

Helping Hands Watford Ltd

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Inspection report

173 St Albans Road
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20 July 2016
26 July 2016
04 August 2016
22 August 2016
23 August 2016
10 September 2016
14 September 2016
15 September 2016
04 October 2016

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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

We undertook an unannounced inspection of Helping Hands Watford, 173 St Albans Road, Hertfordshire. The service provides care and support to people living in their own homes; at the time of our inspection 35 people were being supported by Helping Hands.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems in place to keep people safe from harm. People we spoke with felt that staff knew how to keep them safe. The provider had undertaken risk assessments which were regularly reviewed to minimise potential harm to people using the service. There were appropriate numbers of staff employed to meet people's needs and provide a safe and effective service. However, some people felt that staff were sometimes late attending their visits because of traffic.

Staff we spoke with were aware of people's needs, and provided people with person centred care, however, some staff for whom English was not their first language had some difficulty understanding information.

People's care records were regularly updated to reflect changes to their circumstances and the provider kept abreast of those changes to ensure that any further support people may require was acted on. People were supported and encouraged to eat and drink well and where required the service supported people to make appointments with or attend health care services.

People confirmed that their privacy and dignity was respected by staff and that they were encouraged to do as much as possible for themselves in order for them to retain their independence and life skills. People were supported to make decisions for themselves. Where people were not able to make decisions for themselves, the provider had a system in place to ensure that, best interest decisions were made on their behalf which involved advocates and other professionals; this was recorded in people's care plans.

The provider had a recruitment process in place which ensured that staff were qualified and suitable to work in people's homes. Staff had undertaken appropriate training and had received regular supervision and an annual appraisal, which enabled them to meet people's needs. Medicines were administered safely by staff who had received training.

The provider had a system in place to ensure that complaints were recorded and responded to in a timely manner as well as an effective system to monitor the quality of the service they provided.

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

There is a high level of understanding of the need to make sure people were safe.

Staff were actively encouraged to raise their concerns and to challenge when they feel people's safety is at risk.

Staff had been trained in safeguarding and were aware of the processes that were to be followed to keep people safe.

Medicines were managed appropriately and safely.

Staffing levels were appropriate to meet the needs of people who used the service.

Staff recruitment and pre-employment checks were in place.

Risks were assessed and well managed.

Is the service effective?

Good ●

The service was effective

Staff had the skills and knowledge to meet people's needs.

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

Consent was sought in line with current legislation.

People were supported to eat and drink sufficient amounts to maintain good health.

People were supported to access health care professionals.

Is the service caring?

Good ●

The service was caring

People who used the service had developed positive relationships with staff at the service.

People's privacy and dignity were maintained.

People were involved in the planning and review of their care plans.

Is the service responsive?

Good ●

The service was responsive

Staff were aware of people's support needs, their interests and preferences.

There was a complaints procedure in place.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in place.

Staff felt supported by the management team.

Regular audits were undertaken to assess and monitor the quality of the service people received.

People were asked their views on the service.

Helping Hands Watford Ltd

Detailed findings

Background to this inspection

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

The inspection took place on 20 July, 26 July, 4 August, 22 August, 23 August, 10 September, 14 September, 15 September and 4 October 2016. The provider was given 48 hours' notice of the inspection to ensure the appropriate staff would be available to assist us with the inspection.

We previously inspected Helping Hands Watford in November 2015 and found they were not meeting the standards in relation to safeguarding people and staffing and we found that the service was in breach of regulations 17, and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that the service had improved and they were now meeting the required standards.

The inspection was conducted by one inspector. Before the inspection, we reviewed the completed Provider Information Return (PIR) which the provider had sent to us. The PIR is a form that asks the provider to give some key information about the service such as, what the service does well and improvements they plan to make. We also reviewed the service's previous inspection report and information we held including notifications. A notification is a document which informs us about important events which the provider is required to send us.

The service had a registered manager in post who was also the provider. 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.

At the time of our inspection Helping Hands Watford were providing care and support to 35 people in their homes. During our inspection we spoke with 10 people who used the service, the registered manager, one deputy manager and three office staff. We also spoke with 18 care staff and eight relatives of people who

used the service. We reviewed the care and support records of eight people that used the service, ten staff records and records relating to the overall management of the service.

Is the service safe?

Our findings

During our previous inspection we found that staff did not always understand how to keep people safe, in particular risk assessments were not always reviewed and updated to show the current risk. During this inspection we found that people's risk assessments and environmental risk assessments were updated annually or before should a change in the person's circumstances become apparent. Staff we spoke with told us that they also verbally reported changes to the provider or office staff such as if they felt that a person's risk had increased or decreased. Risk assessments we reviewed clearly stated what the potential risk was, the seriousness of the risk (low, medium or high) and what safety measures could be taken to minimise the risk. These measures helped to keep people safe.

There were mixed comments from people and relatives in relation to people feeling safe. People gave comments such as "Yes I feel safe", "Yes, mums Safe", and "Yes, I do feel safe, but I do think their might be some difficulties in making emergency contacts based on [staff] English." We found that some staff did have some communication difficulties as English was not their first language; however people did not feel that it was detrimental to them being kept safe. We noted that a number of staff that we had spoken with that felt their English could be improved and they were actively attending English classes. This demonstrated that they were taking steps to improve their command of the English Language which would assist their communication with the people they supported.

We saw that the provider had raised safeguarding concern with relevant authorities and acted on advice given. Staff we spoke with were aware of what constituted safeguarding concerns and were all able to describe what action they would take if they had any concerns. Staff were able to tell us where they could find the provider's policy on safeguarding and they knew how and where to report such concerns internal or to external organisations such as the local authority. Training records we reviewed showed that staff had all received training in safeguarding people. We noted in a staff meeting held June 2016, staff were reminded to discuss the safeguarding policy with people and to hand out the safeguarding leaflet. This helped raise the profile of safeguarding processes.

People told us that they did not always have the same staff member carrying out the home visit, but staff had identification badges with them and most of the time they would receive a telephone call from the office informing them that a different staff member would be undertaking the visit. One person told us "In the past two of them have turned up [staff] the one I know will introduce me to the one I don't know and then [staff] would be off again".

We spoke with staff about the provider's whistle-blowing policy. Whistle-blowing is a way of staff reporting concerns anonymously without fear of the consequences of doing so. Staff were aware of who they could report any concerns to within their organisation and how to escalate any concerns that they felt were not being addressed.

People and staff felt that there was enough staff to keep people safe, but some people felt that there was not enough time allocated to staff to travel between visits. One person said " [staff] are sometimes late, not

very late 15 to 20 minutes, but I do understand because I know in the mornings the traffic can be a nightmare around here, but when schools out [school holidays] that usually isn't a problem." We were told by the provider that where possible staff were allocated rota to attend to people based on a geographical area to try and minimise late or missed calls. However they recognised that further work was required to reduce frequency of 'late visits' further.

The provider had a recruitment process in place which included all staff having completed an application form, references had been obtained and staff had a disclosure and barring check (DBS) prior to starting work. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

We reviewed the Medicine Administration Records (MAR) for one person. We saw medicine was given at the correct time and had been recorded appropriately. Each person's medicine record held details of any allergies. Records were also kept for PRN medicines. There was a policy available for staff to refer to should the need arise. We saw that staff had signed the MAR chart to show that they had administered the medicines. Staff who administered medicines had received the appropriate training and had their competency assessed. This system helped ensure that medicines were managed safely.

Is the service effective?

Our findings

During our last inspection it was found that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as there was lack of training and support for staff.

During this inspection we found the provider had made the required improvements. Records reviewed showed that new staff had received an induction when they started working for the service, which included training, shadowing experienced staff and reading people's care plans. Other appropriate training such as health and safety, first aid and infection control were undertaken by all staff. Regular refresher courses were undertaken to ensure that staff were kept abreast of any changes. Staff told us that the training helped them to provide person centred care and to develop their skills. We noted that some staff had also gained further qualifications in care, such as National Vocational Qualifications (NVQ) and Qualification and Credit Framework (QFC).

The provider had employed a co-ordinator/trainer who was responsible for providing training and ensuring that staff attend refresher courses. The trainer told us "My role is to ensure that all new employees receive appropriate training before they go out. These include health and safety, safeguarding, medication and person centred care. Other training such as first aid is done within the first eight weeks of their start date. We also have an external trainer that comes in to do training in end of life care." This meant that the provider was taking reasonable steps to ensure that staff received sufficient training to provide people with proper care and support.

A staff member told us "The training was good it showed me how to care for clients". Other staff told us that following training they were supported by experienced staff on their initial visits which helped to build up their confidence and see how people wanted to be supported.

The provider told us that they had undertaken regular supervision with staff which consisted of supervision 'out in the field' where staff were observed in people's homes as well as one to one allocated time in the office during which staff and the provider could discuss any concerns they may have. We reviewed these records and staff also confirmed that they had regular supervision and that they were given an opportunity to discuss concerns and self-development. Records reviewed showed that staff had also received an annual appraisal.

People who required support to warm their food confirmed that this was done by staff. A staff member told us "Sometimes when I warm my client's food." People confirmed that where required carers left them with drinks that were accessible to them. Other carers told us that they always checked the date on foods to ensure that people were not unknowingly eating foods that had gone past it's 'eat by date'. They would report any concerns to the office staff who would contact people's relatives and/or social services.

During our previous inspection it was found that staff did not always obtain consent and those that we spoke with were not able to explain how they would obtain consent from people. During this inspection we

found that staff now obtained people's consent. The provider had ensured that staff had read and followed the consent policy. Staff we spoke with were all able to explain how they gained consent from people. One staff member said "I also ask people and all my clients have the capacity to consent." Another staff member said "The support my clients want is written in their care plan but I still always ask if its ok if I do something before I do it, you have to be respectful." People we spoke with all said that staff would ask permission before undertaking any task such as supporting them with personal care. People we spoke with confirmed that the agency carers would ask permission before carrying out task.

Care plans had been signed by people to indicate that they had consented to the care and support. Where people were assessed by the local authority as not having the capacity we saw that relatives and/or advocates had signed to say they agreed with the contents of the care plan. When care plan was signed by relatives the provider had documented the relative name and how they were related to the person.

Staff understood and were able to explain their responsibility under the Mental Capacity Act 2005 (MCA). The Mental Capacity 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 as least restrictive as possible. Records showed that all staff had received training in mental capacity assessments as required by the Mental Capacity Act 2005 (MCA).

The provider told us that people were mostly supported by their families to access healthcare appointments, but where required and when possible staff would support people by either making an appointment for them with their GP or accompanying a person to a medical appointment. Staff confirmed that they reported any medical concerns or health need changes to the office for further action to be undertaken.

Is the service caring?

Our findings

Following our previous inspection it was found that the provider required improvement to demonstrate that staff were consistently caring. During this inspection we found that the provider was now compliant with this outcome.

People responded positively to how caring staff were. Some of the comments included "Yes the staff are very good", "staff always listen" "I do what I can for myself and when I can't my carer helps me, [staff] is very very caring". Relatives we spoke with also felt that staff were very caring.

The service also offered a 'live in' service to some people. We spoke with one person whose relative had a live in carer, they told us "They are very nice and extremely caring; really they are just like part of the family. [staff] has been with us for a while, this is the third live in staff we have had."

One relative told us "Once the manager came out and visited to see if everything was alright. [Manager] was polite, [manager] was kind, [manager] asked about all of us and how things were going." Another relative said "They [staff] are friendly and kind and I would rate them eight out of ten."

All staff we spoke with told us that they cared about the people they supported and aimed to be as friendly as possible in order for people to feel comfortable with them. One staff member said "I treat my clients like I would treat my parents; you have to be gentle and caring you have to take your time and be patient with them. I might be the only person they see for the day so I try and have a chat and a laugh with them while I am doing things for them."

People's support plans were written in an 'easy read' format so that they could understand them. We saw that people and, where possible their relatives/advocates or other professionals, were involved in their care planning process. Pictures and symbols were used to assist them to make choices about how they wanted to be cared for.

Staff gave us examples of how they respected people's privacy and dignity. Which included ensuring that people were covered with towels where possible when attending to their personal care, closing curtains and doors to ensure that people were not seen when undressed and where they had the authority to let themselves into a person's house, respecting their privacy by still knocking on the front door and external room doors before entering.

Is the service responsive?

Our findings

People told us that most of the time they received a call from the office when staff were running late or unable to attend. People experiences in regards to them receiving a telephone call from the agency to inform them that they were not going to be visited by their regular carer varied. One person said "We don't have regular carers; we have different carers all the time. When we started off we had one guy and one woman now it just changes and we are not notified." Another said "I have the same carer all the time." The provider told us that they aim where possible for people to have the same carer/s for continuity, but stated that it was not always possible. Staff told us that they would telephone the office and informed them if they were running late for a visit and the office staff would telephone the office.

The provider had visited people in their homes or in hospital to assess their needs to ensure that they were able to provide the support people needed. People had various support needs and we were able to see that these had been captured within the care plans. The care plans contained details of people's history, likes and dislike and routines. Care plans were person –centred and 'user friendly' and had photographs and pictures to enable people to participate in their assessment and understand their care plan. We noted that care plans had been regularly reviewed and updated when required. Staff we spoke with all told us that they were fully aware of people's needs prior to going to their homes, having reviewed peoples 'yellow' folders in the office which held detail of their support needs.

One of the office staff told us that they had received training in caring for people so in an emergency such as a staff members is not able to attend a visit because they had to stay with a previous client who was not well, they would be able to visit and support other clients on behalf of the staff member. They told us that this did not happen very often.

A person that we spoke with said, "I have no concerns. We have details of how to make a complaint." The provider had a complaints policy and procedure in the office and each client was given a written copy of the complaints policy and procedure. It was also available in an easy read version. We saw that the provider had had two complaints in the last six months which had been recorded investigated and responded to in a timely manner. The provider told us that complaint's if appropriate were discussed in team meetings to help improve the service they provided and to minimise the chance of it happening again.

Is the service well-led?

Our findings

The service had a registered manager who was also the provider and the service was well-led. New office staff had been employed to help drive improvement of the service. We spoke with the three new office staff about their roles, which included monitoring late calls, providing training and general office administration. One staff member said "We have a motivated and dedicated staff team. Coming in as the new person, I felt very supported. Everyone works towards the same goal, providing safer care."

A relative that we spoke with said the [provider] is professional. ... If you were to ring [provider] up with a problem within 24 hours [provider] would try and do something. [Provider] is very firm but very pleasant, [provider] is approachable and [provider] often ring to see how things are going."

Staff we spoke to felt that there was good leadership and that the employment of new office staff was stabilising communication between office staff, carers and people who used the service. Staff all felt that the manager was passionate about the service and cared about people receiving care. One staff said "Yes the service is well run, there's a driving force by the manager to keep the standard up. We talk to the clients and always ascertain what they want. I have worked with some really excellent experienced staff and I have learnt some really good techniques."

Staff we spoke with knew the names and positions of all the office staff. We saw that the manager supported the new staff to settle into their roles and was at hand to help them if they needed advice or support.

We saw that regular audits had been undertaken of care plans and staff recruitment files. The provider had a system in place to monitor late calls. This allowed the service to assess the situation and make improvements to try and minimise late calls. We saw that results were discussed with staff during staff meetings. These meetings were held regularly to discuss topics such as rotas, the needs of people who used the service, changes to the service and ways on how to improve the service. Minutes were taken of these meeting so that staff that were not able to attend could be kept abreast of any changes and/or updates.

The manager regularly sought people's views about the quality of the care. Via an external company questionnaires were sent to people and their relatives and the results of the most recent survey showed that people who responded were happy with the service they had received.

Accidents and incidents were recorded and these were reviewed and analysed to enable patterns and trends to be identified so where possible plans could be put in place to keep people safe. We saw evidence that appropriate records were kept of these accidents/incidents which are notifiable by law.

The provider had a system in place to record safeguarding incidents and we saw that appropriate action had been taken in response to these. We also saw evidence that where necessary, the registered manager had sought advice and guidance from other professionals such as Care Quality Commission.