

Midshires Care Limited

Helping Hands Horley

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Helping Hands Horley provides personal care services to people in their own homes. At the time of our inspection 21 people were receiving a personal care service from the agency, most of whom were older people or people with physical needs.

The inspection took place on 01 March 2017 and included a visit to the agency's office, interviews with care workers and telephone calls with people who used the service and their families.

The service did not have 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 '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. The current manager had been managing the service since September 2016 and was in the process of applying to be registered.

The service was opened in June 2016 and the management team were still building the staff team at helping Hands Horley. The manager was realistic about the number of people the service could safely support and safely matched and deployed staff to people.

There were good systems in place to safeguard people from the risk of abuse and avoidable harm. Recruitment procedures were sufficiently robust to assess the suitability of new staff and those employed understood their roles and responsibilities in keeping people safe.

People's needs were comprehensively assessed and there were good systems in place to identify and manage individual risks in a proactive and enabling way. Staff understood the importance of allowing people to live their lives as they wished, whilst balancing this with a duty of care to keep them safe.

Staff worked in close partnership with other healthcare professionals to ensure people were supported to maintain good health and their medicines managed safely. Where needed, people were safely assisted with the management of their medicines and maintain adequate nutrition and hydration.

Staff received ongoing training and support to ensure they had the skills and experience to meet people's needs. Staff respected people's right to make decisions for people and provided support to people in line with the principles of the Mental Capacity Act 2005.

People had positive relationships with their care workers and consistently received high quality and compassionate support. Staff were knowledgeable about the people they cared for and had a good understanding about their preferences and what was important to them.

People were included in the planning and reviewing of their support needs and as such received personalised care that was responsive to their individual and changing needs. People's views were actively

sought and their feedback listened to and acted upon.

The service was effectively managed and the provider had good systems in place to regularly monitor quality and identify areas for improvement. The new manager had fostered an open culture amongst the team and created a service in which people were placed at the centre.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were good systems in place safeguard people from the risk of abuse and avoidable harm.

Risks to people were identified and managed in a proactive and enabling way.

Staff were employed and matched in accordance with people's needs. Recruitment processes were sufficiently robust to assess the suitability of prospective new staff.

Staff supported people safely with the management of their medicines.

Is the service effective?

Good ●

The service was effective.

Staff had the skills, knowledge and experience to meet people's needs. Training and support were provided to ensure care workers were confident and competent in meeting people's needs.

Staff understood the importance of gaining consent from people and demonstrated an awareness of the Mental Capacity Act 2005.

People were supported to maintain adequate nutrition and hydration.

Care workers worked in close partnership with other healthcare professionals to ensure people were supported to maintain good health.

Is the service caring?

Good ●

The service was caring.

People had positive relationships with care workers and praised the kindness of those who supported them.

People received care in a respectful, dignified and inclusive way.

Care workers were coached and supported to deliver consistently high quality and compassionate support.

Is the service responsive?

Good ●

The service was responsive.

People received a personalised service that was responsive to their changing needs.

Care records were person centred and staff were knowledgeable about the people they supported.

There were systems in place for people to raise concerns or complaints if they needed to.

Is the service well-led?

Good ●

The service was well-led.

The service was effectively managed and the provider had good systems in place to regularly monitor quality and identify areas for improvement.

The service had an open and positive culture in which people were placed at the centre.

People who used the service, their relatives and staff were regularly asked to provide feedback about their experiences and views on the services provided.

Helping Hands Horley

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 01 March 2017. The provider was given 36 hours' notice. We did this to ensure someone was available to meet with us and provide access to records. The inspection team consisted of one inspector and one expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. Our expert by experience conducted telephone interviews with people who used the service and their relatives following our visit to the office.

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 reviewed the completed PIR and we checked information that we held about the home and the service provider. This included information from other agencies, complaints raised and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

As part of our inspection we spoke with four people who received a service from the agency and four of their relatives. We also gathered feedback from two external health and social care professionals who have had ongoing involvement with this service.

We formally interviewed four members of staff and met with the manager. The head of homecare and a quality assurance manager for the provider were also present during our visit to the office. We reviewed a variety of documents which included the care plans for three people, three staff files, medicines records and various other documentation relevant to the management of the service.

Is the service safe?

Our findings

All the people we spoke with said that they felt safe with the care they received from the service. One person told us, "Gosh yes, I feel very safe." Another person compared the service they received from with other agencies they had previously used and said that Helping Hands Horley were, "Right at the top" and that they felt "Very, very safe" with them. All the people we spoke with said that they felt safe with the care workers who supported them.

Staff were confident about their role in keeping people safe from avoidable harm and demonstrated that they knew what to do if they thought someone was at risk of abuse. All staff told us that they had completed relevant training in safeguarding. Records confirmed that this learning was part of the mandatory induction all staff had completed and there were systems in place to for this to be regularly refreshed.

All staff confirmed that that they felt able to share any concerns they may have with the management team and had confidence that any concerns would be handled appropriately. Staff were also clear about how to report abuse to relevant external agencies if necessary. Staff had access to online policies and procedures and knew where to go for information if they needed it. The manager was also proactive in her approach to safeguarding people and demonstrated a sound understanding about her role and responsibilities in this area.

People were protected from the risk of harm. Risks to people were identified and managed in a way that balanced people's safety and freedom. For example, staff talked to us about the importance of supporting people to live their lives as they wished in the safest way possible. Prior to the commencement of care, the manager undertook a detailed assessment with people. This included assessing any risks associated with people's needs, living environment or equipment. We also saw that for people with complex needs, the manager and staff had worked closely with other health care professionals to ensure support was provided safely and that detailed risk assessments and guidelines were followed.

Where specialist equipment, such as hoists were used, staff were trained and supported to use the equipment safely. All staff completed practical moving and handling training as part of their induction. There were facilities at the office for staff to regularly refresh this training and staff confirmed this happened. Staff also told us that where people needed to use a hoist to mobilise that there were always two care workers allocated to the call. People told us that their care workers understood their mobility needs and ensured they were left safe. For example, one person said, "They always help me into the stair lift and check that it is secure." Similarly, another person commented, "My walking frame is always put in the correct position."

Risk assessments were kept under ongoing review and staff confirmed that they understood the importance of reporting any new risks to the office. Staff talked confidently about how they supported people to manage their individual risks such as those associated with malnutrition or dehydration. People were protected by the systems in place to manage and report any accidents and incidents. For example, we saw that where people had experienced falls, these were fully documented appropriate action taken, including where

necessary the updating of people's care plans and risk assessments. There had been no incidents or accidents of concern since the service started.

People and their relatives had no concerns about the way the service managed access to their homes. People told us that their preferences about how staff entered and left their homes were always respected. Appropriate steps had been taken to ensure that information about how to access people's homes was kept safe and only available to those who needed to know. Staff demonstrated that they understood the importance of maintaining people's confidentiality and keeping their properties secure.

People received care and support when they needed it. People told us that since the current manager took over the running of the service they had not experienced a missed call and were usually kept informed if their care worker was running late. People were supported by a small team of staff which meant that they received support from staff who were familiar to them. Staff told us that they were allocated sufficient time to support people effectively and that if there was ever a problem, then they called the office and additional support was provided without delay.

Provision was made for people to be cared for in an emergency. Each person had a vulnerability statement which outlined how critical their support was to them. The manager explained that this information would enable them to plan how people would be cared for in the event of an emergency such as adverse weather or significant staff sickness. The provider also had a business continuity plan provided clear guidance and instructions for staff about what actions they should take in the event of an emergency.

Appropriate checks were undertaken before staff began work to ensure they were safe to work with vulnerable people. Criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). There were also copies of other relevant documentation including character and professional references, interview notes, proof of identification, such as passports in staff files. Staff were also asked to complete health questionnaires. Collation of this information demonstrated that steps had been taken to help ensure staff were safe and suitable to work with people who used care and support services.

The service had good systems in place to safely support people with the management of their medicines. People told us that they received the support they needed. One person informed us that they had some medicines which needed to be given at specific times and that staff always ensured that this happened.

Where people required assistance, this was provided by staff who had been trained in the safe administration of medicines. Staff told us that in addition to completing mandatory training in medicines, they had also attended workshops on managing specific medicines, such as warfarin. Staff were knowledgeable about the medicines they were giving and were clear about the processes that should be followed if people's medicines changed or people requested something that was not listed in their records.

Care records detailed whether people required support with their medicines. We noted Medicine Administration Records (MAR charts) were also returned to the office from people's homes on a regular basis and subjected to scrutiny and review. The manager said that she followed up on any gaps in MAR charts and staff confirmed this happened in practice.

Is the service effective?

Our findings

People and their relatives told us that care workers were well trained to meet their needs. For example, one person said, "They are very well trained and know exactly what they are doing."

People said that care workers were competent and well matched for them. For example, one person told us, "[My regular care worker] is brilliant and when she's off, the other two are perfect for me." Similarly, another person explained that their main care worker had previous experience of supporting other people with their specialist need and commented that they were, "A very good match."

The manager and provider were committed to staff development. Staff told us that they had received a good induction when they commenced working for Helping Hands Horley which had included both online and practical training together with shadowing other care workers. Staff told us that they felt well supported with their training needs. For example, one care worker explained that they struggled with certain aspects of learning and that they had received individual support with this. Likewise, the length of time new staff shadowed other staff was tailored to their own experience and individual confidence levels. Staff recruited after April 2015 had either completed or were in the process of working towards the Care Certificate. The Care Certificate is a set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care.

Staff training was ongoing with regular opportunities for care workers to update and learn new skills. In addition to the Care Certificate staff completed a continuous programme of training, which included topics such as moving and handling, infection control and first aid. In addition to these mandatory subjects, staff had also completed specialist courses such as dementia awareness and catheter care. Staff told us that the manager encouraged them to complete ongoing professional qualifications in health and social care.

Staff had the skills and knowledge to meet people's needs. Staff spoke confidently and competently about the support they provided to people. They told us that they had access to good information about people's needs and that the manager was a great support in helping them to deliver their roles effectively. Staff were able to describe how they managed difficult situations such as if a person refused care or using new equipment and said that the manager was always at the end of the telephone if they ever needed help.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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.

The service took appropriate steps to ensure care was only provided in accordance with people's consent or best interests. People told us that they were aware of their care plan and had been involved in making decisions about the support they received. For example, one person said, "Yes, they involve me in making any decisions about my care."

Care records included information relating to consent and staff said that they would routinely ensure that people consented to their care. Staff were aware of the principles of the MCA and the importance of giving people as much choice and control over their own decisions as possible. Staff highlighted occasions where people's wishes might differ from their family members and how they managed this in accordance with the MCA.

Staff demonstrated that they understood that the people they supported may have different levels of capacity and how to support people effectively where their capacity fluctuated. Staff provided examples of situations where people had refused support and how they had respected this, whilst also encouraging them to meet their needs. For example, one care worker described how a person did not always like to accept personal care, but that they were more likely to accept support from one particular member of staff. This information was known and used to support the person most effectively.

People received appropriate support to ensure adequate nutrition and hydration were maintained. Not many people we spoke with received this support, but those that did said they were supported well.

Care plans included information about people's likes and dislikes and how they should be assisted. Where people were at risk of malnutrition or dehydration, there were guidelines in place which advised staff how to support the person effectively and when concerns would need to be reported to other healthcare professionals for advice. Specialist dietary needs such as diabetes or food allergies were recorded and care workers were able to talk about the specialist needs of the people they supported. For example, one staff member told us how a person they supported had a maximum amount of fluid they could take each day. They discussed the importance of keeping accurate records to ensure the effective handover of information to each care worker that visited this person.

People were helped to maintain their health and wellbeing. The service supported people as necessary to access other healthcare support. For example several people told us that care workers had prompted them to see a doctor when needed.

Care records showed that where people required specialist health care support, the service had appropriately liaised with other healthcare professionals such as district nurses, occupational therapists or physiotherapists to ensure this care was delivered safely and effectively. Any professional input was well documented in people's care plans.

Is the service caring?

Our findings

Each person or family member we spoke with were highly complementary of the service that people received. Everyone described the care workers as all being very caring. People gave us specific examples of how their care workers had treated them well. For example, one person told us, "I had to have my cat put down recently, all the staff who knew the cat were upset and two in particular comforted me." Another person commented how they had received a new home card from the manager when they had moved house.

People were cared for as they wished. As Helping Hands Horley was a new service, it was not yet possible to set up defined geographical patches for staff to work in. That being said, the staff team was still relatively small and as such most people received support from a regular team of staff. People told us that they appreciated having the same care workers because it gave them consistency and continuity of care. Care workers also confirmed that they mostly supported the same people which meant that they were able to get to know them and how they liked their care to be provided. Care workers told us that when they did visit a new client or cover for another member staff, that they received a verbal handover from the manager and that good information about the person's needs was always available in the care records.

People were supported by staff who were enthusiastic and compassionate about the work they did. One staff member told us, "I have been a care worker for 17 years and this is the best agency I have ever worked for." They went on to say that this was because they always had time to spend with people and were never pressured to rush people's support. Another care worker described, "It really feels like people matter with this agency."

People told us that staff were interested in them and took the time to treat them as an individual. For example, one person commented, "They look at each person individually, this is my 12th care agency and I can't get over how good it is." Likewise, another person informed us, "I suffer from anxiety and they are always there to have a chat and they make me feel better."

Staff put people at the centre of their work. One care worker reflected, "Good care is about adapting yourself to meet people's individual needs and preferences." Similarly, another care worker told us how they regularly brought a person they supported in to the office for a cup of tea. They said, "It's a little thing for us, but it's a big thing for them."

Staff recognised people as individuals and encouraged them to be involved in their care wherever possible. Care workers described how they spent time getting to know people and how this in turn had enabled people to feel relaxed about their support needs. People echoed that this was their experience and gave us examples of the things care workers had done to get to know them and put them at ease. One family member told us, "They get out old photo albums and look at them with him."

Care plans highlighted the importance of staff involving people in their care and provided directions to ensure people were offered choice. The front of each support plan included information about who and

what was important to the person. The information which staff documented in the daily records reflected a truly individualised approach to the care delivered.

People told us that staff were always caring, respectful and protected their privacy and dignity. People gave examples of how care workers provided support in a dignified and sensitive way. For example, one person commented, "They shut the door to the bathroom" and another said, "They are there if needed, but give me privacy."

Staff demonstrated that they understood the importance of delivering personal care sensitively and discreetly. Staff talked to us about the things they did to protect people's privacy and dignity, for example; covering people with towels, closing doors and allowing people the time to do as much for themselves as they could. Staff recognised that people might feel more embarrassed during personal care where two staff were present and as such adapted support accordingly to ensure people felt in control and comfortable.

Is the service responsive?

Our findings

People told us that they felt in control of their care and were able to make choices about what help they wanted and from whom. For example, people said that they had been asked about their preference on what gender of care worker they wanted and that this was always respected. People said that their care plan was based on the support they had requested and was regularly reviewed with them to check it still met their needs. For example, one person told us, "If I go to hospital, the manager comes round and does a check when I get home to ensure nothing major has changed."

People received a personalised service that was responsive to their needs. Care records were individualised and staff were knowledgeable about people's support needs, interests and preferences. A detailed needs assessment had been completed for people prior to the commencement of care. Information gathered at assessment had then been used to formulate a plan of care that was bespoke to the person. Care records included details about people's backgrounds, needs and what was important to them. People and their representatives had been consulted about how they wished their care to be delivered. This information enabled staff to provide a personal service to people.

People's preferences such as the time and length of their care calls were known and reflected in the package that they then received. People's support plans were regularly reviewed in order to assess the ongoing suitability of the care plan. Where people's needs had changed or staff reported concerns, this triggered a review by the manager.

The provision of care was flexible to people's changing needs. Staff talked to us about occasions when changes had been made to people's care delivery based on their changing needs. For example, by increasing the number or length of visits when people's dependency was higher or by scaling back support as people became more independent.

Care was also responsive to how people felt at the time of support. Staff recognised the importance of responding to people's emotional as well as physical needs. They told us that the ethos of the service was to promote wellbeing and as such they had the autonomy to sit and spend time chatting with people before providing practical support if that was what the person needed.

Care workers maintained a record of the care they provided at each visit. These daily records were comprehensive and facilitated the effective handover of information between staff. Care workers told us they always checked what the previous care worker had done prior to delivering support. Staff described these records as being crucial to ensuring they supported people consistently and safely.

People who used the service and their relatives said the current manager and staff were friendly and approachable. People said they felt confident in raising issues with them if needed. The service had a clear policy and procedure for the handling of complaints. One person told us that they had made a complaint under the previous management of the service and that, "Head Office rang me to check that I was happy."

Is the service well-led?

Our findings

Helping Hands Horley was first registered in June 2016 when it was being run by a registered manager who subsequently left the service in August 2016. The person currently managing the service has been in that post since September 2016 and is in the process of applying to be the registered manager.

People told us that the service was now well managed and as a result they received good care. One person commented, "The new manager has made it a 1000% better and she's hands on." People said they now had confidence in the management and progression of the service. For example, one person told us, "We are very happy with the management" and another said, "They are always striving to improve. The manager is always on the phone asking if everything is ok."

The culture of the service was open and positive. There were both formal and informal systems in place to ensure the effective communication of information across the service. Staff meeting and care worker individual meeting minutes highlighted best practice discussions and the manager and provider team sharing expectations of how care should be delivered.

The service was well organised with good systems in place to monitor quality and identify areas for improvement. For example, the provider had a dedicated quality assurance team who carried out regular auditing of the service against relevant criteria. Through the provider's own monitoring, issues with the previous management of the service had been identified and addressed.

The manager carried out a series of spot checks and competency assessments on care workers. Staff received written feedback from these checks and told us that they found the manager to be approachable and supportive at all times.

People who used the service, their relatives and staff were regularly asked to provide feedback about their experiences and views on the care provided. In addition to the face to face reviews and the spot checking of staff, the manager also regularly phoned people to seek their views of the service.

Regular satisfaction surveys were conducted by the provider. Results from the last survey in July 2016 showed a high level of satisfaction across the service. For example, 100% of people felt that they were treated with dignity and respect. Similarly, all respondents stated that they were safe from abuse or harm.

Staff felt valued and that their feedback was listened to. Staff expressed that their opinions were sought and respected. Through the training and support systems in place, staff were encouraged to develop their skills and there was a career pathway for those who wished to progress.

Records were well maintained and stored safely. Confidential information was held electronically on a secure database. We found that regular audits of care and staff records were undertaken to ensure that they conformed to the agencies policies.

The manager was aware of the notifications that needed to be submitted to CQC and routinely completed these in an appropriate and timely way. Incidents and accidents were documented and evaluated to minimise the risk of re-occurrence.