

Dr Shama Azmi

Helping Hand Domiciliary Care Service

Inspection report

Unit 21, Railway House
Railway Road
Chorley
Lancashire
PR6 0HW

Tel: 01257277510

Date of inspection visit:
27 August 2019
28 August 2019

Date of publication:
10 September 2019

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 Hand Domiciliary Care Service is a care at home service providing personal care to 50 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. Personal care is help with tasks related to personal hygiene and eating. Where the service provides this help, we also consider any wider social care provided.

People's experience of using this service and what we found:

People told us they received safe care and treatment. Staff undertook risk assessments for people they supported and any identified risks were managed well. Care staff understood the importance of safeguarding people they supported and they knew how to report accidents and incidents.

Staff had completed training in the safe administration of medicines. People were encouraged to maintain their independence and, where required, protocols were in place to support people to self-administer their own medicines. People were happy with how they were supported around their medicines.

People told us staff visited as planned and they were punctual. The registered manager had processes for monitoring visits and office staff contacted people when care staff were held up or were running late for visits.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We noted one case where staff may have been imposing unauthorised restrictions on someone and this matter was resolved during the inspection.

Staff liaised with health care professionals and supported people to attend appointments. People were supported to make healthy choices in relation to lifestyle. People told us staff helped them prepare meals and could accompany them to appointments.

Staff received training which enabled them to provide safe and effective care. Senior staff regularly observed staff in practice. Staff received regular supervision from the registered manager and told us they felt supported.

People and their relatives understood how to make a complaint. People told us they felt listened to. There had been five complaints since the last inspection that had been managed in line with the service's policy.

There was information available throughout people's support plans which enabled staff to provide person-centred care. People and their relatives had been involved in the care planning process.

The registered manager maintained clear records of quality assurance and good governance. People and

their relatives provided consistent positive feedback about the registered manager, office staff and individual members of the care staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 8 July 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Helping Hand Domiciliary Care Service

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team:

This inspection was conducted by an inspector. The inspector visited the office to review records and speak with management and staff. On the second day, the inspector spoke with people on the phone to seek their views about the care they received.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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:

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection:

Our planning took into account information the provider sent us since the last inspection. We also considered information about matters the provider must notify us about, such as events involving injury. We

obtained information from the local authority commissioners and safeguarding team and other professionals who work with the service.

We used the information the provider had sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection:

We spoke with five people who used the service and four relatives. We spoke with the registered manager, a representative of the provider, two senior staff members who were based in the office and two care workers.

We reviewed four people's care records, four staff recruitment and personnel files, staff training documents and other records about the management of the service.

After the inspection:

We continued to seek clarification from the registered manager and provider representative to validate evidence found. We looked at training data, policies and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems and processes in place to protect people from abuse. When we spoke with staff they understood how to look out for signs of abuse and how to report their concerns. They also knew how to elevate concerns to external authorities if required.
- People told us staff protected them from harm or neglect. One said, "I feel very safe with staff and know they would always look out for me."
- The registered manager was able to describe the actions they had taken when incidents had occurred which included reporting to the emergency services, to CQC and the local authority. Staff told us they were trained in basic life support and felt they would be competent to follow the accident and incident policy and procedure. One relative said, "Recently staff found my relative in a poorly state. They acted quickly, did the right thing and as a result, they came to no permanent harm."

Assessing risk, safety monitoring and management

- The registered manager and senior staff assessed and managed risks to keep people safe. This occurred before they started to provide a package of care. Risk assessments had been completed for people on an individual basis and support plans reflected how their safety would be protected.
- Records showed assessments were undertaken for people's physical and emotional needs, their home environment and medicines management. Consideration was also given to the safety of the environment and any risks from a staff safety point of view.
- Staff engaged health and social care professionals when specialist advice was needed. For example, a person was assessed by a specialist nurse because there was special way of supporting them with their continence. In this case, staff were trained by the nurse to use equipment safely.

Staffing and recruitment

- People told us they were happy with their allocated visits and staff were routinely on time. Staffing rotas supported there were enough staff on duty. One person said, "In the main they are very good. I can't grumble. If they are ever running late, they will always let me know."
- The provider organised a dedicated driver to assist staff teams in some geographical areas to prevent late calls and delays between visits. Staff told us this worked well. Some staff also worked in close proximity to a group of people receiving support and said that this enabled them to travel quickly between visits.
- The registered manager and provider representative followed robust recruitment processes. Employment history and references were sought before staff were appointed. Disclosure and Barring Service checks were also completed to make sure staff were suitable to support people who may be vulnerable.

Using medicines safely

- People were prompted to take their medicines and staff administered medicines when needed. The service had a medicines policy in place which covered the recording and administration of medicines.
- We saw good examples of how people were supported to be as independent as possible with their medicines. People told us they were happy with the way the service supported them with their medicines.
- Medicines records were audited by senior staff members when they carried out monitoring visits and when records were brought back to the office every month. We noted any issues were dealt with.

Preventing and controlling infection

- People were protected against the risk of infection. Staff had access to protective clothing and had received training in infection control and food hygiene. People and their relatives told us, where appropriate, staff wore protective clothing.

Learning lessons when things go wrong

- The registered manager and provider representative used staff meetings and supervisions to share best practice ideas including, how to learn lessons when things went wrong. In the most recent meeting, we noted that staff were encouraged to deal with some aspects of medicines administration differently so to avoid errors.
- The registered manager and provider representative demonstrated good knowledge of learning from incidents and knew how to seek support from external professionals when faced with a situation they were unfamiliar with. Staff members said that they had no qualms about letting office staff and relatives know of any incidents when things might have gone wrong.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant 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 physical, mental and social needs were holistically assessed, and their care, treatment and support was delivered in line with legislation, standards and evidence-based guidance.
- People's support plans showed detailed assessments had been undertaken before services were agreed. The assessments showed liaison with the person's involved relatives and professionals such as social workers, district nurses and GPs. A senior staff member said, "We assess regularly. There is a full assessment at the outset and thereafter, when things change and at regular reviews. We take account of guidance such as that from CQC, local authority and other organisations."
- We noted that the service was part of a local authority 'approved supplier' scheme. This meant the service was required to comply with recognised standards of operation and care delivery. In an assessment by the local authority in August 2019, we noted the service had scored positively as far as care and support standards were concerned. There were some issues around administration relating to compliance with local authority systems that the provider's representative said they were dealing with.

Staff support: induction, training, skills and experience

- People were supported by trained, competent and skilled staff. Staff underwent an induction process and senior staff observed their practice before they were deployed to work alone. Staff new to care had to complete the Care Certificate. This is a recognised programme of quality training and supervision that covers essential elements of the provision of social care.
- Training areas included, first aid, safeguarding, moving and handling skills and equalities and diversity. Staff told us they enjoyed the training provided and believed it gave them the knowledge and skills to provide safe and effective care. A relative said, "Care staff seem to be on top of their job and I am happy with their level of skills and training."
- The registered manager and senior staff supervised and appraised staff members' performance. Staff told us supervisions were regular and looked at their development in the service. One staff member said, "The supervisions are constructive and regular."

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

- People were supported to eat and drink enough. One person said, "The carers prepare my food and always encourage me when they are here."
- People were assessed in relation to the risks associated with nutrition including weight loss and swallowing. The registered manager said that people were referred to specialists in this area when needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The service worked with other agencies and professionals to ensure people received effective care. Where people required support from other professionals, this was arranged and staff followed any guidance provided.
- People were encouraged to maintain their life skills and safety when preparing meals and, where appropriate, were monitored by staff.
- The registered manager told us that, where required, staff could provide people's personal carers, which often included relatives, with an opportunity to take respite and look after their own wellbeing.

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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager and senior staff completed mental capacity assessment forms during people's needs and support assessments. This helped to find out whether or not they had capacity to make decisions related to their care and treatment. Where people did not have capacity to make their own decisions in relation to complex issues such as those relating to support needs, staff consulted with relatives and external professionals. This was to ensure people were supported to be safe with the appropriate levels of support.
- In one case however, we noted a person's mental capacity had deteriorated over time and, as such, they could not consent to restrictions that were imposed. This related to the person's access to medicines in their own home. Although it was clear the service believed it was acting in the person's interests, these restrictions required lawful authority and representations should have been made to the local authority around the changes.
- During the inspection, this issue was addressed and the deputy manager and provider's representative contacted the local authority so that the matter could be dealt with appropriately. The registered manager said, "This example shows us the need to be pro-active around when people's mental health conditions change and to ensure that we let the relevant authorities know when we have concerns."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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; Respecting and promoting people's privacy, dignity and independence

- People were treated in a kind and respectful way. We received overwhelmingly positive feedback from people and their relatives. Typical comments included, "The staff just deal with me right. They promote my independence by letting me do what I can but are never too far away in case I have a problem." and, "They are very caring and I don't have any problems."
- Staff were trained in equality and diversity and people's support plans showed assessment of people's needs and preferences in relation to sexuality, gender, age, culture and religion.
- People's support plans contained information about people's background and life history. This enabled staff supporting them to understand what was important to them and provided prompts for conversation. Staff told us this was helpful when supporting people.
- Relatives told us about their experience with staff members providing support to their loved ones. One said, "My relative is very happy with them. They come at the right time and stay for the right length of time."
- The registered manager ensured people were supported by a small group of staff who were familiar with their needs and preferences. Staff told us this enabled them to build trusting relationships with people and their relatives. One person said, "I like to have the same staff and the office usually organise it that way."
- Confidential documents were locked away at the office with only authorised staff having access to them.

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

- People and their relatives were encouraged to be involved in the care planning process and to make decisions about their care. Records showed people's involvement in services provided. A person told us, "I have been involved in all aspects of the package of care I receive." Another said, "If something is not working out such as the timing of visits, there are no issues with me sorting it out and, usually, the service will accommodate my wishes."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Senior staff developed person-centred support plans with people's involvement. Where appropriate, people's relatives were involved.
- Staff had access to care summary documents at people's home. These provided important information about the person they supported. Plans were reviewed on a monthly basis and updated as people's needs and preferences changed. One person said, "I am involved with [name of senior staff member] and we sit down with my relative and regularly review what the service is doing for me."
- People and their relatives told us they received support in line with their preferences and wishes. Staff said they understood the importance of providing people with person-centred care and demonstrated good knowledge of the needs of people they supported.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood how best to communicate with people they supported. Support plans contained information about people's language, sight, hearing and cognition. Senior staff assessed the best ways to aid communication. This was considered routinely and when a person was referred to the service. The registered manager said that any important documents could be provided in any format and this included in braille, easy to read and pictorial formats.
- People were supported to access and attend appointments with professionals to aid their communication. For example, we noted referrals to opticians and the speech and language team.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager and staff supported people to maintain relationships and attend social activities. People were monitored for social isolation and office staff would inform the nearest relative if they were not undertaking their usual routine both at home and in the community.
- People told us staff members took time to sit and talk with them. One person said, "They are always bright and have a smile for me. We sometimes sit down and have a chat and a laugh."

Improving care quality in response to complaints or concerns

- People had access to the complaints procedure and told us they felt confident to raise any concerns.

Relatives told us, "Only had an issue a while ago. We raised it and it was all sorted out. No bother." Another said, "I'm happy raising anything with staff or the office. Things are quickly sorted out."

- The service had received five complaints in the past 12 months. We noted these had been responded to consistent with the policy; the matters had been investigated and the circumstances and any resolution had been confirmed in writing.

End of life care and support

- The service had explored people's preferences and choices in relation to end of life care. Records included information relating to people's preferences at end of life and their cultural and spiritual needs.

- At the time of the inspection, the service was not supporting anyone with end of life needs. The registered manager said that, if required, staff would work with relatives and alongside community health care professionals to support people near to end of life. Two senior members of staff had specific training in this area and training would be given to other staff members if requirements demanded further support from the service.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture which was centred around providing person-centred care. This was seen whilst talking with care staff, office staff, the registered manager and provider's representative.
- People and relatives told us the management and staff team were consistently friendly and respectful. Staff told us they felt involved in decision making processes and in the running of the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a policy and the registered manager and provider representative had an understanding of their responsibility of duty of candour. Duty of candour is intended to ensure providers are open and transparent with people who use services in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people about the incident, providing reasonable support, providing truthful information and an apology.
- The provider representative said, "We take honesty and openness very seriously. We quickly sort things out if there are any errors and know the importance of this in resolving the matter."

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

- The registered manager and staff were clear about their roles and had a job description and employment contract which specified the provider's expectations. The registered manager and provider had good awareness about what information needed to be shared with all regulatory bodies.
- Notifications the registered manager and provider were obliged to make such as those involving injury or alleging abuse, had been made to CQC and local authority.
- There was an on-call system that provided support to people and staff. Staff said that this reassured them and they felt supported.

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

- All the people and relatives we spoke with told us management staff were approachable and they felt fully involved in their care and support arrangements. Some confirmed they could participate in annual surveys if they wished. One person said, "I can quickly sort any issues out. The caring and office staff are fantastic."

[Name of office staff] is brilliant and deals with issues and will come out to me if appropriate."

- Staff members we spoke with were complimentary about the registered manager, provider's representative and support they received from office staff. Records supported that regular staff meetings were being held.
- The service had received a number compliments from people and relatives about the service and individual staff members. One said, "Thank you all for the help you provided. We were very fortunate to have such dedicated carers." A relative said, "I know that the service has been in business 20 years and provides a real service to the community. We feel fortunate to have benefitted from it over the years. Thank you."

Continuous learning and improving care

- There were systems and processes to monitor, assess and evaluate the service. The registered manager maintained clear auditing records and evidenced when action had been taken. We noted in the case of a recording error around the administration of a medicine, a senior member of staff had spoken with the staff member and competency checks were put in place to try and avoid a repeat of the error.
- We noted the provider representative had involvement in checking that the service was effective and compliant with legislation. At the inspection, they were seen to be involved in the supervision of aspects of the service such as local authority compliance requirements referred to in the 'Safe' section of this report.
- The service had been chosen to represent the geographical area in a 'Parliamentary Review' of community social care services. This national review included consideration of funding, staffing, provision and quality and we noted that the service had been actively involved in the process.

Working in partnership with others

- The registered manager and provider worked in partnership with other agencies to ensure best practice was learnt. People's support plans showed engagement with health and social care professionals and staff were encouraged to seek advice if they were unsure of how best to support an individual. We noted that this included work with district/community nurses and GPs to ensure 'joined-up' care.