Mum's Helping Hands Limited

Mums Helping Hands Ltd

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection was announced and took place on 7 March 2016. Mums Helping Hands Ltd is a domiciliary care service which provides personal care and support to adults, in their own homes, in Nottinghamshire. On the day of our inspection two people were using the service.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are '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.

At our last inspection on 5 December 2013 we asked the provider to take action to improve recruitment processes so that people were protected against the risk of staff being employed that were unsuitable to work with them. During this inspection we found that improvements to recruitment processes had been made but that further improvements were still required.

At our last inspection we asked the provider to take action to ensure that people had appropriate risk assessments and care plans in place so that care being delivered was appropriate and safe. During this inspection we found that some improvements had been made but risk assessments and care plans were not always in place or regularly updated to effectively reduce the risk of harm to people.

At our last inspection we also asked the provider to take action to ensure that staff were properly supported in their role. During this inspection, we found that improvements had been made to the training that staff received. However, although staff were receiving annual appraisals, regular supervision was not being undertaken and documented in line with the service's policy and procedures.

People were kept safe by staff who understood their responsibilities with regard to protecting people they were caring for from harm or abuse.

People were being cared for by sufficient numbers of staff. The registered manager had recently recruited a new member of staff to help ensure people's care needs could be met. People received the required support with their medicines.

People were encouraged to make independent decisions. Staff understood the principles of legislation designed to protect the rights of people who lacked capacity. However, staff had not received training in this area and the documentation about people's capacity was not adequate.

People received the support they required to meet their nutritional and healthcare needs.

People had positive relationships with their care workers and people's relatives felt that their relation was

treated with kindness and people's privacy and dignity were respected.

People, who used the service, or their representatives, were encouraged to contribute to the planning of their care and to give their views on the running of the service.

The registered manager reviewed some information on a monthly basis to assess the quality of the service. However, systems were not robust to ensure that people's documentation was regularly updated and that accidents and incidents were monitored effectively to provide the best outcomes for people.

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 consistently safe.

Risks to people's health were not regularly reviewed.

Improvements were required in relation to ensuring staff were suitable to work with people.

People were supported by sufficient numbers of staff and received support with their medicines.

Effective systems were in place to recognise and respond to allegations of abuse and there were enough staff to meet people's needs.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were supported to make independent decisions where they were able but capacity assessments had not always been carried out where required.

Staff felt improvements could be made to how they were supported in their role. Staff did not receive regular supervision to ensure they could carry out their roles effectively.

People were well supported with their healthcare and nutritional needs.

Is the service caring?

Good

The service was caring.

People were treated with kindness by staff and their preferences were considered to ensure care was provided in the way they wanted it to be.

People's privacy and dignity was respected and staff were aware of the importance of promoting people's independence.

Is the service responsive?

Requires Improvement

The service not consistently responsive.

Care plans were not always in place in response to people's healthcare needs.

People's care was planned in partnership with them and reflected people's preferences. People were supported to maintain their independence.

People's relatives and staff felt the registered manager would respond to any complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems to monitor the quality of the service were not robust.

People's relatives felt that the registered manager was approachable. The registered manager sought the views of people and their relatives in relation to the running of the service.

Mums Helping 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 7 March 2016 and was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of 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 service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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 received this information as requested. We also checked the information that we held about the service and the service provider and action plans the provider sent us following our last inspection.

We spoke with the relatives of two people who received a service from Mums Helping Hands Ltd by telephone. When visiting the agency office we spoke with the registered manager and we spoke to two care staff over the telephone.

We reviewed a range of records about people's care. These included the care records for two people and two medicine administration records (MARs). We reviewed other records relating to the management of the service such as minutes of meetings with staff, the employment records of three members of staff and the findings from feedback the provider had sought from people.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 5 December 2013, we asked the provider to take action to ensure that care was planned in a way to ensure people's safety and welfare. This was because care plans and risk assessments were not always in place. On this inspection, we found that improvements were still required to risk assessments and care plans to ensure that people's needs were met and risks to people were reduced.

People had a number of risk assessments in place, these included environmental risks and risks specific to the person. However, we found that risk assessments were not always being used appropriately to reduce the level of risk to the person. For example, two people who used the service had been assessed as being at high risk of pressure sores. Neither person had a care plan in place to suggest how risks could be reduced or how the condition of their skin should be monitored. The registered manager confirmed that neither person had a pressure sore at the time of our inspection but could not tell us what measures were in place to reduce the risk. We also found that risks to people were not always regularly reviewed. For example, one person at high risk of pressure sores had not had their risk assessment reviewed for a period of over two years prior to February 2016. This meant that people were at risk of developing a pressure sore as measures to reduce the risk of people may not have been implemented due to their needs not being recognised or acted upon in a timely manner.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Action had been taken to reduce the risks to people in relation to other areas of their care. For example, the registered manager had liaised with people and their relatives to identify and reduce trip hazards within people's homes. For a person with restricted mobility, information was provided to staff about how the support the person to move safely around their home. Staff were also aware of the need to respond to any risk issues. For example, one care worker told us about the response they took in relation to a damaged piece of equipment which reduced the risk of harm to the person.

At our last inspection on 5 December 2013, we asked the provider to take action to determine whether potential staff members were suitable to work with people who used the service. This was because necessary checks had not been made as to whether staff were safe to provide support to people in their own homes unsupervised. On this inspection, we found that some improvements had been made to recruitment processes but that further consideration was needed to ensure that recruitment procedures were safe and robust.

During this inspection, we checked staff recruitment records and saw that criminal records checks were undertaken through the Disclosure and Barring Service (DBS). The DBS supports providers to make safer recruitment decisions. The registered manager and staff we spoke with confirmed that staff did not work unsupervised with people until DBS checks had been completed. However, we found that improvements were required to ensure that information received during the recruitment process had been considered and used to determine whether the person was suitable to work with people. We discussed this issue with the

registered manager who told us that they had considered the information provided, however this had not been documented. We found that proof of ID and appropriate references had been obtained prior to employment and retained in staff files.

People were supported by sufficient numbers of staff. People's relations told us that there were generally enough staff to provide the support their relation required, but that due to the small size of the service, staff cover could not always be arranged when regular workers were not available. One person's relative told us that their relation chose not to have different care workers providing care so arranging cover was difficult. Another person's relative told us, "There have been odd occasions when they cannot help but the carers they have are really good. There's not much to fall back on at the firm if they are off. We live nearby as well but the manager will call out if really needed. It's very rare they cannot do [relation's] care."

Staff we spoke with told us they felt there were generally enough staff working in the service to meet the needs of people, although recently they had been working extra hours due to staff shortages. One staff member told us, "There's usually enough staff to ensure calls are not missed. There has not been enough staff recently and the manager is recruiting new staff." We saw records which confirmed that the registered manager had recently recruited an additional member of staff. The number of missed calls was monitored by the service and we were informed by the registered manager that they would try to arrange staff cover within the service and inform people's families in advance if unable to provide support.

People's relatives told us that their relation received the support they required with their medicines. One person's relative told us, "[Relations] tablets are supplied in a box and the carer helps [relation] take their lunch time ones. This is done ok and all noted." Staff told us that they had received training in the administration of medicines and were confident in providing support. We saw records which confirmed that staff had received training in the administration of medicines and that one staff member had their competency checked in relation to a specific medicine by an external healthcare professional which was documented. The registered manager told us that they observed staff supporting people with medicines to ensure their competency; however no documented record of observations were made.

We reviewed medication administration records (MARS) and saw that staff had completed these appropriately. People's relatives told us that staff responded to changes in medicines appropriately and we found that changes had been made to the MAR sheet when necessary.

People's relatives told us that they felt their relation was safe in the hands of the service and the care workers who provided support. One person's relative said, "[Relation] always sounds very safe and at ease with [care worker] and the [care worker] will say if [Relation] is ok or not after each visit." Another person's relative told us, "[Relation] seems very much at ease with them and it's all safe."

People could be assured that staff knew how to respond to any allegations of abuse. A safeguarding policy was available within the service and staff had received training in safeguarding people from abuse. The staff we spoke with were aware of the need to report any allegations of abuse to the registered manager and escalate these to external agencies if needed. Staff felt that the manager would take the required action in response to any allegations of abuse. One care worker explained, "I would report any concerns to my manager. I would work alongside the manager to take action". No safeguarding concerns had been raised by the service in the past twelve months however, the registered manager was aware of their responsibilities in relation to this.

Requires Improvement

Is the service effective?

Our findings

We received mixed feedback from the staff we spoke with about the support they received as employees of Mums Helping Hands Ltd. We found that staff did not receive regular formal supervision and one member of staff, out of the two we spoke with, felt that improvements could be made to the support they received. This meant that there was a risk that some staff may not be receiving sufficient support to enable them to carry out their roles.

People's relations felt that care staff were competent in meeting their relations needs. One person's relative told us, "They do provide the care, and its good and what is needed." Another person's relative told us, "[Relation] is happy with (care that is provided)."

The staff we spoke with confirmed that they had undertaken an induction when they began working at the service, which included reading people's care plans and 'shadowing' the registered manager or other care workers. Care workers told us that they were usually given the opportunity to meet with people prior to providing care, One staff member told us, "[Registered Manager] told me everything. I wasn't thrown in at the deep end. [Registered Manager] took me to meet with clients." The registered manager told us that they now introduced all new staff to people using the service.

People were supported by care workers who had received the training required to meet their needs. The staff we spoke with felt that they had received training relevant to their roles and could request further training if required. Records confirmed that staff had received training in a variety of areas appropriate to their roles such as moving and handling, safeguarding adults and fire safety. One member of staff supported a person with their medical condition and had received training specific to the person's condition and medication administration from an external healthcare professional. This meant that the staff member was provided with sufficient knowledge and skills to help ensure that care was delivered effectively.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. People's relatives gave examples of their relation making decisions about how they were supported, and people's views being respected. Staff told us that the people they supported gave their consent to care interventions and made decisions about the support they received such as what time they got up and what they ate. Staff told us, and records confirmed they had not received training specific to the MCA. However, staff demonstrated an awareness of the legislation and its overriding principle.

We reviewed documentation and found that each person had a capacity assessment which had been carried out by the registered manager. However the reason for the capacity assessment and the outcome for

the person was not clear. We spoke to the registered manager about the need for a capacity assessment to be decision specific in line with the legislation. We found that people's capacity to consent to staff assisting them with medication or personal care had not been assessed and people's care plans had been signed by the person's relative. Therefore, it was not clear that the person had consented to the care being provided or, if they lacked capacity, that an appropriate best interest's decision had been made.

People's relatives told us that their relations were supported by care workers to eat and drink enough. One person's relative told us, "[Care worker] does [Relation's] food and will leave a salad or some sandwiches for later and [care worker] does a log with everything in it." Another person's relative told us, "They help [Relation] at lunch times and do [Relations] meals as well."

People had care plans in place which contained clear and person centred information about how the person should be supported to maintain their nutritional needs. For example, one person's care plan contained information about how the person liked to take their drinks. Another person's care plan contained information about how the person could be encouraged and supported in relation to healthy eating. People's nutritional risk had been assessed and care workers recorded the support they provided during mealtimes. Staff were able to tell us about how they would ensure people's nutrition and hydration needs were met.

People's relatives were confident that should the health of the person who used the service deteriorate, staff would respond appropriately. One person's relative told us, "When [Relative] is ill [care worker] will link up with the District Nurse. [Care Worker] will work together with them whenever it's needed and with the Diabetes Nurse as well."

Staff told us that they liaised with people's families and external healthcare professionals as required to ensure that people's healthcare needs were met. People were supported by staff to maintain their healthcare by staff monitoring their healthcare condition and supporting them to attend appointments, such as Chiropody and Specialist Clinics as appropriate. People's care records provided details of healthcare professionals involved with the person.

Good

Is the service caring?

Our findings

People's relatives told us that care workers were considerate and that their relations enjoyed the company of care workers. One person's relative told us, "[Care worker] who does [Relation's] care is very polite and respectful. They are like friends and have a laugh."

The staff we spoke with were very knowledgeable about the needs of the people they supported as well as their backgrounds, interests and preferences. Staff gave us examples, and records showed that care workers attempted to be flexible to meet the needs of the people they supported. For example, we saw that the times that care was delivered had been changed on occasion at the person's request. Records showed that the person had requested the care worker arrive earlier than planned on one occasion so that the care worker could watch a specific TV programme with them. On another occasion, we saw that the person had requested changes to the support they normally received as they wanted to go to bed later. Records confirmed that staff had been flexible to accommodate people's requests.

We saw that people's care plans contained information about what the person considered to be important to them such as important people in their life. Care plans also reflected ways in which people were supported with their independence. For example, each care plan included a section entitled, "Things I am able to do" and contained information about what the person was able to do without support.

Care plans were reviewed with people who used the service and their relatives on an annual basis. People's relatives confirmed that yearly reviews were arranged by the registered manager and involved the person and family members. We saw documentation which confirmed that reviews had been carried out and that the views of the person's key worker had also been sought. People's care plans had been signed by the registered manager and the person's relative. We saw that one person had requested that their relation signed their care plans on their behalf; it was not clear why the person had not signed their own care plans. We spoke to the registered manager about this who told us they would address this.

We found that people were provided with details of advocacy services, in the event these were required. The registered manager informed us that no one who was using the service currently required an advocate as people felt able to speak for themselves or had family members who advocated on their behalf but that people would be supported to do so if needed. Advocates are trained professionals who support, enable and empower people to speak up.

People were supported to have their privacy and were treated with dignity. People's relatives confirmed that care workers respected their relation's privacy and dignity. Comments included, "Yes they do [Relation's] care with dignity and privacy", and, "The carer helps [Relation] with personal care and for instance [care worker] helps [Relation] to have a shower when [Relation] chooses. It's done with dignity and safely." Staff we spoke with showed a clear understanding of the importance of treating people with privacy and respect and were able to give us examples of this, for example, when providing personal care. We saw that information about how the service sought to respect people's privacy and dignity was included in information given to people who used the service. People were invited to speak to the registered manager if

they felt their privacy or dignity was not being respected.

Requires Improvement

Is the service responsive?

Our findings

We found that care plans were not always in place in response to a person's healthcare condition. For example, an initial assessment undertaken by the registered manager had identified that a person had a medical condition. There was no corresponding care plan as to how the person's medical condition should be monitored and what action the care worker should take in the event the person's health deteriorated. The care worker who supported the person was knowledgeable about the person's medical condition and had received specific training which enabled them to provide support safely; however, the lack of care plan meant that the care worker was not supported with documented guidance.

People's care and support was planned in partnership with them and their relatives. Records confirmed that an assessment of people's needs had been carried out by the registered manager prior to care being delivered. People's relatives felt that care workers were able to meet their relations individual needs and respected people's choices and preferences.

People gave their views about the support they received by completing annual surveys about the service and the way in which their care was delivered. This information was sought when a review of the person's care was carried out and we saw that people's care plans had been updated if required. People's views about their strengths and levels of independence were taken into account during care planning and care plans included information about what the person could do for themselves, what they required support with, and what achievements they had made.

Staff we spoke with told us that people's care plans were useful, kept up to date and helped them learn about the person. One staff member told us, "We have time to read care plans. They are kept updated and very useful. You learn a lot about the person."

People's relatives felt that care workers knew their relation well and would support them to engage with activities if requested. One person's relative told us, "They go out just occasionally as [Relation] is happy to mostly stay at home. It's [Relation's] choice anyway, but they might go out, like if they go to the shops."

Staff we spoke with gave examples of how they supported people to retain their independence and celebrated the achievements of the people they supported. One care worker told us about the improvements that one person had made in relation to their mobility and how this had improved their quality of life.

People's relatives were aware that they could make a complaint if they were not happy with the service being provided. One person's relative told us, "Over the past few years I have had to complain about things like billing or some minor things but nothing serious." The person told us that the registered manager had taken action and the issue had been resolved.

Care workers understood that people who received a service should feel able to raise concerns and were able to tell us how they would respond to any complaint raised. The staff members we spoke with felt that

any concerns would be responded to by the registered manager. The registered manager told us that the service had not received any complaints in the twelve months prior to our inspection. We saw that people were provided with information about how to make a complaint about the service and were provided with contact details of external agencies in the event that they wished to escalate concerns further.

Requires Improvement

Is the service well-led?

Our findings

People could not be assured that the quality monitoring of the service was robust and effective. The registered manager told us that they monitored the quality of the service by reviewing care records completed by staff and feedback from people and their relatives. The registered manager told us that care records were reviewed on a monthly basis by themselves or a member of the administration team and any issues arising from the review were discussed with staff. We reviewed care records and found these to be completed as required. No record was made of the reviews carried out by the registered manager, any issues identified or actions taken so it was not possible to identify whether the reviews were effective in identifying and addressing any issues.

We saw that accident and incident forms were stored within people's monthly care records. The registered manager told us that these were also reviewed on a monthly basis however; no record was made in order to identify any trends which may reduce the risk of further accidents or incidents. Therefore there was a lack of analysis in making sure that incidents had been responded to appropriately and identify whether risks of a future occurrence could be reduced.

Systems in place for producing, reviewing and auditing care plans and risk assessments were not effective. The registered manager was responsible for producing and reviewing people's care plans and risk assessments. We found that there were not always care plans in place when a person had an identified medical condition and that risk assessments had been reviewed infrequently. For example, one person's falls risk had not been updated for a period of two years until February 2016. Although the person was assessed as being at low risk of falls, they did have needs associated with their mobility and there was a chance that any changes in the risk to the person would not be identified and acted upon appropriately.

At our last inspection on 5 December 2013, we asked the provider to take action to ensure that staff received sufficient supervision to enable them to deliver care safely and that recruitment procedures were improved. The provider sent us an action plan telling us about the improvements they would make. On this inspection, we found that not all of the improvements had been made. For example, looked at the records of staff supervision and found that although staff had received yearly appraisals, there were no records of regular supervision between the registered manager and care workers throughout the year.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's relatives told us that their relation was happy with the care that they received from the service. One person's relative told us, "[Relation] really benefits from the care. It's helping [Relation] to be at home." People's relatives confirmed that they were aware of who the registered manager was and found them to be approachable.

The service had a registered manager in place that was aware of their responsibilities. We had not received any notifications from the service in the last 12 months; however, records did not suggest that we should

have received any. We received mixed feedback on how well staff felt they were supported by the registered manager. Staff felt that they received constructive feedback on their performance and were supported through training. However staff were not supported through the use of regular supervision. Staff told us that they were able to contact the registered manager outside of office hours for support and that the registered manager would cover staff absences to deliver care to people on occasion.

People and their relatives had a chance to have their say on how the service was run via an annual review and survey. One person's relative told us, "They do a yearly review. They go through things." We saw that the surveys did give people a chance to comment on the support they received, that changes had been made to people's care plans where required. Staff also felt that they were able to comment on the running of the service and make suggestions and that changes were made as a result. We saw that staff meetings involved two way communication and that staff raised issues which were responded to by the registered manager. One staff member gave us an example of suggesting that paperwork was introduced to ensure that domestic tasks had been completed and told us that this had been introduced.

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 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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users. 2 (a) assessing the risks to the health and safety of service users of receiving the care or treatment. (b) doing all that is reasonably practicable to mitigate any such risks.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 2 (c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided (d) maintain securely such other records as necessary to be kept in relation to (i)□Persons employed in carrying on of the regulated activity, and (ii)□The management of the regulated activity .