

HELPR Limited

HELPR Limited

Inspection report

Global House
Ashley Avenue
Epsom
Surrey
KT18 5AD

Tel: 01372232140
Website: www.helpr.org.uk

Date of inspection visit:
10 September 2020

Date of publication:
13 October 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

HELPR is a domiciliary care agency who provides personal care to people living in their own accommodation. At the time of our inspection, the agency was providing the regulated activity of personal care to 10 people. People receiving the care were either living with dementia or elderly and frail.

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

We found little improvement to the service since our last inspection in February 2019. Although the registered manager told us she was now carrying out supervisions with staff, she was unable to provide us with evidence of this. In addition, audits being carried out did not pick up on shortfalls. The registered manager had limited management oversight of the service. They were unable to give us information about people they provided care to, they could not find the information we requested easily on the day and one person's care plan was not available in the office. The office is the address registered with CQC and as such all documentation relating to the agency should be stored securely at this location.

Notifications to CQC, which is a statutory requirement of the provider's registration, had not been submitted by the registered manager. Records relating to people's medicines were difficult to read.

Recruitment processes for new staff were not robust and information held about staff training was not recorded in a way that the registered manager could easily identify when staff required refresher training. Staff were required to obtain their own PPE, however the registered manager had not carried out any checks on staff to assure themselves that they were using and wearing the correct PPE particularly during the COVID pandemic.

Despite the poor record keeping and organisation within the agency's office, people told us they were happy with the care they received. People said they saw consistent staff and staff were kind and caring. People felt safe with staff and told us they appeared calm.

People felt the registered manager was approachable and that communication with them was good. Staff were very happy working for HELPR and told us the registered manager supported them.

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

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (report published 5 April 2019).

At this inspection we found minor improvements to the service but we found a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and a new breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Why we inspected

We carried out an announced fully comprehensive inspection of this service on 25 February 2019. A breach of regulation was found in Regulation 17, Good Governance and we also made recommendations to the registered provider in relation to risk assessments, pre-assessments, staff training and supervision.

We undertook this targeted inspection to check whether the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2013 had been met. The overall rating for the service has not changed following this targeted inspection and remains Requires Improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

At this inspection we reviewed selected Key Lines of Enquiry in the key questions of Safe and Well-Led only and this report covers our findings in relation to those.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for HELPR on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme when we will carry out a fully comprehensive inspection looking at all key questions. 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?

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

HELPR Limited

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the requirements of the breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also wanted to check the registered provider had improved some other shortfalls we found within the service.

Inspection team

This inspection was carried out by three inspectors. Two inspectors attended the office to review care plans and documentation related to the running of the service. The third inspector carried out telephone interviews with people and relatives of people who received care.

Service and service type

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

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 was an announced inspection. We gave the service 24 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.

We announced the inspection the day before we visited to discuss the safety of people, staff and inspectors with reference to the COVID-19 pandemic.

What we did before the inspection

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. This was because this was a targeted inspection following up on what we found at our last inspection.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, senior staff and care staff. We also received feedback from two commissioning authorities.

We reviewed a range of records. This included six people's care records and medication records. We looked at six staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked the registered manager to provide us with evidence of audits, staff training and supervision, recruitment documentation and quality assurance feedback.

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 Requires Improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to follow up on concerns that related to recruitment processes and identifying and recording risks to people.

We will assess all of the key questions at the next comprehensive inspection of the service.

Staffing and recruitment

At our last inspection in February 2019 we found recruitment files did not fully evidence staff had been safely recruited. We found similar concerns continued at this inspection which meant people were at risk of being cared for by staff who were not suitable for the role.

- The service had recruited six staff since our last inspection. We reviewed the recruitment records for those staff and found numerous gaps in the recruitment requirements. This included a lack of evidence of Disclosure and Barring Service (DBS) checks, lack of evidence of identification of the prospective staff member, lack of references, lack of employment history and no health declarations. The recruitment files did not follow the service's own in-house policy and the registered manager was unable to find us the documentation during our inspection.
- Following our inspection the registered manager provided us with some of the missing documentation. However this left five of the staff with only one reference. One staff member had no evidence of a DBS and a second staff member had no evidence of their identification. There were no signed health declarations declaring their fitness for the role for any of the six staff.

The provider had not ensured that appropriate pre-employment checks were undertaken before staff began working with people who may be vulnerable. The lack of compliance with Schedule 3 was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

At our last inspection in February 2019, we made a recommendation to the registered provider in relation to risk assessments for people as we found these had not always been properly recorded. We found some improvement at this inspection, but this was not consistent.

- Although some people's care plans had information for staff in how to help people stay safe, this was not the case in all of the care plans we reviewed.
- One person was diabetic and there was a lack of detail for staff on how they would recognise

Hypoglycaemia (blood glucose level too low) or Hyperglycaemia (blood glucose level too high) symptoms in the person. A second person experienced anxiety at certain times of the day and again there was no information on how staff could support the person at these times. A third person was at risk of urine infections due to not drinking enough, however this was not mentioned within their risk assessments and therefore not highlighted to staff as an area to keep an eye on.

- Despite this, our assessment was that people were not at risk of unsafe care because upon speaking with staff we found they knew people well. They were able to describe people's health conditions, particular frailties and specific information about how the person's care needed to be provided. Staff told us they had all the information they needed on the care planning portal they used. Staff said they had never gone into a person without knowing their needs prior to the visit. This demonstrated to us that the lack of detail in care plans related to record keeping.
- Other people did have risk assessments in place however. This included for one person who had a visual impairment. There was information on what staff should look out for to indicate this had deteriorated. A second person was at risk of falling in the shower and their care plan instructed staff to, 'place shower chair in shower first'.
- The feedback we received from people was that staff helped them to feel safe. One person told us, "Oh yes, definitely (feel safe)." A relative said, "They support her getting up and I've seen they (staff) are always one step behind her when she's walking with her frame."
- A staff member told us, "We would flag up with [registered manager] if there were problems with the environment. I flagged one recently where there was no bannister, rugs and trailing wires." They told us this had been resolved.

Preventing and controlling infection

- The registered manager told us staff were responsible for sourcing and purchasing their own Personal Protective Equipment (PPE), although during the COVID-19 pandemic they had provided this to staff.
- The feedback we had from people about staff following good practice in relation to PPE was mixed. One person told us, "Definitely. The gloves on, mask goes on, she usually cleans the bathroom when we've finished." However, a relative told us, "Yes, had masks and gloves. As time has gone on, not always now." A second relative said, "Yes, wear a mask, they wear aprons. Not always, but most times."
- The registered manager had not completed quality checks to assure themselves that staff were acting in accordance with the guidance around PPE. We have addressed this concern in the Well-Led key question in relation to the registered manager's oversight and monitoring.
- Staff, however, told us they always had sufficient stock of PPE and they were able to describe to us what they should be using when providing care to people. A staff member told us, "I have been given gloves and masks and even glasses." A second said, "We were lucky as [registered manager] got gloves, aprons and masks." A third told us, "I need to wear my apron, gloves and mask. I sanitise my hands."

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 Requires Improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to follow up on concerns that related to record keeping, audits, quality assurance, training and supervision for staff.

We will assess all of the key questions at the next comprehensive inspection of the service.

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

At our last inspection in February 2019 we found that although some audits were being carried out by the registered manager, these were not being recorded. We also found a lack of robust record keeping in relation to training and supervision. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- Audits being undertaken by staff did not always identify shortfalls. This meant the registered manager could not ensure action had been taken to prevent similar occurrences. For example, a medicines audit identified no concerns. A staff member told us, "I have to check if any medication has changed. I see if there are any gaps on the times and the days. If I find an error I record it. If it's an error I get in touch with the care partner, family or pharmacy." However, despite this when reviewing the Medicines Administration Records (MARs) for three people we found gaps, no explanation for these gaps and no follow up as the gaps had not been spotted as part of the audit. The registered manager did not review the medicines audits to check for their accuracy which may have caught these errors. However, they said they were not aware of anyone actually missing their medicines, which indicated to us this was primarily a concern about records rather than safe administration of medicines.
- Record keeping was generally poor at the service. MAR charts for people were illegible. On one person's MARs there was a handwritten, 'see new MAR' but the MAR was not to hand. Staff had written on one person's MAR, 'MAR charts confusing' which demonstrated to us they had difficulty reading it. We spoke to the registered manager about these, but they could not give us an explanation and did not know about the person's medicines. This left the person at risk of not receiving their medicines correctly because of all the annotations on the paperwork and lack of clarity on which MAR to follow. The registered manager did tell us however, that the pharmacy had since reviewed all of this person's medicines and new MARs were now in place.

- At our last inspection in February 2019 we noted that double signatures had not been used for handwritten entries on people's MARs. We found this still to be the case. Double signatures are important to help ensure that the medicines information has been copied correctly from the prescription. This had not been highlighted as part of their medicines audits despite this being raised as an area for improvement at the last inspection.
- Where people required topical medicines (medicines in cream format) there was a lack of instruction for staff and no body maps to show exactly where the cream should be applied. It was difficult therefore to tell whether the person's cream had always been applied in line with the prescribing instructions.
- Although the registered manager said staff purchased their own PPE, they had not checked that staff had done this or were using the PPE correctly, particularly during the COVID-19 pandemic. The registered manager said, "I was reliant on them sending in a picture and I know they were wearing it because they were worried about their own health." However, they did not carry out any checks to ensure this was the case. There were no spot checks with staff or calls to people receiving the care to check staff were complying with PPE guidance at the time.
- There was a lack of quality assurance checks with people receiving the service, despite the service policy stating a formal telephone conversation 'will be made to every client each month'. The registered manager told us they regularly checked that people or their relatives were happy, but they could not easily find where they recorded this information. It was often in amongst text messages about a person's care package. The last quality assurance checks made with people were completed in September 2019 and although the registered manager was able to show us one, "New" questionnaire this was not dated so unclear how recent it was. The registered manager could not demonstrate how they proactively sought and acted upon feedback from people using the service in order to evaluate and improve the quality of service people received.
- Records in relation to training were not comprehensively monitored. The registered manager sent us the training matrix following our inspection. Although this showed that 10 of the 11 staff had completed their training, the matrix did not record the dates when training was undertaken. This meant the registered manager had no oversight of when staff were due refresher training. We had raised this with the registered provider at our last inspection who had told us they would produce a robust training module and use it, "Going forward." However, this had not been actioned.
- We also asked the registered manager to send us the staff supervision matrix to demonstrate how staff were monitored and supported to improve their practice. At our last inspection staff were not always being given the opportunity to meet with her on a one to one basis. We did not receive the matrix and although some staff said they did receive supervision, in most cases this had not been for some time. The service policy stated staff should have supervision, 'at least four-monthly' but this was not being followed. One staff member said, "The last formal supervision was February." A second staff member told us, "They don't do supervisions with us because we're self-employed." A third said, "My last supervision was December 2019." A further member of staff told us, "I am not going to lie, I think it was September or October last year."
- There was a lack of clarity on responsibility within the service. The registered manager told us she did not have a deputy and when we spoke with one staff member they confirmed this to be the case, telling us, "I only do the MARs audits with the care partners when [registered manager] is off." However, a second staff member told us that this person was, "In charge when [registered manager] was on leave." This left a potential lack of clear management oversight and accountability as the registered manager was going on leave after our inspection for a week.
- Despite the service policy stating that accurate records were maintained and held securely and confidentially, we found this not to be the case as one person's care plan was at the registered manager's home address.
- Although improvements were needed to records and audits, we had no concerns about the safety of people and the quality of care being provided. The registered manager needed to carry out further work

however, so as the service grew, systems and processes were sufficiently robust and embedded. This would help to continuously improve and avoid people receiving a poor service.

The lack of robust governance oversight of the service was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager did not meet their requirements of registration in relation to submitting notifications when accidents, incidents or safeguarding concerns occurred.
- The service had missed a night time call to one person. This resulted in them missing their medicines and sleeping in their chair through the night. Although the registered manager had reported this to the local safeguarding authority, they had not submitted a notification to CQC.
- Furthermore, an accident resulting in a hip fracture was not reported to us. We did not ask the registered manager to retrospectively submit these notifications as they related to incidents which had occurred some time ago.

The lack of notification of incidents and safeguarding concerns is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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

- There had been some improvement however since our last inspection as we found pre-assessments were now been completed for people. One person said, "Think my son did that (a pre-assessment)." A relative told us, "Almost certain the agency have covered her preferences."
- At our last inspection in February 2019 we found people were not always being supported by staff to receive health care professional input. We had good feedback about how care staff supported people to access health professional involvement at this inspection. A relative told us, "Often gets water infections, carers dealt with it and took her to the practice. Very impressed how they helped with that." A second relative said, "Occasionally in the past ran out of medicines and care staff got them from the chemist."
- Also at our last inspection, we identified a lack of consistent training opportunities for staff. We found improvement relating to access to training for staff and reviewed evidence of this. Staff told us, "We've recently done the Care Skills training modules," "I was given quite a bit of time to do training modules" and, "I've just done refresher training."
- People told us they were happy with the care they received from the service. One person said, "Pleasant, even-tempered staff. Definitely recommend it (the service)." A relative said, "Mum has all the care she needs." A second relative said, "They are very accommodating to our needs. Nothing is too much trouble." A social care professional told us, "I have visited [name] today and he reports that he is happy with the agency and the care workers who attend to his calls."
- In turn staff were happy working for the service. Without fail, all staff we spoke with said they felt valued and supported. One staff member told us, "[Registered manager] is the best manager I've ever had."

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered provider had failed to comply with their requirements of registration.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not ensured good governance processes were in place.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider had not ensured robust recruitment processes were in place.