

Mrs Grace Polly Sandywell

# Be Helpful

## Inspection report

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Tel: 01260276366

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15 October 2021

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Be Helpful is a domiciliary care service providing personal care to 34 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating.

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

Risks to people and staff including those presented by the COVID-19 pandemic were not always assessed and recorded and staff were not always being tested for COVID-19 in accordance with government guidelines.

Medicines records and governance arrangements did not always assure that medicines were managed safely.

The provider's quality systems were not sufficiently robust to identify the concerns we highlighted with lack of effective risk assessment and the management of medicines.

The provider was very responsive in taking actions to address the issues we found on inspection however we could not fully assess the impact of these actions until they were fully embedded.

People told us that they felt safe whilst receiving care and all, without exception, were complimentary about the standard of care and services they had received.

People received consistent care from well trained staff who knew them well and they were familiar with. One person told us, "it is an excellent service, I feel so lucky to have them" and another said, "they are very pleasant always treat me with respect, very cheery and happy to have a chat".

Staff rotas were developed using an electronic call monitoring system. This ensured people received care as and when they needed it and reduced the risk of 'missed calls' occurring.

Staff had received training on a range of subjects including COVID-19. They had access to appropriate personal protective equipment (PPE) in accordance with government guidelines.

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.

Staff clearly understood the importance of supporting people to develop and maintain relationships and where appropriate involved families, and other advocates in care and support planning processes.

People received care that reflected their needs, characteristics, and personal preferences. Health and social

care professionals spoke highly of the standard of care provided. They gave examples as to how managers and staff had worked collaboratively to develop person centred care with positive outcomes for the people who used the service.

The service had a complaints policy and procedure and we saw complaints were dealt with in line with the policy. We also saw the service had received many compliments about the quality of care provided.

The management team were open and transparent throughout the inspection and responded to any requests positively.

People who used the service, their relatives, and staff told us that all members of the management team were approachable, supportive, and always responded effectively to solve problems and improve the service.

We have made recommendations about best practice guidance for oral care and checking staff recruitment files for completeness.

#### Why we inspected

This service was registered with us on 23 August 2019 and this is the first inspection. The overall rating for the service has been assessed as requires improvement. This is based on the findings at this inspection.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We have identified breaches of regulations in relation to safe care and treatment and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Prompt action was taken by the registered manager after the inspection to mitigate risk and improve the quality of care in response to the concerns we found during our inspection.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection program. 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?

The service was not always safe.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

**Good** ●

### Is the service caring?

The service was caring.

**Good** ●

### Is the service responsive?

The service was responsive.

**Good** ●

### Is the service well-led?

The service was not always well led.

**Requires Improvement** ●

# Be Helpful

## 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 carried out by one inspector.

#### Service and service type

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

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 announced the inspection 24 hours before it started. This was because we needed to give the manager time to prepare in advance of our inspection due to the COVID-19 pandemic.

Inspection activity started on 02 September 2021 and ended on 15 October 2021. We visited the service on 24 September 2021.

#### What we did before the inspection

We reviewed the information we received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with three people who used the service and the representatives of a further five people about their experiences of the care provided. We spoke with a social worker involved in commissioning services and a district nurse who worked closely with managers and staff. We also spoke with the registered manager, and eight members of staff including, the service manager, office manager, the training manager, a team leader and four care staff. We looked at the recruitment files for the two staff most recently recruited. A variety of records relating to the management of the service were also reviewed.

Due to the impact of the COVID-19 pandemic we limited the time we spent on site. Therefore, we requested records and documentation to be sent to us and reviewed these off site and continued dialogue with the manager by telephone.

After the site visit

We continued to seek clarification from the registered manager and provider to validate evidence found and spoke with.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- When we started this inspection, the registered manager was not taking all reasonable steps to protect the people who use the service and staff from risk including risk presented by the COVID-19 pandemic.
- Risk assessments were in place but did not always address potential hazards presented to people who used the service.
- All individual risk assessments seen were dated on or post 6 September 2021. The registered manager explained that risk assessments previously in place had been deleted in error and had been rewritten when this inspection started on the 2nd September 2021.
- COVID-19 risk assessments were in place for people who used the service but did not reflect the person's needs or predisposing factors that would put them at increased risk. All COVID-19 risk assessments were identical and assessed everyone as being at moderate risk even though some presented with health conditions that would put them at greater risk.
- There were no individual risk assessments for staff that addressed the hazards presented by the COVID-19 pandemic.
- Due to an oversight staff were not being tested for COVID-19 in accordance with government guidelines. Weekly Polymerase Chain Reaction (PCR) tests were in place, but staff were not also utilising Rapid Lateral Flow test.
- The provider was very responsive in taking actions to address the issues we found on inspection however we could not fully assess the impact of these actions until they were fully embedded.

We found no evidence that people had been harmed however, systems were not always robust enough to demonstrate risks to people's health were effectively identified and mitigated. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Whilst we identified omissions in some risk assessments feedback from the people who used the service and relatives showed that managers and staff had, at times, responded effectively to control and mitigate risk. For example, one relative said: "They are vigilant regarding risk and have identified tripping hazards etc. and have resolved them".
- Staff had received training in infection prevention and control and had access to personal protective equipment (PPE) when visiting people. People told us that staff always wore PPE including facemask, gloves and apron and always washed their hands during visits.

Using medicines safely

- Medicine records did not always clearly demonstrate that people received their medicines as prescribed. For example, one person had been administered as and when required medicines on a continuous basis for several months without staff seeking a medicines review. This was contrary to the medicines policy.
- Gaps between care calls were not always sufficient to allow enough time between dosages of certain medication. For example, at least a four-hour gap for paracetamol.
- Records were not clear on how much medicine was administered when people were prescribed medicines with a variable dose or on a when required basis.
- We found that written information to support the use of 'when required medicines' was not always correct or specific to each person and there was no person specific guidance.
- Medicines audits were carried out but did not always identify errors and omissions because auditors did not always have sight of the relevant person's prescription.
- The provider was very responsive in taking actions to address the issues we found on inspection however we could not fully assess the impact of these actions until they were fully embedded.

We found no evidence that people had been harmed however, systems were not always robust enough to demonstrate that people were assured of receiving their medicine as their doctor had prescribed. This was a further breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse. People and their representatives were unanimous in their praise for the staff and the standard of care provided. People told us they always felt safe with the staff who supported them.
- Staff had received training, understood their responsibilities, and felt able to report abuse should the need arise.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were carried out to ensure staff members suitability for the role.
- We noted that one pre-employment check had not been completed due to an oversight. This was addressed satisfactorily during the inspection.

We recommend that the provider introduces a quality assurance check on staff recruitment records to ensure all checks are completed prior to the new staff member starting work on personal care.

- There were sufficient numbers of staff employed to meet the needs of the people who used the service.
- People told us that they received consistent care from staff who knew them well and they were familiar with. One person told us, "it is an excellent service, I feel so lucky to have them" and another said, "they are very pleasant always treat me with respect, very cheery and happy to have a chat".
- Rotas were developed using an electronic call monitoring system. Call times and duration of the visit were monitored by the registered manager and administrative staff. This ensured people received care as and when they needed it and reduced the risk of 'missed calls' occurring.

Learning lessons when things go wrong

- Staff understood how to record, manage and report incidents and accidents safely.
- People who used the service told us that the registered manager responded positively when they raised concerns about the delivery of service. One person gave an example as to how care had improved when they had shared concerns with the registered manager.



- Incidents and accidents were reviewed by the registered manager and records demonstrated actions taken to mitigate risks.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The registered manager carried out an initial assessment of people's support needs, so they could support them in the way they wanted to be supported. People using the service were involved in the initial assessment and all spoken with praised the standard of care they received.
- People's likes dislikes, individual characteristics, strengths, needs and personal preferences were recorded in their assessments and care plans.
- Care was planned, reviewed, and delivered in line with people's individual requirements. A relative said "they are excellent in every way, the assessment planning covers every eventuality".
- A social worker gave examples as to how managers and staff had worked closely with each person and their representatives to develop care plans that individual needs and expectations. This had resulted in positive outcomes for the people who used the service.

Staff support: induction, training, skills and experience

- New starters completed induction training which included shadowing experienced staff to ensure they were competent before they could work unsupervised. Staff who did not have an appropriate nationally recognised vocational qualification in care were offered opportunity and supported to complete the care certificate. The 'Care Certificate' is an identified set of standards for health and social care workers
- All staff spoken with presented as skilled and knowledgeable. The training records showed that staff received training in a variety of appropriate topics to guide them in their role.
- Additional training for staff on the Mental Capacity Act, oral care and palliative care was being arranged at the time of the inspection.
- Staff told us that they were well supported and appreciated the support and direction of the management team. Records showed that staff received regular supervision.

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

- People told us staff supported them with meal preparation where needed. One person said, "They know how I like my breakfast and cup of tea".
- Care plans to support specific dietary requirements were in place to support staff in this role and where required records of food and fluid intake were made.
- All staff had completed a basic food hygiene course.

Staff working with other agencies to provide consistent, effective, timely care Supporting people to live healthier lives, access healthcare services and support

- Managers and staff worked closely with other health professionals to ensure people's health and social care needs were met.
- A social care professional gave examples as to how managers and staff had reached out to other health and social care professionals to learn how best a person's need would be met. They told us that the registered manager liaised with a person's previous care provider and other care professionals, investigated what had worked well and what had not worked. This resulted in the provision of person-centred care that promoted the person's independence.
- The registered manager had plans to ensure all care staff received training in oral health care.

We recommend the registered provider refer to CQC guidance 'smiling matters' for best practice guidance in the provision of oral care.

Adapting service, design, decoration to meet people's needs

- The offices were well presented, clean and tidy and had ample space, to meet the needs of the business.
- The premises had room to undertake staff training.
- A large room was available on the ground floor which was made accessible to people using a wheelchair via a ramp.

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. At the time of the inspection no one using the service was subject to any authorisations under the Court of Protection.

- The service was working within the principles of MCA.
- People told us staff always asked for consent before providing personal care. When asked about consent one person said, "yes the staff are always polite".
- MCA assessments were in place and kept under review where required.
- A social worker said: "Staff present as focused, skilled and knowledgeable they are committed to the provision of person-centred care with the person at the centre of decision making".

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 and their relatives were unanimous in their praise for the standard of care provided. People told us that they were treated with respect, involved in decisions about their care, were valued and always listened to.
- People's individual needs, personal preferences and characteristics were considered and met by staff who had received training on equality and diversity.
- Staff had a good understanding of each person's individual needs and personal preferences and this was reflected in comments we received. For example, one person went into detail as to how the service had helped them maintain their independence. They said: "I feel very lucky to have such an excellent service. The staff are marvellous and there can be no doubt about it".
- Another relative said "they (the staff) are excellent, absolutely outstanding in every way possible" and "the way they do things and the way they are with (them) is above and beyond what we could reasonably expect".

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

- People were encouraged to express their views; they were listened to and actively involved in making decisions about their care and support.
- Where needed staff were able to support people to access advocacy services as detailed in the service users guide.
- People, along with family members, were encouraged to share their views about the care provided in care and support plan reviews, surveys, quality checks and meetings with the registered manager.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People who used the service and their relatives told us that their care was planned with them from the offset. Their care plans reflected their individual needs, characteristics, and personal preferences.
- Staff told us they were made aware of any changes to people's care plans as and when changes were made via the Nurse Buddy System. The Nurse Buddy System is an electronic care planning system which people, and staff can access via their mobile phones.
- People who used the service and, where appropriate, their relatives were given access to the Nurse Buddy System. One relative told us how useful this had been and commented that any notes made by staff were always respectful.

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.

- People had care plans around communication needs where required.
- If people needed information in other formats such as large print, this would be arranged by the service as detailed in the service users guide.

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.

- Where, appropriate people were supported to engaged in activities in their own homes and in the local community.
- People told us that care staff always took time to speak with them and have a chat with them. A relative of one of the people who used the service told us how their relative's quality of life had improved, due to the care provided by Be Helpful. They said: "I would go as far to say that the way they interact with (relative) is therapeutic".
- Managers and staff clearly understood the importance of supporting people to develop and maintain relationships and where appropriate involved families, and associated health and social care professionals in care and support planning processes.

#### Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. Complaints were recorded and investigated and acted upon to improve the service when necessary. Numerous compliments were also recorded which provided an overview of the quality of care provided.
- One of the people who used the service told us that when they had raised an issue with the manager it was addressed immediately, and improvements were made.

#### End of life care and support

- The service had an "End of Life Care Planning Policy and Procedure" to assist in the planning and development of person centred end of life care.
- A district nurse told us that managers and care staff had worked sensitively and compassionately when providing care to people at the end of their lives. They said: "Managers and staff had gone beyond what would be reasonably expected of them, working in partnership, ensuring that the person's needs were met with compassion and kindness".
- Additional training for staff on palliative care was being arranged at the time of the inspection

# Is the service well-led?

## Our findings

### Well led

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.

This is the first inspection for this newly registered service. This key question has been rated 'requires improvement'. This meant the service management and leadership was inconsistent.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements

- The provider's governance systems were not sufficiently robust to identify the concerns with medicines administration and risk management highlighted on this inspection.
- Medicine's administration records were checked on a daily basis, but the checks were not thorough, so errors were not always identified and rectified.
- The provider was very responsive in taking actions to address the issues we found on inspection however we could not fully assess the impact of these actions until they were fully embedded.

We found no evidence that people had been harmed however, systems were not always robust enough to demonstrate risks to people's health were effectively monitored. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear about their roles and responsibilities. They told us that they were well supported and were committed to the provision of person centred care. They had benefitted from training and regular updates which gave them the wherewithal to carry out their duties and responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others

- The registered manager promoted a culture of person-centred care by engaging with staff, the people using the service and relevant others such as family members and associated care professionals.
- People who used the service told us that managers called them on a regular basis to enquire about the quality of care received.
- People who used the service and their relatives were unanimous in their praise for the standard of care provided.
- Care staff benefitted from spot checks on their practice, supervision, and regular updates via email.
- Care staff had received training on equality and diversity and respected people's individual characteristics and needs.
- A commissioning social worker and a district nurse praised the standard of care provided and told us they enjoyed good working relationships with managers and staff.

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 registered manager and provider met the regulatory requirements to be open and transparent with people using the service when things went wrong.
- We were notified of significant incidents as required. These showed information had been shared with relevant agencies when incidents had occurred.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were not always robust enough to demonstrate risks to people's health were effectively identified and mitigated. People were not assured of receiving their medicines as their doctor had prescribed because important details had not been entered accurately on their medicine administration records.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider's governance systems were not sufficiently robust to identify the concerns identified on this inspection, including failure to assess risk presented to the people who used the service and staff and failure to audit administration of medicines thoroughly and effectively.</p>