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Helping Hand Homecare

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

This inspection took place on 29 November and 6 December 2017 and was announced. This was the first inspection of the service since it was registered on 12 December 2016.

Helping Hand Homecare is a domiciliary care agency. It provides personal care to people living in their own houses, apartments or flats in the community. It provides a service to adults and people with a physical disability. At the time of this inspection 27 people received a domiciliary care service in their own homes.

The owner (provider) of the service is also the registered manager. Throughout this report we refer to them as the 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.

Not everyone using Helping Hand Homecare receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

People were protected from harm by staff that recognised the signs of abuse and were confident to raise concerns. Personalised care plans and risk assessments were in place and there was enough staff to safely provide care and support.

People were supported to make choices in relation to their food and drink and to maintain good health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff understood the principles of the mental health act.

There were safe recruitment processes to prevent unsuitable staff working with vulnerable people. We recommended that the registered manager evidenced more clearly what new staff had learnt during their induction and reflected this in their supervisions.

The administration of medicines was well managed, there were robust systems in place to ensure people received their medicines safely and people received support from health professionals when required.

Documentation was in place to record accidents and incidents.

The care and support people received was person centred. Staff were kind and treated people with dignity and respect and their independence was promoted. They were sensitive to people's needs regarding equality, diversity and their human rights, as their choices and preferences were respected.

Feedback systems were in place where the views of people and relatives were sought. People were given information on how to raise a complaint should they choose to do so.

The registered manager led a good service. Staff said the management team were approachable and supportive and there were good working relationships with health and social care professionals.

The safety and quality of support people received was monitored and the provider completed quality assurance audits to drive continuous improvement of the service.

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.

People received a reliable service from staff they knew well and felt safe with.

Staff could explain indicators of abuse and the action they would take to ensure people's safety was maintained.

Recruitment checks were carried out effectively.

People who required assistance with their medicines were supported by competent staff that followed safe systems of administration.

People were protected from the risk of infection because staff followed safe infection control procedures.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had received sufficient training to meet their individual needs.

People were supported to make choices in relation to their food and drink and to maintain good health.

The staff and registered manager understood the principles of the Mental Capacity Act 2005.

People were cared for by staff who received regular and effective support and supervision.

Is the service caring?

Good ●

The service was caring.

People were supported by caring and compassionate staff who respected their privacy and dignity.

People were involved and consulted about the care they

received. Care and support was individualised to meet people's needs.

Independence was promoted by staff that enabled people to do as much as they could for themselves.

Is the service responsive?

Good ●

The service was responsive.

People's needs were at the centre of the service provided by staff who knew them well.

The service made changes to people's care and support in response to requests and feedback received.

People told us they felt confident to tell the registered manager and staff if they were unhappy.

People were protected from discrimination by staff who respected people's choices and individuality.

Is the service well-led?

Good ●

The service was well-led.

The vision and values of the service were clearly communicated and followed by staff.

The manager was well respected and provided effective leadership.

Quality monitoring systems were used to further improve the service provided.

Helping Hand Homecare

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 comprehensive inspection took place on 29 November and 6 December 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because we wanted to be sure the registered manager would be present.

The inspection was carried out by 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 care service. The expert-by-experience had knowledge of older people needing care and support.

Inspection site visit activity started on 15 November 2017 and ended on 6 December 2017. It included reviewing the information we held about the service, speaking to people who used the service, staff and professionals.

The owner (provider) of the service is also the registered manager. Before the inspection, we asked the registered manager to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the commissioners of the service and Healthwatch prior to our visit. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

On the first day of our inspection, we visited five people and a relative in their own homes and met with three members of staff. We also contacted four people and one relative by telephone. We visited the office location on the second day of our inspection where we met with the registered manager and the senior care worker. We reviewed five care records, medicines administration records, staff recruitment and training files, policies and procedures.

Following the inspection, we spoke with three health and social care professionals for their feedback on their experiences of the care provided.

Is the service safe?

Our findings

People we spoke with said they felt safe when being cared for. One person told us, "I feel very safe and the staff do everything they can for me. They are always on time and have never missed a call." Another said, "The staff do their job professionally and are the best thing since sliced bread."

The registered manager and staff understood about different types and signs of abuse and could explain the action they would take if they suspected or witnessed abuse. Records showed staff had received safeguarding training and were aware of the whistleblowing policy. Whistleblowing is where people can disclose concerns they have about any part of the service where they feel dangerous, illegal or improper activity is happening. A member of staff we spoke with said, "I am more than confident to whistle blow. I am here to do a job and protect the people I support." Another explained that discrimination against a person's religious beliefs or cultural preferences would be reported. They told us, "If I had any concerns, I would report it to my manager. It is my responsibility and accountability."

We looked at the arrangements in place to manage risks so people were protected from harm. Risk assessments had been completed and reviewed by the registered manager or the senior care worker. These assessments covered areas such as environmental risks and moving and handling. This enabled staff to have the guidance they needed to help people remain safe.

People's care records were up-to-date and information was available to enable staff to provide support to people safely. We saw that confidential information and copies of care records were securely stored at the office.

The registered manager was aware of the importance of ensuring equipment such as hoists or slings were safe to use. They liaised with people or their relatives if equipment needed to be repaired or replaced. The manager ensured staff were competent to use equipment and had completed spot checks. This ensured people were safe whilst being supported by staff who followed best practice guidelines.

There were sufficient staff to meet people's needs. The registered manager took into account the time a person needed and how many care workers were required to operate safely. They allocated sufficient travel time between visits to enable staff to arrive at the correct time.

The registered manager explained that new packages of care were not accepted if they could not meet people's needs safely. A social care professional confirmed this and said, "The manager is really up front. If they are unable to accept a referral to support a person because their needs are too great or they do not have the capacity they let us know."

People received care from a team of staff they knew well. Each person received a timetable, informing them who would be visiting the following week. The timetables listed the day and time of the visits and the names of the care workers. People told us the service was reliable, and staff usually arrived on time. They also told us staff were not rushed and always stayed for the correct length of time.

The registered manager followed robust recruitment procedures. Application forms had been completed with information about the applicant's previous work, learning experiences and interviews were held to explore applicant's suitability. References and checks had been taken up before new care workers began working with people. These included proof of identity and evidence of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This meant the provider had ensured staff were suitable to support people in their own homes.

Medicines were administered safely to people who needed this support. Records showed people had consented to support with their medicines and assessments gave details of the level of assistance required. People told us they received their medicines on time. One person told us, "The staff always give the medications on time, they are set out in blister packs so there can't be any issues with that, but they always record it properly too. They are great." We saw the service had a copy of the good practice guidance issued for managing medicines in people's own homes and the registered manager was updating their policy to ensure this guidance was implemented.

Staff had received training on medicines administration at the start of their employment and completed refresher training to keep their knowledge updated. We saw records that showed spot checks on staff had been carried out to ensure they were competent to administer medication. We looked at three medicine administration records (MARs) and saw they were completed correctly. Records showed the registered manager or senior checked these records each month when they were returned to the office. They had identified where signatures had been missed and described the action taken to address this with staff. This meant that any errors had been identified to ensure people's medicines were being administered safely.

Records showed staff received training in the prevention and reduction of infection control. We observed staff wearing gloves and aprons when they supported people and no environmental concerns were identified in relation to control of infection. Staff confirmed the registered manager ensured they always had a supply of gloves and aprons available to them.

We looked at the arrangements in place for managing accidents and incidents. No accidents or incidents had been recorded during the last 12 months. Documentation was in place to record accidents or incidents. The registered manager agreed with our observation that the documentation was developed to include an analysis and actions taken, so patterns and trends could be identified in order to reduce the risk of reoccurrence.

Is the service effective?

Our findings

People and their relatives spoke positively about the quality of care provided. One person told us, "Staff are like friends almost, I feel we can talk to them about anything which is great, it puts everyone at ease." A relative said, "The care [Name] receives is first class and everything we wished for."

We looked at records and assessments which showed how people's physical and emotional needs were met and how they wished to be cared for. People had front sheets in their care files that listed key information such as who to contact in an emergency. Information was recorded sensitively and respectfully demonstrating people were cared for as individuals.

People received care from staff who were well trained and competent. One person said, "The staff are well trained as they behave and act in such a professional manner." A relative said, "Yes, I think the staff are sufficiently trained, but there is a real difference in the rapport with some carers who are really able to connect with my relative which is great, it means they get all the care they need and can interact as well."

All staff received an induction at the start of their employment and shadowed experienced staff before supporting people unsupervised. Records evidenced the specific topics covered and the training completed. We recommended that the registered manager evidenced more clearly what new staff had learnt during their induction and reflected this in their supervisions. This would ensure they could identify areas where staff required additional training or support.

The service used a training matrix which was well managed and showed each staff member's compliance with training courses. Staff had access to a range of on-going training via e-learning or classroom which were relevant to the needs of people who used the service. These included infection control, principles of confidentiality, health and safety, diversity and equality. The registered manager had arranged an external trainer to deliver training in safe moving and handling techniques, first aid, medication administration and oral care for older people. This helped staff to support people effectively and in line with current best practice guidelines.

Records showed staff were supported in their roles through supervision and appraisals. Supervision and appraisal is a process by which an organisation provides guidance and support to staff. Staff told us they could approach the manager with any concerns and supervisions were useful. One staff member told us, "The manager is very supportive and we talk about training, people I support and any worries I have personally."

When people's care needed to be transferred to other services, there were arrangements in place to share information. For example, the registered manager explained that if someone was moving into residential care, they would provide the new service with up to date information if the person gave consent. This meant the new service would have the necessary information in place to ensure the person's care was coordinated and their needs met. This showed us the service had taken steps to ensure continuity of care and people's individual preferences were known.

People were supported to maintain good health. Staff were given information and updated on people's needs and any risks associated with their health. Staff monitored people's health, and where concerns were noted, they passed these on to the registered manager. We saw daily recordings and computerised records that showed up to date communications with health and social care professionals. This meant any changes to people's health had been acted upon and their wellbeing promoted. A health care professional said, "Staff from Helping Hand always update us and the information they provide is very clear."

People who used the service told us they were involved in making choices about the food or drink they wanted if they needed support. Records showed if a person needed support to eat and drink and their preferences. One person told us, "Oh yes, they always ask about meals and give choices and prepare what is asked for, the way I like it."

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.

Applications to deprive a person of their liberty when they live in the community must be made to the Court of Protection. At the time of this inspection no applications had been made.

We checked whether the service was working within the principles of the MCA. We saw the policy and procedure the service had on the MCA and Deprivation of Liberty Safeguards (DoLS) to protect people. We found people were asked to sign their care records to document they consented to their care and support. We asked the registered manager to remove a statement that suggested asking consent was a direct requirement of the CQC regulations. The statement was removed from the document during the inspection.

Is the service caring?

Our findings

People told us staff were caring and treated them with kindness. One person said, "The staff are great and I can't fault them at all." Another told us, "The staff are very, very caring and always ask if there is anything else they can do before they go."

The registered manager told us in their PIR, "A relationship is formed between carer and service users and this opens up channels of communication. Staff are encouraged to spend time sitting with and talking to the service user, we know that in some cases, the carer may be the only person a service user sees in any given day. Staff always go the extra mile for our service users." This approach was confirmed by our observations on the day of the inspection and feedback we received from health and social care professionals. One person said, "Staff are prepared to go the extra mile and make life comfortable for me." A health care professional told us "Staff build good relationships and I get very good feedback from people receiving support from them."

People told us the staff did not rush and always had time to talk with them. They said, "The staff, give me a big lift and they are dedicated" and "Staff are good listeners and we have lots of good banter." A member of staff we spoke with explained that they would never rush a person and if they thought they needed additional time, they would raise this with their manager. They told us, "People's emotional health is important to me and just sitting and chatting with a person is the best way you can make sure they are ok."

Staff knew and respected the people they supported. A member of staff said, "We all know the people we support very well and can tell when someone is not quite right."

Staff understood the importance of supporting people in a manner sensitive to their cultural or religious needs. One said, "People are individuals and I would respect whatever their choices or preferences were."

We saw records that showed people and their relatives were involved in their care and their preferences known. People told us they had been involved in decision making and if there were any issues, they could contact the office and talk with the manager. One relative said, "I am constantly kept in the loop about [Name's] care which is great."

The registered manager confirmed that they had worked with an advocate who supported a person who used their service. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. This meant people had access to an advocate should they need this type of support.

People were assured information about them was treated confidentially and staff respected their privacy. We looked at team meeting minutes and saw this had been raised as a specific topic to ensure staff were up to date with the services principles. One person we spoke with told us, "The staff keep my business confidential and have never talked about other clients they have in front of me."

Staff supported people to maintain their privacy and dignity. They explained how they completed personal care tasks to ensure people felt comfortable and their privacy respected. One told us, "It is not always easy for the person when they need support with personal care, so I will close the curtains and respect their privacy." A relative said, "[Name] will only allow certain people to do the personal care bit, though that is not a reflection on the others, but they are great and I am highly respectful of them."

People's independence was promoted. Whilst we were visiting a person in their own home, we observed them struggling to get something from a high cupboard. The staff member demonstrated that they knew this person very well by asking them if they could assist in a sensitive manner and the person consented. This person was proud of how independent they were. They told us, "The staff help me, but let me do as much as I can for myself." A relative said, "They try and promote [Name's] independence where they can, but it's not always easy, and they sometimes need to pick their moments."

Is the service responsive?

Our findings

People received a service that was person centred and responsive to their needs. One person we spoke with told us, "The high standard of care I receive is maintained and I am very confident that staff will respond to any changes." Another said, "They have a sense of urgency if anything needs to change. We needed extra calls, this was sorted, and the staff were fantastic about it." A relative explained to us how support was rearranged and provided at short notice, which had also supported them as a care worker.

People told us the times of support visits were agreed when they started with the service. If their preferred times were initially unavailable, times to suit them were adjusted as soon as possible. One relative confirmed this and said, "We would really like an earlier morning call as my relative is unable to make themselves a drink. We have asked for this and are just waiting for a slot to come up. They are doing their best and we are kept updated."

People's care plans and assessments reflected how people wished to receive their care and gave guidance to staff on how best to support them. For example, one person's record detailed how important it was to them that staff took their time and offered choices. One person we spoke with told us, "There was always freedom of choice; clothes, food, support etc." Another person explained that they had difficulties attending appointments on their own. They said, "I asked if staff could escort me when I needed to go to appointments. This is now part of my care package and works really well." This meant people received a person centred service and were protected from discrimination by staff who respected people's choices and individuality.

Staff completed a record of each visit that provided good information about the care provided and the person's well-being. Care records did not always include people's interests or life history's. We brought this to the attention of the manager who agreed with our observations and would include this information in all new assessments.

Records we looked at evidenced people contributed to the planning and review of their care and support. One person told us, "Yes, we have review meetings regularly and I am able to bring things up in between if there are any issues or things change and I need something else." A health and social care professional confirmed this and said, "The information we receive from Helping Hand Homecare can be trusted and is reliable." A relative told us, "The one thing I would like to say is that my husband and I would not be able to go on holiday abroad unless we knew that my relative was being properly and safely looked after. Even if there was the slightest issue we wouldn't go, but we know that our family member is exceptionally well looked after."

Staff demonstrated how they supported people to prevent social isolation. Support visits were adjusted to enable them to meet other people. For example, a staff member explained how they supported a person who lacked confidence to attend a Christmas fair where they lived. The registered manager also explained how they supported a person at a fundraising event and encouraged other people to become involved.

People received timely care and support. When we visited a person in their home, we observed a member of staff checking if their call system was working and their call bell was in reach. Staff had a care planner application on their mobile telephone to view their rotas, to report any concerns and update the registered manager. The registered manager explained that they and the senior care worker were on call and responded to concerns or queries from people and staff. Staff we spoke with confirmed they were updated when people's needs changed. For example, staff were contacted and asked to cover scheduled visits when a member of staff needed to stay longer with a person than planned, whilst medical assistance was being arranged.

The service identified and responded to people who had had communication difficulties due to disability or sensory loss. For example, a member of staff explained how they supported a person to express themselves following a stroke. They told us, "The person found it hard to get their words out and became anxious. I gave them time that calmed them. It was then easier for them to explain what they needed." The registered manager understood that people required information about the service in a format that was suited to their needs. We saw that information about the service was available in large print. The registered manager explained that other documentation would be made available in large print should this be necessary and they would seek advice when specific communication needs were identified.

The service had a complaints policy and procedure and people were provided with information on what to do if they had any concerns or complaints. The service had not received any complaints, but had a system in place to monitor and learn from any short falls in the service. One person explained to us that they had not had to complain, but had raised an issue they wanted the registered manager to be aware of. They told us, "Everything is always rectified as soon as possible and I cannot fault them for that at all." This meant people were confident any concerns would be listened to and actions taken to address the issues.

We saw compliments about the service, which included comments such as, 'Thank you for your kind help' and 'Wonderful care received.'

None of the people that used the service were receiving end of life care at the time of our inspection. The registered manager was confident that they had the skills to support people at the end of their lives and staff had received relevant training.

Is the service well-led?

Our findings

The owner (provider) of the service is also the registered manager. A registered manager was in post. People knew who the registered manager was and felt the service was well-led. One person told us, "We know other organisations are not at the same level so we feel lucky." Another said, "The managers are really approachable and really helpful, almost like they can't do enough for their clients and their families."

Staff we spoke with were committed to the people they supported and were proud of the quality of care provided. Comments from staff included, "The manager is very approachable" and "The manager is definitely a good leader." During our inspection, staff spoke with enthusiasm about their work, how they put people at the centre of the service and that they worked well together as a team.

The registered manager had a clear vision for the service, which centred on the person's needs and making a difference to the lives of the people supported. The service user guide highlighted their values and during our inspection we could see these values put into practice. For example, we observed staff respecting people and promoting their independence. Although the registered manager wanted to expand the service, they wanted to ensure the right level and quality of staff were available to achieve this. They told us, "I am keen to learn personally and take the service forward at the right time."

Staff were supported through supervision sessions, telephone calls, staff meetings and training events. We looked at the minutes from staff meetings that showed staff were given the opportunity to contribute to the service and understood the registered manager's expectations of them. Examples of good practice were discussed, staff were given feedback from people they supported and thanked for their commitment.

The registered manager was open to suggestions and took action to improve the service. They sought people's views in a number of ways including questionnaires, telephone calls and visits to review people's care needs. People and staff were consulted and their views were taken into consideration. One person had suggested they received a weekly rota listing the staff supporting them. This was put in place for all the people receiving a service and had been appreciated. The results of a survey we looked at confirmed this. Other comments in the survey included, 'I believe there is enough time to meet my needs' and 'The staff always offer help and make time for a chat'.

A staff member told us, "I suggested to my manager they met with staff face to face on an informal and regular basis." The manager confirmed they had acted on this suggestion and one afternoon a fortnight, they hired a room in one of the extra care housing facilities. This arrangement was working well as staff used the session to get updates about the service, collect supplies of protective clothing and discuss any concerns they had either about the people they supported or themselves. This meant staff were supported, respected and valued.

The registered manager and senior staff member carried out checks and audits of all areas of the service. These included, care plans, MARs and risk assessments. Records showed spot checks had been completed to ensure staff were correctly administering medication and moving and handling people safely.

The registered manager worked closely with health and social care professionals and with local services to ensure people remained safe, and received the care they needed. Professionals we spoke with were complimentary about the quality and effectiveness of these relationships. One told us, "The service works well with us. Staff say 'hello' and are very friendly and polite even to people they are not supporting. They will update us if they have concerns."

Records showed contact had been made with health and social care professionals when people's needs changed. For example, one record showed that a person had become more independent and their support could be reduced. The registered manager had liaised with commissioners of the service to ensure that people received the right care. Commissioners had made recommendations when the service began and we saw records which evidenced that these had been acted upon. This meant the registered manager was open, transparent, willing to learn and constantly improve the service for people the service supported.

The registered manager understood their responsibilities with regards to submitting statutory notifications as required by law for incidents such as serious injury and incidences of abuse. The registered manager had not submitted any statutory notification to the CQC. From the records we checked during our inspection we could see the registered manager had no cause to do so and we were satisfied they knew when to submit them.