

Helpers Homecare Limited

# Helpers Homecare Limited

## 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

About the service: Helpers Homecare is a domiciliary care service. The service is registered to provide care and support for older people and younger adults who may experience dementia, sensory impairments, learning disabilities, physical impairments or mental health issues. At the time of this inspection 205 people were using the service.

People's experience of using this service:

People were safe and protected from avoidable harm because staff knew how to identify and report any concerns relating to the risk of abuse. They were familiar with how to report concerns to agencies outside of the organisation. Risks to people's health, safety and well-being were assessed and measures put in place to remove or reduce the risks. People were supported by staff who had been safely recruited through a robust process.

People's medicines were managed safely. Staff had received appropriate training and had their competency assessed to help ensure they were sufficiently skilled and knowledgeable in this area. Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them. The management team took appropriate actions following incidents and learning was shared with staff.

Before care delivery started the provider completed assessments to make sure people's needs could be met by Helpers Homecare. Care plans were developed from these assessments for each person's identified needs and staff had clear guidance on how to meet those needs. Staff received training and support to enable them to carry out their roles effectively.

People told us staff prepared simple meals for them as needed and encouraged people to take fluids to maintain their health and wellbeing. Staff and management knew people well and were able to promptly identify when people's needs changed and sought professional advice appropriately. Staff were proactive in identifying if people were unwell and contacted appropriate healthcare professionals as needed. Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so.

People and their relatives praised the kind and caring nature of staff. People received consistent care from a small team of staff. Staff helped to relieve people's distress and discomfort, and supported people to maintain personal relationships. They also helped to support people during times of emotional upheaval and supported people above and beyond their care responsibilities. People told us they knew about their care plans and they could decide what care and support they needed. People's records were held securely in a locked cabinet within a locked office to help promote confidentiality.

People received care and support as they wished. People told us they would be confident to raise any concerns with the management team. However, everyone we spoke with during this inspection was satisfied

with the care and support they received. The service provided support for people at the end of their lives to enable people to remain in their own homes.

The provider was committed to providing a high standard of care to the people they supported and understood their responsibilities under the Duty of Candour. People, their relatives and staff members spoke highly of the provider and registered manager and told us that they were always available and supportive. People told us that they were asked for their views about the quality of the service.

Rating at last inspection: At our last inspection, the service was rated "Good". Our last report was published on 22 June 2016.

Why we inspected: This was a scheduled inspection based on the previous rating of the service.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Safe findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Safe findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Safe findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Safe findings below.

Good ●

# Helpers Homecare Limited

## Detailed findings

### Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was conducted by one inspector.

Service and service type: Helpers Homecare is a domiciliary care agency. It provides personal care for people living in their own houses and flats in the community. These include younger adults, older people, people living with dementia and/or physical disabilities.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service two days' notice of the inspection visit because we needed to be sure that someone would be available to support the inspection.

What we did: Before our inspection we reviewed information that we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We reviewed the provider information return (PIR). This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make. We also contacted local authority monitoring teams for their feedback about the quality of service provided.

Inspection activity started on 13 March 2019 and ended on 26 March 2019. We visited the office location on 13 March 2019 to meet with the registered manager and office staff; and to review records including care plans, staff recruitment documentation, training records and quality audits.

We spoke with 15 people who used the service, nine relatives and eight staff members by telephone on 26 March 2019 to gather their views about the service provided.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to identify and report any concerns relating to the risk of abuse and were familiar with how to report concerns to agencies outside of the organisation.
- The provider had an out of hours on-call system to support staff and people who used the service outside of normal office hours. The call monitoring system sent an alert to the on-call phone if a care visit was running late or missed. This also promoted safety for staff members who may be lone working out of hours. Staff and people who used the service said this system gave them confidence and helped them feel safe.
- Staff took action to promote people's safety and wellbeing. People and their relatives told us that staff did all they could to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and measures put in place to remove or reduce the risks. For example, in areas such as people's mobility and supporting people to transfer by means of a mechanical hoist to help them remain in their own homes and be as independent as possible.
- Risks to people's safety and well-being were regularly reviewed and any changes were shared with the staff team during meetings and the weekly newsletter.
- Accidents and incidents were logged and reviewed regularly to ensure all appropriate action had been taken and there were no themes emerging.

Staffing and recruitment

- There were sufficient numbers of staff deployed to meet people's needs.
- People were supported by staff who had been recruited through a robust process. This included all appropriate pre-employment checks, such as references and a criminal records check.
- Newly recruited staff members worked along experienced staff members before starting work on their own.

Using medicines safely

- People's medicines were managed safely. People and their relatives confirmed that people's medicines were routinely given and that staff waited to check that people had taken their medicines.
- Staff had received appropriate training and had their competency assessed to help ensure they were sufficiently skilled and knowledgeable in this area.
- Medicine audits were carried out by care co-ordinators and the medicine records were checked for accuracy when they were returned to the office.

Preventing and controlling infection

- Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them.

#### Learning lessons when things go wrong

- The management team took appropriate actions following incidents and learning was shared with staff. There had not been any incidents recently however, the management team described how they cascaded information to the staff team by regular team meetings and weekly newsletters.
- Staff told us that they had raised a concern with the management team who assured them that they would investigate the matter. The outcome of the concern and actions taken to address it were included in the weekly newsletter which gave the staff member confidence that the matter had been taken seriously

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before care delivery started the provider undertook assessments to establish if people's needs could be fully met by Helpers Homecare.
- Care plans were developed from these assessments for each identified need people had and staff had clear guidance on how to meet those needs. Care and support plans were regularly reviewed. This helped to ensure that if people's needs changed this was appropriately reflected in care records as well as in the care they received.
- People told us they were satisfied with the care and support they received.

Staff support: induction, training, skills and experience

- Staff received training and support to enable them to carry out their roles effectively.
- People told us that staff members were skilled and competent to fulfil their role.
- A staff member said, "I have had loads of training and have asked for some additional training, which had been agreed."
- A member of the management team told us, "We train the care staff that each care visit should be as good as it can be." The provider said, "We actively carry out competencies on our care staff throughout the year looking at the different areas that care workers fulfil in their daily work. This enables us to get a pattern of the type of training that individuals may require to improve their performance."
- The management team and staff confirmed that there was a programme of staff supervision.

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

- People told us staff prepared simple meals for them as needed and encouraged people to take fluids to maintain their health and wellbeing.
- The provider told us that staff members went above their remit to support and encourage people to eat and drink. For example, they told us care staff had taken in meals that they had cooked at home for a person as they did not like ready meals, especially on a Sunday.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked in partnership with health and social care organisations appropriately sharing information about people to ensure that the care and support provided was effective and in people's best interests.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals to help them live a healthier life. Staff were proactive in identifying if people were unwell and contacted appropriate healthcare professionals as needed.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.
- Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. Decisions for people who were found lacking capacity to make certain decisions were taken following a best interest process involving local authority representatives.
- People told us staff asked for their consent before they delivered any aspects of care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us care staff were very kind and caring. One person said, "They are all very caring and compassionate. They are trained so well too, they brighten up my day." A relative said, "I am very pleased with the service provided by Helpers Homecare. The staff are very kind indeed, they are helpful and act outside their remit to help [relative]. For example, they make phone calls for [relative] and will collect any prescriptions if I am not able to do it. It really gives me peace of mind to know that [relative] is so well cared for."
- The local authority monitoring teams told us they had positive feedback from people at their inspection. A monitoring officer told us, 'What stood out is that people are really happy with the care they are receiving from Helpers Homecare.'
- People received consistent care from a small team of staff. The provider's quality manager said, "We aim for teams of carers for each round to help ensure that people receive continuity of care."
- Staff helped to relieve people's distress and discomfort. For example, a care co-ordinator sat on the floor with a person over Christmas night. The person had fallen, the emergency services indicated it would be a long wait for an ambulance. A care co-ordinator stayed with the person for six hours to provide comfort and re-assurance until the ambulance arrived.
- Staff supported people during times of emotional upheaval. For example, a care staff member framed a picture of a person's beloved dog who they had just lost and hung it on the person's wall to give them comfort.
- Staff supported people above and beyond their care duties. For example, a person with no relatives was preparing to move into supported housing and was worried about the cost of moving. Two care staff members packed up the person's belongings in their own time and helped during the move and the unpacking as well. This meant the person's concerns were alleviated and their move was carried out smoothly.
- Staff supported people to maintain personal relationships. For example, a person was supported by staff to visit their spouse in a nursing home. This was done in the care staff member's own time and they regularly did some shopping and collected prescriptions for the person to help make their life easier.

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

- People told us they knew about their care plans and they could decide what care and support they needed.
- Where people were not able to express their views and could not be involved in decisions about their care their relatives, next of kin and health and social care professionals were involved. This was to ensure the care and support the person received was appropriate for their individual needs.

## Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their dignity and privacy. One person said, "They really do their best to protect my dignity and help me feel comfortable during personal care. That is not very easy when one is having a shower though."
- Staff supported people to remain in their own homes and independent as much as possible. For example, a staff member supporting a person at end of life, took sipping cups from home for the person to use until they could get to the chemist to purchase some. This helped to keep the person at home in line with their wishes because their hydration was improved by using the sipping cups.
- The registered manager reported that people who used the service had no need for advocacy support at this time. They said they would signpost people to the local authority for advocacy support should the need arise.
- People's records were held securely in a locked cabinet within a locked office to help promote confidentiality.

## Is the service responsive?

### Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- People received care and support as they wished. One person said, "They (staff) do exactly what I have asked them to and very often a great deal more. They make me feel like I am the centre of their world."
- Care plans detailed people's care needs, preferences, likes and dislikes with clear guidance for staff to follow. For example, one care plan we viewed gave staff clear information about how a person required a 30% turn to relieve pressure. Repositioning charts confirmed this support was delivered in line with care plan.
- The service did not provide support with social engagement. This was because it was not part of the local authority contract for the care package. However, the provider reported that staff were encouraged to spend as much time as possible talking with people during the care visits and staff had raised when they felt people needed further support in this area.
- Care calls could be flexible around people's needs where needed. For example, the management team had arranged support for a person to attend a hospital appointment on a weekend.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for dealing with complaints.
- People told us they would be confident to raise any concerns with the management team. However, everyone we spoke with during this inspection was satisfied with the care and support they received.
- We reviewed the provider's complaints records which showed any concerns raised had been addressed appropriately in line with the policy and procedure for managing complaints.
- The provider advised that they received frequent compliments about the care and support provided. They told us, "All compliments that we receive are passed onto the care staff as it is them that make the most difference to people's day to day living."

End of life care and support

- The service provided support for people at the end of their lives to enable people to remain in their own homes.
- The provider advised that training for the staff team in this area was provided by an external health professional as and when needed.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider was committed to providing a high standard of care to the people they supported. A member of the provider's management team told us, "We are very proud of the service we provide."
- The provider understood their responsibilities under the Duty of Candour. This places an obligation on providers and registered managers to be open and honest and take accountability when things go wrong.
- People, their relatives and staff members spoke highly of the provider and registered manager and told us that they were always available and supportive. For example, one relative told us, "I think the service is very well managed and professional. It is very well organised and I would definitely recommend it to others looking for care in their own home."

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

- The provider and registered manager had established robust governance systems which enabled the management team to have an effective oversight of all aspects of the service. This included care plans, risk assessments and medicine records.
- There were systems to identify and learn from any mistakes or areas of concern.
- Staff understood their roles and responsibilities and knew where to go for support or guidance if they needed to. A staff member told us, "If I have any questions or queries I just pick up the phone to the office. I can usually speak with the person who does our training for advice and guidance."

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

- People were fully involved in the service development. People told us that they were asked for their views about the quality of the service. One person said that the person that visited from the office to check the quality to care delivered had almost become a personal friend because they visited so often.
- Staff were encouraged to share their views and to make suggestions to further develop the service. Team meeting minutes showed that communication was a two-way process.

Continuous learning and improving care

- The provider and registered manager used information from quality monitoring and feedback to improve the quality of care people received.
- The provider stated in their PIR, 'By encouraging transparency, admitting mistakes and using them as a learning mechanism from top to bottom we seek to always improve.'

### Working in partnership with others

- The management and staff team worked in partnership to ensure people received the relevant support from other agencies as required; such as the local authority and community health care professionals.
- In addition to internal systems, local authorities that commissioned services from Helpers Homecare Limited carried out independent monitoring checks and visits. These checks were based on call times and punctuality, people's feedback and involvement.
- We noted positive feedback received from external agencies about the care and support provided. For example, emergency care technicians had complimented two care staff members saying, "Just fantastic, just amazing ambassadors for your company."
- The provider stated in their PIR, 'We have an inclusive view of our role in the local community. It is in the best interests of people to make and maintain good relationships with all agencies and the community around us. We have a good reputation and this helps with trust and responsibility issues.'