

HH Community Care Limited

Helping Hands - East Northumberland

Inspection report

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Date of inspection visit:

13 May 2019

14 May 2019

15 May 2019

16 May 2019

24 May 2019

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05 July 2019

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?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Helping Hands - East Northumberland provides personal care to adults with a range of health issues in their own homes. At the time of the inspection 439 people were supported in this way.

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

Medicine recordings needed to further improve as staff had not always recorded creams and ointments they applied to people or informed the main office when changes had occurred. People, their relatives and staff told us that travel time between care calls was not always enough and sometimes calls were not at the time agreed.

People and their relatives said staff were kind and caring, and confirmed people's dignity and respect was maintained. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People received enough food and drink if this was part of the care provided.

The provider and staff were open and transparent and had a range of quality assurance checks in place to monitor the care provided.

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 this service was requires improvement (published on 13 June 2018) and there was one breach of regulation 12 (safe care and treatment). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations, but some further work was required to fully embed processes and systems.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. We will work with the local authority to monitor progress. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Helping Hands - East Northumberland

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector, an assistant inspector and Two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Helping Hands – East Northumberland is a domiciliary care agency. It provides care to people living in their own homes.

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 48 hours' notice of the inspection visit because we wanted to visit and telephone people in their homes and needed to give them notice and receive their consent. Inspection activity started on 13 May 2019 and ended on 24 May 2019. We visited the office location on 13, 16 and 24 May 2019.

What we did

Before the inspection we looked at information received from the service, including incidents or any allegations made. We used the information the provider sent us in the provider information return. This is

information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Any comments received supported the planning and judgements of this inspection.

During the inspection

We telephoned 25 people who used the service and eight relatives. We visited eight people with four of their relatives. We spoke with the registered manager, deputy manager, head of homecare and compliance, managing director, project/IT lead, two care and support officers, two schedulers and 15 care staff.

We looked at 30 people's care records, and medicines records for 25 people. We reviewed records relating to the management and quality assurance of the service, which included 10 staff personnel records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted district nursing teams, a specialist Motor Neurone Disease nurse and five team managers. The registered manager and provider send us various information requested in a timely manner.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as required improvement. At this inspection this key question has remained the same. Some aspects of the service were not always safe.

Using medicines safely

At the last inspection the provider had not managed medicines safely and this was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made but we found some ongoing issues with staff recording of medicines.

- Medicines records were not always in place or up to date. Staff applied creams or eye drops with no directions recorded and had not always alerted the provider when changes to people's medicines had occurred.
- People's medicine lists were not all up to date. The registered manager told us they were addressing the issues we highlighted.
- Staff were trained to administer medicines safely. Staff completed three medicine competency assessments before being considered competent, including one from the organisations training officer.

Staffing and recruitment

- Safe recruitment procedures were followed.
- There were enough staff to deliver people's care, although some calls were not always at the time people expected. A continuous recruitment drive was in place to ensure enough care staff were available.
- Continuity of staff was strived for, although this was not always possible due to sickness, holidays and other unforeseen events.

Assessing risk, safety monitoring and management

- People had risk assessments in place. However, these did not always contain person-specific information, for example in relation to catheter care. We discussed this with the registered manager who confirmed these would be updated straight away.
- Environmental risks and potential hazards within people's homes had been identified and were managed appropriately.
- A business continuity plan was in place and described how people would continue to receive a service despite events such as bad weather.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their safeguarding responsibilities and the provider's procedures to keep people safe. Staff were confident to 'whistle-blow' to other organisations, such as the local authority or CQC, if required.
- The provider had reported any safeguarding concerns to the CQC or the local authority in line with their legal requirements.

Preventing and controlling infection

- Staff followed safe working practices to maintain good hygiene. This included wearing gloves and aprons to minimise the risk of spreading infection. Stock of this equipment was readily available.

Learning lessons when things go wrong

- There were systems in place to investigate incidents and accidents. The registered manager told us they would investigate incidents to look for causes and trends to prevent repeat occurrences.
- The registered manager had acted on requests by people to change staff who cared for them when they felt it was not working for them.

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.

At the last inspection this key question was rated as required improvement. At this inspection this key question has now improved to 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

- Senior staff assessed people's care needs prior to care commencing. Their assessments helped to confirm if the service could provide suitable care.
- Senior staff met with people and their relatives to help identify their care preferences. They also used assessments from social workers and health professionals to put detailed care plans in place.
- Assessments considered people's protected characteristics under the Equality Act 2010 and these were recorded within their care plans.

Staff support: induction, training, skills and experience

- Staff received suitable induction. One staff member said, "I had two weeks shadowing. They did ask me if I was comfortable to work on my own. I said I wasn't, so they gave me more shadowing."
- Staff completed mandatory training such as moving and handling, as well as training specific to people's individual needs, such as catheter care.
- The provider had a system to monitor that staff training and competency checks were up to date. Some gaps were noted, but the provider was working with staff to ensure these were addressed.
- Staff felt supported in their role. Staff received support and guidance through supervision, team meetings and spot checks. We noted some gaps in supervision and appraisals, but the registered manager had planned these to take place.

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

- People were supported to have access to food and drink that met their dietary needs if this was part of their planned care package.
- Care plans detailed people's preferences, likes and dislikes.

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

- Care plans detailed people's health and medical needs.
- When appropriate care staff recommended that people consulted healthcare professionals.
- The registered manager told us they worked in partnership with district nurses, occupational therapists and GPs to meet people's needs. Where advice was given from professionals this was noted in people's care files for staff to refer to.

Ensuring consent to care and treatment in line with law and guidance

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

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- The staff were working within the principles of the MCA.
- Care staff sought consent each time they carried out personal care with people.
- The service checked if people had a lasting power of attorney (LPA) in place. (LPA) is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future. Copies of documentation was not always available. The registered manager was going to make sure they reviewed this.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well cared for by staff. One health care professional said, "I must say I find the care that is provided is of a very high standard. The carers work very hard and consistently maintain professionalism in a very sensitive, demanding and stressful environment."
- People told us staff listened to them and were gentle and empathetic. One person said, "My relationship with the carers is brilliant."
- Staff knew people well and visa versa. One person said, "I know all my carers by name and can have a chit chat with them."
- Care plans detailed people's cultural and faith needs. One care plan detailed the person was of a specific faith, although they did not require support in this area from staff at the current time.

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

- People were involved in decisions about their care, including day to day choices. The management team contacted people by telephone or via visits. One person said, "Management staff do ring me from time to time just to oversee that everything is going to plan and there is an opportunity to raise any issues if I needed to."

Respecting and promoting people's privacy, dignity and independence

- People were respected by staff, including calling them by they name they preferred.
- Independence was supported. Care plans detailed how much support people required, and how much they could do themselves. One staff member said, "Its important to let people do things for themselves if they can."
- Dignity was maintained. People told us that staff made them comfortable when being provided with personal care.
- The provider recognised people's rights to confidentiality. Care records were stored securely in locked cabinets in the provider's office.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as required improvement. At this inspection this key question has remained the same. People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff were not always given enough travelling time between visits.
- The majority of care calls were made. From the small number of missed or late calls seen, we found no harm or major impact on people had occurred. However, some people told us they did not always receive their calls at the time preferred. The provider had implemented a new electronic rota system which was still being embedded to address these issues.
- People's individual care needs, and preferences were discussed and recorded for staff to follow.

Meeting people's communication needs

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

- People's accessibility needs were met. Care plans were in place to describe any specific communication needs. One person said, "I'm registered blind and carers are very supportive in preparing my meals and reading back my letters."
- People's preferred methods of communication were recorded.

Improving care quality in response to complaints or concerns

- Complaint procedures were available within 'service user guides' and all the people we spoke with knew how to complain if they needed to.
- Complaints were recorded and addressed. One person said, "I've phoned them (office), left a message and they have responded. I am quite happy with them."

End of life care and support

- End of life referrals to the organisation were prioritised.
- The provider worked well with other healthcare professionals, including district nurse teams, to ensure that people received tailored support promptly.
- Where advance decisions had been made, these were recorded in people's records.

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 the last inspection this key question was rated as required improvement. At this inspection this key question has now improved to good. The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

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

- The culture within the service was open and transparent. The management team were honest with inspectors about the issues the service faced but were able to show how they planned to address these.
- Person centred care was promoted. Care plans were continually being developed to ensure they had detailed information about people's individual needs. The provider had a plan in place to review and further improve these.
- Policies and procedures were available to staff on their work mobile phones to support them in delivering high quality care.
- Duty of candour was met with clear communication with people and relatives when things went wrong.

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

- Staff understood their roles. They were confident any issues or concerns would be acted on.
- The provider was vigilant in reporting and investigating any concerns or issues, particularly of a safeguarding nature. This included communication with relatives when necessary.
- The previous inspection report and rating was displayed prominently in service.
- The registered manager used a system of audits to monitor and assess the quality of the service provided. These included medicines and care planning. Where issues were identified remedial action was taken, including disciplinary action with staff where necessary. The provider was reviewing these procedures to ensure enough staff were in place to maintain these checks.

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

- Communication methods were in place for staff to contact the management team, including via work mobiles, meetings and email.
- Engagement with people and their relatives was good. The provider had used questionnaires to ask people about their experiences of the care they had received, with responses being mostly positive.
- The majority of people told us they would recommend the service to others.

Continuous learning and improving care

- Regular meetings took place with the management team to discuss any issues and learn from any

concerns arising. Daily office staff meetings took place to work through any issues arising and agree actions to take.

- Incidents or accidents were reviewed for continuous learning and improvement of the service.

Working in partnership with others

- All staff at the service continued to work with other professionals such as hospital teams and care managers from the local authority.