular telephone calls from the team in the services office to make sure they were okay. This protected people's continuity of care.

Is the service effective?

Our findings

Staff understood people's needs, followed people's care plan and were trained for their roles. People said, "The staff are very reliable, they follow the care plan and ask me what I would like them to do".

Care plans were left with people at home for staff to follow and staff confirmed to us that these were in place and kept up to date. The manager checked that staff followed people's care plan by carrying out spot checks in the community when staff were delivering care.

The care people received was fully recorded by staff. We could see that people's notes reflected the care required in people's assessment of need. Staff told us they read people's care notes before they started delivering care so that they were up to date with people's needs.

This service was not providing food and drink to most people. This was because there were others at home with them that took care of their needs around food and drink. However, where staff were helping people to maintain their health and wellbeing through assisting them to prepare meals, we found that people were happy with the food staff cooked for them. Staff told us how they did this in line with people's assessed needs. Staff described to us how they leave food/snacks and drink within reach for people before they left a call. Food hygiene training was provided for staff.

People we talked with who had care packages that included meal preparation told us there were no problems with the way staff prepared their food and drink. People chose their meals and one told us that the carers cooked things like eggs and bacon, fish, and steak and chips very well.

People had recorded their consent to receive the care in their care plan and staff gained verbal consent at each visit. Gaining consent from people before care was delivered happened routinely. People were free to do as they wished in their own homes. The manager had a good understanding of the Mental Capacity Act (MCA) 2005. There was an up to date policy in place covering mental

capacity. Staff had received training in relation to protecting people's rights. This prepared them for any situation where they may think the MCA needed to be considered as part of someone's care. For example, if people developed dementia and were no longer able to understand why the care was provided or their safety at home could not be protected.

When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to ensure they assisted people with this. One person told us how staff helped them to call their GP when they were unwell.

The manager wanted staff to have the skills and support they needed to do their jobs well. Staff received a comprehensive induction when they started working for the service. Staff told us they had completed shadow shifts and an induction.

Staff records demonstrated that new staff were provided with training as soon as they started working at the service. They were able to become familiar with the needs of the people they would be providing care for. The manager checked how new staff were performing by shadowing them and by asking people about the care they had received.

The manager used a range of methods to ensure that staff could develop the right skills for their role. We saw documented evidence that staff attended training relevant to the people they delivered care to. Managers met with staff to discuss their training needs and kept a training plan for staff to follow so that they could keep up to date with developments in social care.

Staff supervisions were recorded and managers gave guidance to improve staff knowledge.

The manager had a plan in place to ensure that all staff received an annual appraisal. This gave staff the opportunity to discuss what had gone well for them over the previous year, where they had weaknesses in their skills and enabled them to plan their training and development for the coming year.

Is the service caring?

Our findings

People described the care that they received very positively. People said they liked the staff who offered them choices and gained consent before delivering care. People felt that staff communicated well and told us about staff chatting and talking to them, letting them know what was happening during care delivery. People described that staff were attentive to their needs.

People let us know how important it was for them to be as independent as possible and how staff supported this. People indicated that, where appropriate, staff encouraged them to do things for themselves and also respected people's privacy and dignity. People told us that staff were good at respecting their privacy and dignity. Staff told us that they offered people choices about how they wanted their care delivered.

Information was given to people about how their care would be provided. People signed their care plan. Each person had received a statement setting out what care the

service would provide for them, what times staff would arrive and information about staff skills and experience. People were knowledgeable about the service and told us that there were care plans they could look at in their homes. The care plans enabled them to check they were receiving the agreed care.

People told us they had been asked about their views and experiences of using the service. We found that the manager used a range of methods to collect feedback from people. These included asking people at face-to-face meetings during staff spot checks, calling people by telephone to ask their views and sending people questionnaires. All of the people surveyed were completely satisfied with the service they received.

Information about people was kept securely in the office and the access was restricted to senior staff. The manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Staff understood their responsibility to maintain people's confidentiality.

Is the service responsive?

Our findings

People felt their needs were reviewed and kept up to date and that they were involved in how their care was planned. People told us that they discussed their care needs with staff at each visit.

People's needs were assessed using a range of information which was used to develop a care plan for staff to follow. Care plans were individualised and focused on areas of care people needed. There was evidence that when people started using the service their risk assessments were completed as a priority.

Records showed that people had been asked their views about their care. People told us they had been fully involved in the care planning process and in the reviews of those plans. The manager and the member of staff responsible for updating care plans also delivered care. This enabled them to keep people's care plans and care needs reviewed during care visits. Reviews of the care plan could be completed at any time if the person's needs

changed. We could see that care plan reviews had taken place as planned and that these had been recorded. Staff reviewed people's care notes at each visit to look out for changes to ensure that people's needs were being met.

Staff protected people's health and welfare by calling health and social care professionals if people were unwell. Staff told us about a recent incident where they had called an ambulance for a person they found unwell when they arrived for their call. Staff stayed with the person for reassurance until they had been assessed by the emergency service personal.

People had not made any complaints about the service. There was a policy about dealing with complaints that the staff and manager could follow. This ensured that complaints would be responded to appropriately.

There were good systems in place to make sure that people's concerns were dealt with promptly before they became complaints. There was regular contact between people using the service and the management team. The manager always tried to improve people's experiences of the service by asking for and responding to feedback.

Is the service well-led?

Our findings

The manager had been working at the service since it was registered in May 2014. The manager also spent most of their time delivering care to people. Therefore, people knew the manager well and could talk to them about the service. People told us that the service was well run. They had no complaints about the way the service was managed.

The provider had not complied with the conditions of their registration because they had failed to appoint a registered manager to manage the service. This was recorded on their registration certificate dated 28 May 2014 as a condition of their registration. There had been a registered manager in post until February 2015. The manager told us in April 2015 that they were applying to become the registered manager. However, at the time of this inspection an application had not been received by us to register a manager.

This is a breach of the Health and Social Care Act 2008 and Regulation 6, (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The aims and objectives of the service were set out and the manager of the service was able to follow these. The manager had a clear understanding of what the service could provide to people in the way of care. They told us that they did not take on any new care packages they did not have the resources to deliver effectively. This was an important consideration and demonstrated that people were respected by the manager, who wanted to ensure they maintained the quality of the service for people.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings where people were asked about their views and suggestions; events where family and friends were invited; questionnaires and daily contact with the registered manager, and staff. All of the people who responded to the last survey were, 'Completely satisfied.' This was confirmed by the people we spoke with during the inspection.

There were systems in place to review the quality of all aspects of the service. Audits were carried out to monitor areas such as person centred planning and accident and incidents. The manager had carried out quality audits and the outcomes were recorded. These audits assisted the manager to maintain a good standard of service for people. Care plans, risk assessments and staff files were kept up to date and reviewed with regularity.

Staff were committed and passionate about delivering high quality, person centred care to people. We spoke with staff who were well supported and who had regular and effective communications with their managers.

The manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service. Staff felt they were listened to as part of a team, they were positive about the management team of the service. Staff spoke about the importance of the support they got from senior staff, they told us that the manager was approachable.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

The manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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>Full and robust recruitment checks had not been carried out on some staff employed since the last inspection and the manager and provider were not meeting the requirements of schedule 3 of the care act 2014.</p> <p>19 (1) (a) (3) (a) (b)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 6 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to registered managers</p> <p>The registered person had not complied with the conditions of their registration by appointing a registered manager.</p>