

Help In Newham Limited

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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?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We inspected Help in Newham Limited on 21 November 2016. This was an announced inspection. We informed the provider 48 hours' in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. This was the first inspection of the service since it was registered with the Care Quality Commission.

Help in Newham Limited provides support with personal care to adults living in their own homes. The service was providing a service to 16 people at the time of our inspection.

The service had a registered manager in place. 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.

Medicines were not always managed safely. The service was not always recording medicines for people. The service was not assessing the risks for people who were supported with medicines. Risk assessments were not robust. Risk assessments contained minimal information and did not always give clear guidance to staff how to support and protect people. Detailed environmental risk assessments had not been carried out in and around people's homes to ensure the safety of people and staff.

The registered manager was not clear about their responsibilities in relation to supporting people in line with the Mental Capacity Act 2005.

Recruitment and selection procedures were not always safe. Staff records showed interview records were not completed for new staff members. Recruitment and selection procedures were not always carried out in line with the provider's policy and procedure and may place people using the service at risk of harm by unsafe recruitment and selection practices.

Formal supervision to provide staff support and development required to carry out their role was not being provided by the service. Staff told us they received induction training. However records showed there was no evidence of new staff receiving suitable induction training. The lack of records with induction and shadowing meant the provider could not demonstrate new staff had the skills and knowledge to support people well. We have made a recommendation about induction being recorded.

Systems were not robust to ensure the delivery of high quality care. During the inspection we identified failings in a number of areas. These included managing risks, medicines, record keeping, consent to care, recruitment and supporting staff. These issues had not always been identified by the provider which showed there was a lack of robust quality assurance systems in place.

Staff had undertaken training in safeguarding adults and had a good understanding of their responsibilities with regard to this. We found there was enough staff working to support people in a safe way in line with their assessed level of need.

Staff received regular training and were knowledgeable about their roles and responsibilities. Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported. Care plans were reviewed regularly.

The registered manager was open and supportive. Staff, people who used the service and relatives felt able to speak with the registered manager.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of this report.

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 always safe.

Medicines were not always managed safely. Risk assessments contained minimal information and did not always give clear guidance to staff on how to support and protect people. Recruitment and selection procedures were not always safe.

Staff were able to explain and identify what constituted abuse and what action they would take to raise concerns.

Staffing levels were in line with people's needs and staff cover arrangements were effective.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Formal supervision to provide staff support and development required to carry out their role was not being provided by the service. People were not supported in line with the principles of the Mental Capacity Act 2005. The service was not documenting induction training for new staff.

People were supported with meal preparation and staff had a good understanding of people's individual preferences and nutritional needs.

Staff had a good understanding about the current medical and health conditions of the people they supported.

Is the service caring?

Good ●

The service was caring.

Staff developed positive and caring relationships with people using the service.

The service supported people to express their views and be actively involved in making decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised. People's needs were assessed and care plans to meet their needs were developed and reviewed with their involvement. Staff demonstrated a good understanding of people's individual needs and preferences.

The service had a complaints procedure. People who used the service and their relatives were confident on how to make a complaint.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Cotemporaneous records of care were not always stored effectively. There was a lack of robust quality assurance systems in place.

The service had a registered manager in place. Staff told us they found the registered manager to be approachable and open.

Help In Newham Limited

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 21 November 2016 and was announced. The provider was given 48 hours' 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. Before the inspection we reviewed the information we held about this service. This included details of its registration with the Care Quality Commission. We spoke with the local authority commissioning team with responsibility for the service, the local Healthwatch, and the local borough safeguarding team.

During our inspection we went to the provider's office. We spoke with the registered manager. After the inspection we spoke with three care workers and the quality officer. We also spoke with three people who used the service and two relatives. We looked at five care files, daily records of care provided, four staff recruitment files including training records, and policies and procedures for the service.

Is the service safe?

Our findings

Medicines were not always managed safely. The registered manager told us two people out of the 16 people receiving personal care had support with their medicines. However records showed for a third person that they had a medicines care plan in place. The care plan stated, "I require prompting support at all times to take my medication." We asked the registered manager for the Medicine Administration Records (MAR) for this person. The registered manager told us this person did not have a MAR record because they were only prompted with their medicines. We had a discussion with the registered manager if anyone else had assistance with prompting with medicines and she told us one more person did. Good practice guidance states "When care is provided in the person's own home, the care provider must accurately record the medicines that care staff have prompted the person to take, as well as the medicines care staff have given." The registered manager advised us after the inspection all people receiving support including prompting with their medicines now had a MAR record in place.

Records showed people did not have medicines risk assessments in place. The registered manager told us this was discussed with people when they were initially assessed and reviewed. However this did not reflect clearly in records. The registered manager advised us after the inspection that all people who were supported with medicines would be assessed by November 25 2016. The above issues meant people were at risk of not receiving their medicine consistently and safely.

Risk assessments were not always robust. People had assessments which identified risks in relation to their toileting, mobility, personal care and manual handling. However these risk assessments contained minimal information and gave no clear guidance to staff to follow to protect the person from risk and promote their independence. For example, one risk assessment stated that a person was at risk of falls when transferring from the bed. The risk assessment stated "To continue to receive care in bed until further instruction." Also the provider did not complete detailed environmental risk assessments to protect staff when going into people's homes for all people that used the service. Staff we spoke with had an understanding of people's risks and could explain what they would do to minimise these. The inconsistencies in risk assessments meant there was a risk that people and staff did not receive safe support.

The above issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment and selection procedures were not always safe. Staff recruitment files showed interview records were not completed for staff members. The provider's policy stated that two employer references should be sought prior to employment. We did not see records of this in some staff files. Four out of the five staff files we looked at only had one reference. Disclosure and Barring Service (DBS) checks had been requested but not returned for two staff members working in people's homes. This posed a risk as the service could not be assured people who were vulnerable were cared for by suitable staff. We reviewed the recruitment policy which stated "care workers must not be employed unless they have been confirmed as not listed on the DBS register." The DBS check helps employers make safer recruitment decisions and identifies if staff have any criminal records or are barred from working with vulnerable adults. The registered

manager responded appropriately by replacing these staff with staff who were DBS cleared.

The above issues were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service and relatives we spoke with told us they felt the service was safe. One person when asked if the service being provided was safe replied, "I do." Another person told us, "[Staff] make sure I am safe before they go." One relative said, "My [relative] is safe."

The service had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the registered manager. One staff member told us, "I would report it to [registered manager]." Another staff member said, "I would report it straight back to [registered manager]. That's what I've been told to do."

The registered manager told us there had been one safeguarding incident since the service had been registered. The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the Care Quality Commission (CQC) and the local authority. This meant that the service reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively.

All care staff had completed first aid training. Emergency 24 hour on call numbers were given to people when they first started using the service and to staff when they were first employed so they could contact the service out of hours if there was an emergency or if they needed support. All the care staff we spoke with were aware of how to respond in the event of an emergency to ensure people were supported safely.

People who used the service and their relatives told us their care staff usually arrived promptly and would stay for the allotted amount of time. If there were any problems they said the registered manager or the care worker would call them. One person told us, "No, not really late. Usually on time. Never had it happen." Another person said, "[Staff] late cause of traffic but not very often. [Registered manager] rings me if they are running late." A third person said, "They [staff] come on time." A relative told us, "They [staff] can get caught up sometimes. One had to wait for an ambulance. The carer will call me."

Is the service effective?

Our findings

The provider had a supervision policy which stated all staff would have formal supervision sessions at least four times a year. There were no records to show that staff had received formal supervision. Staff we spoke with told us they had not received formal supervision. We discussed this with the registered manager who told us she had not done formal supervision since the service started providing personal care to people from November 2015. This meant staff were not supported in supervision to enable to carry out their duties.

The above issue was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

Staff had an understanding of the MCA and how the act should be applied to people living in their own homes. Staff explained how they supported people to make choices about their daily lives. Staff also told us they spoke with people who used the service and family members to get an understanding of people they supported and their likes and dislikes. People and relatives told us staff asked their consent before providing care to them.

Care plans had a section called "your mental health" which recorded if a person had capacity to make decisions. However the provider did not have records of mental capacity assessments, records of best interest meetings, or exploration of whether people using the service had entrusted decision-making responsibilities to other people such as through a Lasting Power of Attorney. For example, one care plan stated the person would like their medicine placed in their food when feeding them. This is called covert administration of medicines. 'Covert' is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in a drink. It was not clear in the care plan if the person had consented for covert medicines and if so, how this decision was made. The registered manager told us written consent to provide care was from social services and they did not have to do mental capacity assessments. Care files did not show written consent from social services. Records showed care plans did not have signed consent from people which meant there was no record establishing that people agreed to care provided by the service. The registered manager advised us after the inspection that consent for care forms will be implemented for all people by 2 December 2016.

The above issues were was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed staff had completed training specific to their role. Training included health and safety, moving and handling, emergency first aid, food hygiene, infection control, safeguarding adults, medicines,

fire safety and dementia. The registered manager told us all training had been completed for the last twelve months however training records did not show dates of training completed. The registered manager told us they would update the records to reflect when training had been completed. One staff member told us, "I had training on Friday about manual handling. I have done mental capacity training."

People who required assistance at meals times had a care plan for this. The plans described the support people needed for example with the preparation of meals and with eating and drinking. People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members and staff were required to reheat and ensure meals were accessible to people who used the service. One person told us, "They [staff] do my breakfast. They ask what I would like. I have frozen meals." Another person said, "In the morning they [staff] do my breakfast."

Care records in people's homes included the contact details of their GP so staff could contact them if they had concerns about a person's health. Where staff had more immediate concerns about a person's health they called for an ambulance to support the person and support their healthcare needs. One staff member told us, "I believed [person who used the service] had a stroke and I called an ambulance."

Records showed there was no evidence of new staff receiving suitable induction training. The registered manager told us induction is up to two weeks which includes shadowing staff. Staff we spoke with told us they received induction training when they started at the service. One staff member said, "I did shadowing for three days." Another staff member told us, "I was shadowed for two weeks until [registered manager] was happy with me." A third staff member said, "I did have an induction which involved training and shadowing." The lack of records with induction and shadowing meant the provider could not demonstrate new staff had the skills and knowledge to support people well.

We recommend the provider seeks information and guidance from a reputable source to introduce a proven regime of staff induction, and observational assessments of staff.

Is the service caring?

Our findings

People and their relatives told us that they felt the service was caring. One person said of their carers, "They [staff] are caring." Another person said, "They [staff] treat me as one of them. We have a laugh." A relative told us, "[Staff member] is a real darling. Makes me and [relative] feel cheerful. She is a lovely girl."

Positive, caring relationships had been developed with people and their relatives. The staff we spoke to were enthusiastic and clearly cared about the people they supported. One staff member told us, "Whenever I go I will read the care plan and build up a relationship. It's like having a new friend." The same staff member said, "I like to have a talk to them. They get lonely." Another staff member told us, "I have regular clients. I strike up good relationships by (reading) through the care plan and going everyday."

People were involved in making choices about their care. One member of staff told us, "We ask questions and do what they want. Sometimes they want a shower or strip wash." Another member of staff told us, "I will always ask what they want." One person told us, "They [staff] ask me what I want done. I tell them." Another person said, "They [staff] ask what I would like."

Staff told us how they made sure people's privacy and dignity was respected. They said they explained what they were doing and sought permission to carry out personal care tasks. One staff member told us "I will ask how [person] wants things done. Ask where they want me to wash." The same staff member said, "I will wash one half and then let them dress and then wash the other half so that they are never completely naked." One person said, "They [staff] ask me if I wanted my back washed. Very respectful to me." Another person told us, "Never known them [staff] not to be courteous." A relative said, "They [staff] all treat me with respect." People's cultural and religious needs were respected when planning and delivering care. For example, where possible, staff respected people's wishes when preparing culturally specific food.

Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service. One staff member said, "It doesn't bother me. I am very open minded. I have gay friends." Another staff member told us, "It would be exactly the same care. Every client is treated the same."

The provider ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely so that personal information about people was protected. When staff spoke about people they did so in a kind and respectful way. They did not openly discuss personal information about people to ensure information was kept private.

Is the service responsive?

Our findings

People using the service and their relatives told us they felt the service was responsive to their needs. One person told us, "I wanted a chair for my kitchenette. I told [staff member] and I got it in a couple of days. It was done through occupational health." A relative told us, "[Staff] do listen. They ask what I want."

An initial assessment was undertaken with people before a support service was commenced so the registered manager was satisfied that the service was able to provide the support required. People were fully involved in their assessment with the opportunity to say how they would like their support and state their preferences for the time of their visits. Family members were involved in the assessment where appropriate to support their relative. People were asked about their health conditions and the care and support they required. One relative told us, "[Registered manager] came around to see me before [care package] started. To see what indoors was like and what my [relative] wanted."

The care plans were reviewed monthly with the person and their relatives, so they could give their feedback about what they liked and what they wanted changed. Records confirmed this. People told us they were happy with their care plans and their involvement in their care. One person told us, "I have a support plan and I can give input. No reason why I can't change it." Another person said, "[Quality officer] came in and assessed me and said she will be back in a month's time." The care plans contained detailed guidance for staff about how to meet people's needs. There was a wide variety of guidelines regarding how people wished to receive care and support including finances, physical health, medicines, personal care, social interests and mental health. The care plans were written in a person centred way that reflected people's individual preferences. For example, one care plan stated what foods the person liked to eat at breakfast. Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans.

The service had a system in place to log and respond to complaints. There was a complaints procedure in place. This included timescales for responding to complaints and details of who people could escalate their complaint to, if they were not satisfied with the response from the service. One person told us, "If I was not happy with something I would ring up [registered manager]." One relative told us, "If I had a complaint I would speak to [registered manager]." The registered manager told us there had been one complaint since the service was registered. Records showed the complaint had been logged and was in the process of being responded to.

Is the service well-led?

Our findings

Records were not always accessible and complete. During the inspection we asked for various documents. However these were not always accessible. For example, we asked the registered manager for a risk assessment for one person who used the service however she advised she could not find it. Another example, we asked to see the safeguarding policy however it could not be located on the day of the inspection and had to be sent after the inspection. Contemporaneous records of care were not always stored effectively. There were two systems in use for the storage of records, a computerised system and a paper based system. When records were requested it was not always clear which system was in use and there was no systematic way for the registered manager to identify which system had been used for a particular person.

The service had a medicine policy that stated, "regular audit of medication records in order to confirm that the standards of practice and record keeping." The registered manager told us the service was not completing medicine audits for people being supported with medicines. The registered manager told us and records showed medicines were checked monthly with a spot check. Records showed the spot check looked at medicine administration records which included checking it had been completed satisfactorily. The registered manager advised us after the inspection the service will start completing weekly medicine audits whilst still doing monthly spot checks.

Systems were not robust to ensure the delivery of high quality care. During the inspection we identified failings in a number of areas. These included managing risks, medicines, record keeping, consent to care, recruitment and supporting staff. These issues had not always been identified by the provider which showed there was a lack of robust quality assurance systems in place.

The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us and records showed the service completed monthly spot checks at people's homes. Spot checks looked at care records, staff attendance, medicines, and feedback from people who used the service. Feedback was positive from people who used the service. Comments included, "They do treat me with lots of respect", "[staff member] is the best", and "[staff] are great." The registered manager told us she had recently employed a quality officer and part of the role was doing monthly spot checks.

There was a registered manager in post. Staff spoke positively about the registered manager. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. One staff member told us, "[Registered manager] is on the other end of the phone if there is a problem." Another staff member said, "She is wonderful. Always there when I call. Very informative. She does get back to you. I'm very happy." A third staff member told us, "She is the perfect boss. She comes up with ideas to improve the service."

People who used the service and their relatives told us they had regular contact with the registered

manager. One person told us, "[Registered manager] seems to be fine." Another person said, "Very good. [Registered manager] said I can phone day or night. She phones me back straight away. I've got no complaints." A relative told us, "If I'm not satisfied I tell [registered manager] straight away. She's that sort of lady."

The registered manager told us staff could contact her at any time if they needed support. Staff confirmed that they felt supported by the registered manager and she was readily available. However the registered manager and staff told us they do not have regular staff meetings. The registered manager told us formal staff meetings would start from December 15 2016.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care and treatment of service users was not always provided with the consent of the relevant person. People were not supported in line with the principles of the Mental Capacity Act 2005. Regulation 11</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who used the service were not protected from the risks associated with the unsafe administration of prescribed medicines. Detailed individual risk assessments were not in place to identify and protect people from the risks associated with their assessed personal care needs. Regulation 12 (1) (2) (a) (b) (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who used the service were not protected against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems and records, designed to enable the registered provider to regularly assess and monitor the quality of the service provided. Regulation 17 (1) (2) (a) (b)</p>
Regulated activity	Regulation

Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider did not always check if staff had the qualifications, competence, skills and experience which are necessary for the work to be performed by them. Regulation 19 (1) (a) (b)

Regulated activity

Regulation

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider did not make sure staff were supported, skilled and assessed as competent to carry out their roles. Regulation 18 (2) (a)