Helping Hands Allcare Limited

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## 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? | Requires Improvement |

# Summary of findings

## Overall summary

The inspection took place on 5 January 2017. We gave notice of our intention to visit Helping Hands Allcare Limited to make sure people we needed to speak with were available.

Helping Hands Allcare Limited is a home care service providing personal care services to people in their own homes on Hayling Island in Hampshire. At the time of this inspection there were 124 people living on the island who received personal care services. There were also four people registered with the service who were supported when they came to the island on holiday.

There was no registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 provider's HR manager had taken over the management of the service after the previous registered manager left in November 2016 and is referred to as "the manager" in this report.

The provider had arrangements in place to protect people from risks to their safety and welfare, including the risks of avoidable harm and abuse. Staffing levels were sufficient to support people according to their agreed call rotas. Recruitment processes were in place to make sure the provider only employed workers who were suitable to work in a care setting. There were arrangements in place to handle and administer medicines safely and in accordance with people's preferences.

Staff received appropriate training and supervision to maintain and develop their skills and knowledge to support people according to their needs. Staff were aware of the principles of the Mental Capacity Act 2005, although nobody supported at the time of our inspection had been assessed as lacking capacity. Where staff supported people by preparing their meals, this was done according to their preferences. People were supported to access healthcare services, such as GPs and paramedics.

Care workers had developed caring relationships with people they supported. People were encouraged to take part in decisions about their care and support and their views were listened to. Staff respected people's confidentiality, independence, privacy, and dignity.

Care and support were based on assessments and plans which took into account people's abilities, needs and preferences. People told us they had the same care workers on a regular basis, and there were no issues around missed or late calls. People were kept aware of the provider's complaints procedure, and complaints were managed in a professional manner.

The provider communicated a caring ethos. Systems were in place to make sure the service was managed efficiently and to monitor and assess the quality of service provided. People told us the service was flexible and responsive to their needs.

## 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 were protected against risks to their safety and wellbeing, including the risks of abuse and avoidable harm.

The provider employed sufficient staff and carried out recruitment checks to make sure workers were suitable for work in a care setting.

Processes were in place to make sure medicines were administered safely.

### Is the service effective?

Good

The service was effective.

Staff were supported by training and supervision to care for people according to their needs

Staff were aware of the principles of the Mental Capacity Act 2005.

Some people were supported to maintain a healthy diet by having their meals prepared. People had access to other healthcare services when required.

### Is the service caring?

Good

The service was caring.

People had developed caring relationships with their care workers.

People were able to participate in decisions affecting their care and support.

People's independence, privacy and dignity were respected. Staff respected people's confidentiality.

### Is the service responsive?

Good

The service was responsive.

People's care and support met their needs and took account of their preferences.

There was a complaints procedure in place, and complaints were dealt with in a professional manner.

## Is the service well-led?

**Requires Improvement**

The service was not always well led.

The service was operating in breach of a condition of registration because there was no registered manager in post.

A management system and processes to monitor and assess the quality of service provided were in place.

There was an empowering culture in which people were treated as individuals and could speak up about their care and support.

# Helping Hands Allcare Limited

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

The inspection took place on 5 January 2017. We gave the provider two days' notice of our visit to make sure people we needed to speak with were available. We contacted care staff by telephone in the days following our visit to the provider's office. The inspection team consisted of an 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. On this inspection the expert by experience had experience of caring for family members who used social care services.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law.

We spoke by telephone with 12 people who received support with personal care from Helping Hands Allcare Limited and seven family members who were closely involved in their relation's care. We spoke with the director of care, the HR manager, who was managing the service at the time of our inspection, and three care workers.

We looked at the care plans and associated records of seven people. We reviewed other records, including the provider's policies and procedures, the "Service users welcome pack", staff handbook, internal checks and audits, quality assurance records, training and supervision records, medicine administration records, logs of incidents and complaints, and recruitment records for four staff members. We viewed online feedback from people who used the service and their families, the service's website and social media page.

Good

# Is the service safe?

## Our findings

Everybody we spoke with told us they felt safe when their care workers were in their homes. One person said, "They are absolutely excellent. They are brilliant and I feel very safe with them." Another person said, "They always check that things are turned off and windows and doors are shut properly before they go. I really like the carers who come." A family member of a person who used the service said, "They are just marvellous. I know [Name] is in safe hands with these people." Another family member told us, "The people who come are so gentle with [Name] and I feel he is completely safe with them. They watch out for even the slightest thing … and they will let me know about it."

The provider took steps to protect people from the risk of avoidable harm and abuse. Staff were aware of the types of abuse, the signs and indications of abuse, and how to report them if they had any concerns. None of the staff we spoke with had seen anything which caused them concern, but they were confident any concerns would be handled promptly and effectively by the manager or senior staff. Staff were aware of the provider's safeguarding and whistle blowing policies, and these were included in the "Service users welcome pack" given out when people started to use the service. Staff had also received a leaflet on "What is elder abuse?"

The manager was aware of processes to follow if there was a suspicion or allegation of abuse. We discussed incidents which the manager had reported to the local authority adult services team or the police. They had taken appropriate steps to investigate them and found they were not substantiated or did not constitute abuse.

The provider identified and assessed risks to people's safety and wellbeing. These included risks associated with people's home environment, and specific individual risks such as self-neglect, infection, skin breakdown and falls. All the health and safety risk assessments we saw had been updated in the last year. They covered risk associated with the home environment, care tasks, pets, possibly hazardous substance, clinical waste, electrical and gas appliances, fire safety and medicines.

Where risks associated with people's individual care were identified, these were taken into account in the guidance for staff in people's care plans. One person's risk assessment for moving and repositioning showed where they could be independent and where care workers should support them. Another person had been identified as being at risk of choking, and their care plan said they should be supported to eat and drink with small spoonfuls and sips. A third person's care plan contained guidance for staff how to help the person avoid and reduce risks associated with their not being able to leave their bed.

Staff logged and reported accidents and incidents in line with the provider's policy. Records showed these were followed up. When care workers were concerned a person was receiving inappropriate telephone calls which could put them at risk of financial abuse the provider made sure the person's family were aware. Care workers responded to physical accidents and called paramedics, for instance when they found a person on the floor at the start of a visit.

There were sufficient numbers of suitable staff to support people according to the agreed rotas and to cover sickness and other absence. People did not raise any concerns about missed calls, and records showed a very low level of missed calls. Staff told us their workload was manageable.

The provider carried out the necessary checks before staff started work. Staff files contained evidence of proof of identity, a criminal record check, employment history, and good conduct in previous employment. The manager told us they used interviews to identify and screen candidates who were not suitable to work in a care setting, using their "gut feel" if necessary.

Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people.

Arrangements were in place to make sure medicines were handled and administered safely. Staff were aware of the provider's policy in this area. All care workers received training in medicines and had their competency signed off before they started to administer medicines.

Records and guidance were in place for care workers to administer prescribed medicines. The records we reviewed had all been completed correctly. Where people were prescribed short courses of medicines, for instance antibiotics, there were ad hoc medicines charts with instructions for care workers. Where people were prescribed creams or ointments, there were directions for care workers how to administer them. Care plans took into account people's individual needs with respect to medicines. For instance one person's care plan instructed care workers to administer medicines at the start of the call, as some needed to be taken 30 minutes before eating. Another care plan stated care workers should administer eye drops when prompted by the person.

Where errors with medicines were reported, the provider followed up to check the person's safety had not been affected. This was followed by other appropriate action, such as additional training for the care worker.

Good

# Is the service effective?

## Our findings

People and their relations were confident staff had the skills and knowledge to support them according to their needs. One person said, "They (the care workers) are really well trained. We have a ceiling hoist and they are all skilled in using it." Another person's family member told us, "They are very efficient and professional but kind as well. My [relation] has a bath six evenings a week and they use the hoist but they know exactly what they are doing and he is always clean and comfortable when they go."

Staff were satisfied they received appropriate and timely training and had enough supervision meetings with the manager or a senior staff member. One care worker with experience of working for other providers said the training was "the best they had ever had". They told us they had received thorough induction training which prepared them to support people according to their needs. There was regular refresher training in topics such as equality and diversity, fluids and nutrition, moving and repositioning, medicines, safeguarding and mental capacity, first aid, health and safety, and fire safety. Other courses included dementia care, behaviour that challenges, personal care, catheter and stoma care.

Induction and refresher training was based on the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff were supported to obtain relevant qualifications and diplomas.

Additional training in supporting people who took fluids and nutrition through a tube was provided by community nurses. Some staff had gone to a local hospice for guidance on caring for people at the end of their life. A staff member had qualified as a dementia friends champion, which meant they were qualified to deliver dementia friends training to their colleagues.

The manager had an effective system for monitoring staff training. Their records showed clearly where staff had completed training, where it was due and where it was overdue. Where staff had missed training because of sickness, we saw that courses were scheduled in the near future.

Training topics were followed up in supervisions, spot checks and competency checks. These were documented and the records were kept in staff files. The provider's policy was for staff to have supervisions every six months. The manager's records showed some staff were two months late with their supervision. However staff told us there were enough opportunities for informal contact with the manager and senior staff if they had any concerns. Staff said they felt supported by the provider to carry out their roles and responsibilities.

Routine training included mental capacity and the Mental Capacity Act 2005. The Act 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 the least restrictive possible.

Staff were aware of the principles of the Mental Capacity Act 2005 and their responsibilities with respect to people who might lack capacity. However at the time of our inspection there were no people using the service who had been assessed as lacking capacity.

People had signed consent forms to show they agreed to the personal care described in their care plans. Other consent forms were in place for the sharing of personal information and the use of a key safe for care workers to gain entry to the person's home. In certain cases consent forms were in place for checking the temperature of a person's bath, and for care workers to administer eye drops. Where people had made an advance decision to decline resuscitation in the case of heart failure, records showed this had been discussed with the person and, where appropriate, their family. Care workers were aware of the importance of obtaining consent on a day to day basis and gave us examples of how and when they did this.

Care workers' involvement in supporting people to eat and drink enough and to maintain a healthy diet was limited to preparing meals which had been purchased by the person or their family. One person told us their care workers involved them in decisions about their meals as much as possible. They said, "They (care workers) come in to get my meals ready. I normally have things that can be done in the microwave but they don't just put things in. They tell me what I've got in the fridge or the freezer and ask what I'd fancy for my lunch." If a person declined to eat the meal that had been prepared, care workers referred this back to the office in case it was a symptom of illness or other cause for concern. Care workers received training in food hygiene in the "fluids and nutrition" component of the training programme.

Records showed care workers had called in people's GPs, community nurses and paramedics when appropriate. The provider had also worked with community nurses and community psychiatric nurses to make sure people's care plans met their needs as effectively as possible.

Good

# Is the service caring?

## Our findings

Everyone we spoke with told us their care workers were kind and compassionate. People said that staff were respectful and polite and observed their rights and dignity. There were no concerns about the behaviour and attitude of the staff. Everyone spoke warmly about them. People told us they had regular carers except for holidays or sickness which made it easier to establish caring relationships.

One person said, "I try to be as independent as I can but I have help to shower just for security really. It's good to know they are there and they never make me feel useless." Another person said, "I'm very happy. It's usually the same three people who come all the time and I'm very fond of all of them." A third person told us they were very happy with the service: "She (care worker) feels more like a friend to me. They are all good people." Another comment was, "It's so nice to have a chat and a laugh with somebody."

People's family members were also complimentary about the relationships between care workers and the people they supported. On family member told us, "I am really pleased that they are more mature people because I really wouldn't want anybody who is younger than [my relation]. They are very understanding." Another family member said, "They are really brilliant. My [relation] really looks forward to them (the carers) coming because he has such a good rapport with them."

Continuity of care workers enabled them to build up caring relationships with people. There were five members of staff who had worked for the agency for more than 20 years. There were also people who had a longstanding relationship with the agency. These included people who used to work for the agency and people whose parents had used the service.

The manager told us it was the provider's practice for a staff member to visit the families after people passed away with a condolence card. A bereaved family member had contacted the manager when their relation's care worker had called in their own time to check they were all right in the days following their relations death. The care worker knew they were alone in the house with no family nearby.

On another occasion a member of the public contacted the office when they saw a person they knew used the service outside their home. The member of the public was concerned for the person's welfare. A member of staff attended the person to check they were all right and to offer them a lift home. Records showed an incident when a care worker had called a person's GP. The on-call staff member had contacted the person regularly during the evening until they had heard from the GP. Staff showed a caring attitude outside regular calls.

People were satisfied they were involved in decisions about their care, and were able to express their views. One person said, "They come every six months to have a look at my care plan and talk through anything that needs tweaking. They really keep an eye on me."

Records showed people and their families were involved in annual service reviews and care plans were written to encourage people's involvement. One care plan noted the person liked to be notified of any

change of routine. Another person's plan stated, "Independent lady. Care worker to check on support required at each visit." Other care plans included instructions such as: "Ask [Name] if he would like a drink, light on etc."

Care workers respected people's dignity and privacy. They gave us examples of how they respected people when supporting them with personal care. They used people's preferred names and took their other preferences into account. One person's care plan stated, "[Name] is self- conscious, observe dignity and respect at all times."

Staff told us nobody using the service had particular needs or preferences arising from their religious or cultural background. However there had been examples in the past when a person's care had been adjusted to take these into account. The care assessment process was designed to identify if the person had relevant needs or preferences in this area. Staff were aware of some of the adjustments to people's support that could arise from this. Equality and diversity was included in regularly refreshed training.

The provider took steps to make sure information about people was protected and kept confidential. There were confidentiality and data protection policies which staff signed to show they had read them. The provider also had a social media policy designed to make sure staff respected professional boundaries when using social media.

Good

# Is the service responsive?

## Our findings

People were satisfied they received assistance with their personal care that met their needs and took into account their preferences and wishes. One person told us, "I look forward to seeing [care worker]. I know she's got other people to go to but she doesn't rush around and always stays as long as she should."

Another person's relation described how the service had responded to their family member's preferences: "They are as flexible as they can be. The staff in the office are very accessible and accommodating. We've only ever had carers a couple of times who my relative didn't like. There was absolutely nothing wrong with them, it was just that she didn't take to them like she has to the others. I called in to the office to have a chat with them and they didn't make me feel uncomfortable at all and were really understanding. They switched those carers so my relative was happy about it."

A third person's family member said, "They came to see us when my relative was in hospital and went through everything and then they came straight away when she came home and went through everything again."

Care plans were detailed, individual to the person and were organised according to goals and tasks, risks and hazard, and actions and assistance. They stated what people were able to do independently and where they needed help. For example a person was able to take their medicines independently but had assistance to apply creams. Details included a reference to make sure a person had their glasses before leaving and specific information about how to gain entry to the person's home. Where a person was able to move independently and lived in a large property, there were suggestions for care workers where they might be found at the times of their visits. Staff told us the care plans contained the information they needed to support people according to their needs and preferences.

Records showed people's care was reviewed with them regularly and when required. Care plans were updated and corrected in response to any concerns identified in these reviews, for example when inconsistencies were identified in medicines information. All the care plans we looked at had been updated within the past year. The manager reviewed a sample of care plans each month or if required changes were indicated.

Care workers supported people in line with their agreed plans. The support people received was recorded in daily logs which showed the support provided. Where people were supported by two care workers, both signed the logs to show they were in attendance.

People were confident any concerns they raised would be dealt with promptly and effectively by the manager. There was a complaints procedure which was made available to people in their "Service users welcome pack". The manager told us this was made available in braille for one person and they had previously made a large print version available for a partially sighted person.

Complaints were logged, followed up and replied to. There had been nine complaints in the past year, and

all had been managed in a professional manner with appropriate action taken. When the service received a compliment or positive feedback, this was scanned and sent to the care worker concerned. The provider responded positively to feedback from people.

Requires Improvement

# Is the service well-led?

## Our findings

There was no registered manager in post at the time of our inspection. The previous registered manager had notified us at the beginning of November 2016 that they had tendered their resignation and would be leaving the service at the end of that month. The provider had also nominated the registered manager as their second registered person (nominated individual). This meant there was also no named person responsible for supervising the management of the service when the registered manager left. At the inspection we found the director and HR manager had worked to provide continuity of management and maintain the quality of service. They told us the HR manager intended to register with us, but this had been delayed by the Christmas holidays. We suggested they start the registration process as soon as possible as they were carrying on a regulated activity in breach of a condition of registration. Two weeks after the inspection we had not received the first stage application. This meant the service continued to be in breach of a condition of registration.

Helping Hands Allcare Limited's stated vision and ethos was to offer a personalised, confidential service for people wishing to remain in their own homes. This was communicated on the provider's website and in their statement of purpose which was included in their "Service users welcome pack". Staff we spoke with were aware of this ethos. One care worker said, "We are there to help people be independent".

Staff told us there was an open, empowering atmosphere. They felt able to raise concerns and there was good two-way communication. One care worker told us they had never worked in a friendlier environment.

The manager and director spoke about the service in a way that made clear they were proud that staff delivered a high quality of care. They said care workers went "the extra mile" for people and supported each other. They said they wanted care workers to provide the same level of care they would for a member of their own family. They communicated this ethos through induction and refresher training, the staff handbook, and whenever staff came into the office. They received feedback on this through staff shadowing, spot checks and from people when they contacted the office.

The agency had recently moved to a new office closer to local shops and cafes. This had enabled them to start making closer links with the local community. They had stayed open late so passers- by could call in after work. They had received invitations from the local church, library and Royal British Legion to explain the sort of services they offered.

People told us they had no problems with the service and they felt it was well managed. One person said, "Somebody comes out quite regularly to check on everything. They are always doing training as well. The other week somebody came out with my carer to watch her because she is doing an NVQ (National Vocational Qualification) and they came to assess her." Another person said, "It's only a small office and the staff are really nice and approachable. If they say they are going to deal with something then rest assured, they do it. It's a very good service in my opinion." A third person's family member told us, "They did a full assessment of my relative's needs at the beginning and they have been out since to go through the care plan to make sure things are still all right."

There was an effective management system in place. The manager carried out staff appraisals and delegated other tasks, such as supervisions, competency checks and spot checks to care co-ordinators and senior care staff. The manager used the computer system to monitor progress of supervisions and training. They were aware some staff members were two to three months behind schedule for their supervisions, but staff did not raise any concerns with us about this. The manager tried to arrange staff meetings every two months, but the last of these had taken place in September 2016. People were happy that their calls were delivered according to their agreed plans. We received no complaints about missed or late calls, and records showed these were very rare.

People were able to express their views about the quality of their service in a number of ways. There were telephone reviews after people started to use the service, people could feedback via their care workers and people and their families were invited to use an online service to rate the service. There were 29 testimonials from people who were satisfied with the service with an average rating of 9.3 out of 10. The only concerns raised were about continuity of care workers. The manager told us they attempted to provide continuity and most people were satisfied they had the same care workers wherever possible.