

Midshires Care Limited

Helping Hands Harpenden

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: Helping Hands Harpenden is a domiciliary (home care) care agency. It provides personal care to people living in their own houses and flats.

People's experience of using this service:

People told us they felt the care and support they received was safe. Staff received training in safeguarding and they knew how to report their concerns internally and externally to safeguarding authorities.

People told us they could rely on staff coming to visit them, however at times staff arrived later than the agreed visit time. People told us they were contacted when staff were late. We found that most calls were delivered on time and the registered manager allocated more travel time for staff between visits to improve in this area.

Staff received regular training, the registered manager observed their practical knowledge and competencies. Staff received appropriate training to meet people's needs.

People and relatives told us they were happy with the care provided by Hand in Hands Harpenden.

People and relatives told us the registered manager was approachable and listened to their concerns when they raised issues with them. Concerns or complaints were recorded and responded following the provider's complaints policy.

People and relatives told us staff were kind and caring. People's dignity and privacy were protected.

Care plans were developed when people started using the service, risk assessments were developed for each identified risk to people's health and wellbeing.

People told us staff were responsive to their needs and supporting them the way they wanted.

The service had policies and procedures in place which were based on current legislation and best practice guidance. Staff received updates when required to ensure lessons were learned when things went wrong.

The registered manager monitored the quality of the service through audits and feedback received from people and relatives. Audits and checks were also in place from the providers management team to ensure best practice. There was evidence that improvements to the service were implemented.

Rating at last inspection: This was the first inspection of the service since they registered with the Care Quality Commission on 12 January 2018.

Why we inspected: This was a planned inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Helping Hands Harpenden

Detailed findings

Background to this 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.

One inspector carried out this inspection.

Helping Hands Harpenden is a domiciliary (home care) care agency. It provides personal care to people living in their own houses and flats. Helping Hands Harpenden provides care and support to older people, younger adults, people living with dementia, people with a physical disability and people with sensory impairments. Not everyone using Helping Hands Harpenden receives the regulated activity of personal care. 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. There were 36 people receiving the regulated activity of personal care at the time of the inspection.

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

Notice of inspection: We gave the service 48 hours' notice of the inspection site visit because we needed to make sure that the registered manager would be in.

Inspection started on 11 February 2019 and ended on 13 February 2019. The day before we visited the office we contacted staff and relatives by telephone to explore their experiences. We visited the office location on 12 February 2019, we spoke with the registered manager and staff. We reviewed care records, policies and procedures and other documents relating to the service.

Before the inspection we gathered and reviewed information that we received from the provider on the provider information return (PIR). This is a document that the provider sent us saying how they were meeting the regulations, identified any key achievements and any plans for improvement. We also reviewed all information received from external sources such as the local authority and reviews of the service. We

spoke with people who used the service and their relatives.

During the inspection we:

Spoke with one care staff, Head of home care, the area manager and the registered manager We gathered information from two care plans which included all aspects of care and risk. We looked at three staff files including all aspects of recruitment, supervisions, and training records.

We also looked at records of accidents, incidents, complaints audits, surveys and minutes of staff meetings. We checked the provider`s policies and procedures relating to the management of the service.

Following the inspection we:

Reviewed information we requested such as training documents and we spoke with four staff, three relatives and seven people who used the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service. One person told us, "I feel safe. Staff are very professional."
- Staff had a good understanding of safeguarding and reporting concerns. One staff told us, "I would report any concerns to my manager." One staff member we spoke with had raised concerns with the registered manager who responded to the concerns as a priority.
- Staff received safeguarding training and safeguarding was discussed with staff in supervisions and team meetings.
- There were effective safeguarding systems in place to make sure people were protected from the risk of harm or abuse.

Assessing risk, safety monitoring and management

- People had risk assessments in place which were reviewed regularly or whenever there were changes to people's needs. Staff received specialist training and competency assessments in areas such as managing people's tracheostomy, (a tracheostomy provides direct access to the trachea by surgically making an opening in the neck). Nebulisers, (a nebuliser is a machine that helps you to breathe in a medicine as a mist through a mask or a mouthpiece). Staff received the appropriate training to ensure the care people received was safe.
- People's risk assessments gave guidance in how to mitigate risks in areas such as moving and handling, medication and other identified risks to people's well-being.

Staffing and recruitment

- Staffing levels met the needs of people using the service. People and relatives told us they felt there were enough staff to meet people's needs. Some people told us that they had at times received late visits but were contacted when this happened. However, most visits were delivered on time. One person said, "Staff always arrive on time."
- The provider recently introduced an electronic system to monitor calls. This was planned to be fully functional by the end of March 2019 to enable the registered manager to monitor visits on a live system. In the meantime, the provider monitored visits by weekly telephone monitoring to ensure people were happy.
- The provider had safe recruitment procedures and checks in place to ensure that staff employed were suitable to work at the service.

Using medicines safely

- People's medicines were managed safely. We noted that medicine administration processes were completed in accordance with good practice. Medicines records were completed accurately. Staff had received training and there were protocols in place for medicines prescribed on an as needed basis. This

helped to ensure that people received their medicines as prescribed.

- Where issues were identified, the registered manager took actions to ensure staff understood and followed best practice.

Preventing and controlling infection

- Staff used personal protective equipment such as gloves and good hand hygiene practice to aid infection control.

Learning lessons when things go wrong

- The registered manager took appropriate actions following incidents and learning was shared with staff. Risk assessments and care plans were updated after accidents and incidents to ensure measures in place were effective.

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

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

- People's needs were assessed before they started using the service.
- The registered manager confirmed, they discussed people's care and support needs to ensure these could be met.
- Assessments included people's choices and preferences.
- Care plans contained information about how to support people's needs, these were reviewed annually or when people's needs changed.

Staff support: induction, training, skills and experience

- One person told us, "Staff are absolutely brilliant."
- Staff were positive about their induction into their role and told us that it involved lots of training and shadowing more experienced staff members.
- Staff told us training included moving and handling, administration of medicines, dementia, and safeguarding people.
- Staff confirmed they received regular supervisions and competency assessments to ensure they remained competent in their job roles. We saw examples of competency assessments completed by the registered manager.

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

- People were supported with food if appropriate.
- People who required help were supported to eat and drink. One person said, "Staff help to prepare my food." Another said, "[Staff] always make me a cup of tea."
- Information about the care and support given was documented in people's care plans by staff appropriately.

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

- Staff and the management team worked well with other professionals to ensure that people received appropriate care. For example, the registered manager had a good working relationship with the specialist dementia nurse from the local hospital to ensure best practice.
- Records demonstrated that other professionals supported people to ensure they received appropriate care. Staff knew what to do should they needed to contact professionals such as GP's if required.

Adapting service, design, to meet people's needs

- The environment people lived in was assessed to ensure the space was suitable for the tasks required and to

ensure the safety of staff and people.

- Staff were aware of hazards such as loose carpets or wires and reported any hazards or concerns.

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

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

- People told us that they were always asked for consent before staff supported them. One person said, "Staff are always checking what I want."
- A relative said, "Staff are always asking if there is anything else they can do."
- Staff received training in the Mental Capacity Act and had a good understanding of how to support people in practice.

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

People were supported and treated with dignity and respect and involved as partners in their care. One relative said, "Staff are always kind and caring, they always ask if there is anything else they can do to help."

Ensuring people are well treated and supported; equality and diversity

- People told us staff were kind and caring and spoke with them in a respectful manner. One person said, "Staff are friendly and nice, all staff are kind and caring and they listen to me." Another person said, "It's very good care."
- One relative said, "Staff are fine and do their job, no problems with the care."
- People's cultural and religious beliefs were respected. People's care plans gave staff information about people's cultural and religious preferences. The registered manager told us, "We have a lot of staff and service users with different ethnic backgrounds. We respect each individual's culture."
- People's care plans were written in a person-centred way.

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

- Staff and management asked for people's views about their care. The registered manager confirmed they completed weekly telephone calls to gain people's feedback. They also carried out spot checks in people's homes. People were asked, how they felt about their care and support.
- Annual surveys were completed, and these confirmed people were happy with their support.
- People and relatives told us they were involved with decisions about their care.
- It was clear from people's care plans, they were involved in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was promoted. Staff told us they communicated what they were doing and always checked they had people's consent. One person said, "I am happy with the care. Staff turn up on time, they are kind and caring and respectful. They respect my wishes."
- People told us they were supported to be independent. One person told us, "I do my own medicine and staff partly prepare my food."
- Staff told us they promoted people's independence. One staff member said, "I always offer people options that supports their independence, [for example] I offer them the flannel when we are washing to promote their independence."

Is the service responsive?

Our findings

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

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

Personalised care

- People told us they received care and support as they liked it. One person said, "Staff are all good they work well, I am happy with the time of the calls."
- Care plans detailed people's preferences, likes and dislikes. For example, how the person liked their care delivered and what was important to them.
- People told us they were happy with their care and support they received. One person said, "I am happy with the care, it's a better experience than the previous company." One relative commented, "[Name] is happy with the care. They were apprehensive at first, but we have a regular carer, who is brilliant. They have built up a fantastic relationship and they have a good laugh. [Name] is in a better mood when [staff member] has been."

Improving care quality in response to complaints or concerns

- Most people told us they had no complaints about the service; however, they said they knew how to complain if they had any concerns. Some people did say that they had sometimes received late calls. We found that since the new registered manager had started in July 2018, late and missed calls had improved significantly. Staff confirmed that travel time had improved, and they were managing the visit times well. One staff member said, "I get to all my calls [visits] on time, things have changed for the better."
- Some people and relatives also told us that they thought the management team were not responsive. We spoke with the registered manager about these concerns. They were able to demonstrate that this had already been identified and was being addressed.

End of life care and support

- The service provided end of life care support for people. The staff had been prepared for this by ensuring people had their wishes documented in their care plans.
- Care plans showed that people were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes.
 - Where people were nearing the end of their life other health professionals were involved in their care to keep them as comfortable as possible and to remain at home if this was their choice.
 - We saw feedback relating to the end of life care and support both during and after the person died, and this talked about the outstanding caring support from staff and detailed how staff had gone the extra mile for people and their families.

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

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; and how the provider understands and acts on duty of candour responsibility

- The registered manager and care staff were passionate about providing high quality care.
- Policies and procedures in place were clear and up to date with current legislation around how to give the best care to people.
- The registered manager produced case studies of good practice and shared these at team meetings to promote staff learning around good practice.
- The registered manager held discussions and provided training to ensure staff delivered person centred care that met people's needs.
- People told us staff provided care that met their needs.

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

- The registered manager and the staff understood their roles and had a good understanding of their responsibilities. There were systems in place that ensured staff were aware of their rota schedules to ensure people received their support on time.
- Audits were completed to ensure the quality of the service. Audits were completed on care plans, medicines, staff files and feedback received from people. We saw that changes were made depending on what these audits found.
- The registered manager and staff promoted people's independence.
- The registered manager reported notifiable incidents to the proper authorities.
- There were plans in place for what to do in emergency situations such as a fire. There were contingency plans to run the service if the registered manager was unavailable.

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

- People and their relatives gave positive feedback about the registered manager and staff. One person said, "It's a fantastic service, the staff are lovely."
- Staff felt supported by the management team, but some felt that the communication could be better, the registered manager had recognised this and demonstrated they were resolving this issue. Staff we spoke with all felt the registered manager was supportive, approachable and listened to them. One staff member said, "What this [registered] manager say's, happens. Since [registered manager] has taken over, I feel more supported, it's a happier team and [registered manager] listens to me, I feel valued."

- Regular meetings were held with staff and people and their relatives had opportunities to express their views.
- The registered manager regularly collected feedback from people and staff. Actions were put in place to improve the service based on this feedback.

Continuous learning and improving care

- Minutes of meetings with people, relatives and other professionals were used to continually improve the service.
- The registered manager had plans in place to further improve the way information was collected for example the implementation of an electronic monitoring system.
- There was an emphasis on improving staff skills and knowledge. The registered manager said, "We ensure the staff have the right skills needed to provide good care."

Working in partnership with others

- The registered manager worked with other professionals to achieve good outcomes for people. The registered manager said, "We have a great community link with Jewish care, they provide care in the community for service users within their Religion. I approached them in November to gain advice and guidance to support a new customer."
- We saw examples of how people were supported with their cultural and emotional needs.
- The registered manager worked with other services they were associated with to share best practice and ensure consistency of care.
- The registered manager told us that they felt supported by the provider.