

Home Helpers Care Limited

Home Helpers Care Limited - 25 The Nursery

Inspection report

25 The Nursery
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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 inspected Home Helpers Care Limited - 25 The Nursery on 28 July and 1 August 2016. Home Helpers Care Limited is a domiciliary care service and provides support and personal care to people living in their own homes. At the time of this inspection 84 people were supported by the service.

There was a registered manager in post at the service. 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.

The management regularly audited the quality of service delivered. There was an open and positive culture at the service and clear lines of accountability. Staff commented they enjoyed their jobs and the support they received.

People told us they felt safe and the support they received was of good quality. Care staff knew how to assist people to maintain their safety. Care staff understood their responsibility to protect people from harm and abuse and they knew how to report any safeguarding concerns appropriately.

The provider had systems in place for the safe administration of medicines. People were supported to receive their medicine when needed. People were supported to maintain good health and were assisted to access health services when required.

People had individual risk assessments in place, as well as risk assessments of their home environments. Plans were in place to ensure risks were managed. There were sufficient care staff to meet people's needs and people received their support as planned.

People were cared for by staff that were knowledgeable about their roles and responsibilities and had the relevant skills and experience. Staff received training required for their roles and they told us they were well supported by the management team. Records relating to the recruitment of new staff showed relevant checks had been completed before they worked unsupervised with people.

Staff followed the requirements of the Mental Capacity Act 2005 (MCA). This protected the rights of people who may not be able to make important decisions themselves. People benefitted from staff that understood and implemented the principles of the Act. People told us they were involved in making decisions about support they received.

People told us that care staff were kind and helpful. Staff respected people's dignity and privacy. People's confidentiality was respected and their independence was promoted.

People's needs were assessed prior to commencement of the service to ensure these could be met. People's

care records contained details of people's personal preferences, likes, dislikes and health needs. People's care plans were up to date and reflected people's current needs.

The registered manager sought people's opinions using satisfaction surveys and spot checks. People told us they knew how to raise concerns and they were confident any issues would be promptly addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People told us they felt safe when staff supported them.

Staff were aware how to protect people from the risk of abuse and harm.

People's risk assessments identified how to keep people safe.

There were sufficient staff to meet people's needs.

Is the service effective?

Good ●

The service was effective. Staff had received relevant training and were supported to carry out their roles effectively.

People were supported to make decisions about their lives. The staff were aware of and followed the principles of the Mental Capacity Act 2005.

People were supported to access health services and staff knew how to meet people's nutritional needs.

Is the service caring?

Good ●

The service was caring. Staff treated people with dignity and respect.

People built positive working relationships with staff.

Staff were knowledgeable of people's needs and promoted people's independence.

People's confidentiality was respected.

Is the service responsive?

Good ●

The service was responsive. People received support to meet

their assessed needs.

People's views were sought and listened to.

People knew how to complain.

Is the service well-led?

Good ●

The service was well-led. The registered manager ensured strong leadership was maintained.

Staff were aware of their roles and responsibilities.

The management and staff were committed to providing good quality care.

The quality of the service was monitored and action taken where needed.

Home Helpers Care Limited - 25 The Nursery

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 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 July and 1 August 2016 and was announced. We told the service two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). The provider had completed and submitted their PIR. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We also contacted the local authority commissioners of services to obtain their views on the service.

We spoke with 16 people and one relative. We also spoke with eight members of staff including the Registered Manager and the owner. We looked at six people's care records, four staff records including training and recruitment information and at a range of records about how the service was managed.

Is the service safe?

Our findings

People told us they felt safe when receiving care from the service. One person said "I feel perfectly safe because they make sure all the carers know what I need". Another person commented, "I feel very safe and looked after and my beautiful house is respected by staff".

People were supported by staff that understood their responsibilities to keep people safe from harm. The staff were familiar with the processes required to follow if any abuse was suspected. Records were kept of any safeguarding concerns. Staff were also aware of where they could report externally if needed. One staff member told us, "I feel it's safe because of the structure of how the company is run and the passing on of relevant information".

There were sufficient staff deployed to meet people's needs. The recruitment manager told us they were actively recruiting to ensure there were enough staff to enable the service to support new people. People commented about staffing and visits. One person said, "I'm happy with my care. The regular ones are very good and I trust them completely. They nearly always stick to the staff rota, other than the delays for traffic". One person said there were times when staff changed due to sickness or holidays but said "It doesn't matter who comes because they are all lovely". The registered manager said they were aiming for each person to have a group of regular care staff to ensure continuity and so people felt more comfortable.

The provider used an ETMS (Electronic Time Monitoring System) to ensure staff were punctual and visits were for the required length of time. The system enabled visits to be monitored to ensure there were no missed or significantly delayed visits. People did comment that care staff were sometimes late but felt this was due to traffic delays and they were usually informed by the office that the care staff had been delayed.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable staff from working with vulnerable people.

People had risk assessments in place about individual risks. People's homes were also risk assessed and recorded. For example, one record showed that it was advised that rugs were removed as they presented a slipping and tripping hazard. We noted risks such as falls and bathing were in place. The risks outlined were followed by guidance for staff on how to manage the risk. Home risk assessments showed a thorough check to highlight any concerns.

People who needed support managing their medication were assisted by staff that had the required training and been checked as competent before doing so. One person we spoke with told us, "They give me my medication at breakfast". Another person told us, "They support my [relative] with their medication but I oversee it". Records confirmed staff had been appropriately trained to support people with their medicines. We saw an example of a Medicines Administration Records (MAR) for a person who needed to be assisted with taking their medicines and saw there were no gaps. Each person who had a monitored dosage system

(MDS) had detailed information about the person's prescribed medicines and dated photocopies of pharmacy sheets so the correct information could be checked.

People were protected as the service had a system of recording accidents and incidents. The service kept information electronically, but also kept a record of action taken where necessary to prevent these happening again. We saw examples of incidents recorded and the action taken. For example, working closely with district nurses to reduce pressure sore damage by putting in place an effective repositioning regime.

Is the service effective?

Our findings

People told us staff knew how to support them and meet their needs. One person told us, "Staff that are new to me are given a four day induction where they shadow more experienced members of staff to get to know my routines". Another person added, "When they need to train new ones (staff), they come in pairs". Another said, "Nearly all of them (staff) were well trained and good with my care. They follow my washing instructions. Two carers in particular are fantastic ladies".

People were cared for by staff that had the appropriate skills and knowledge to carry out their roles. Staff told us and records confirmed they received induction training when they started working at the service. The service had recently appointed a recruitment adviser who undertook recruitment checks on new staff. The service was aware that the value base of people applying to be carers was very important. For example, they used a value based competency interview tool to ensure they could assess potential staff's values towards people.

Staff completed training which included areas such as safeguarding, first aid, moving and handling, food hygiene, dementia awareness and health and safety. The training reflected the Care Certificate's requirements. The Care Certificate is an identified set of 15 standards that care workers complete during their induction and adhere to in their daily working life. Staff received training relevant to people's individual needs. For example, staff received training by a health professional to support a person with swallowing difficulties. The service had an in house trainer and a training room with equipment such as a mobile hoist, commode, slings, and slide sheets. This meant that carers could be fully trained when they started and also regular refresher training was available for existing staff. One staff member said "[Name] is spot on with training".

The staff we spoke with said they could request extra training if needed. One member of staff was waiting to get pain patch training and further training in palliative care. Another had just had training on a new piece of equipment in a person's home. This meant staff received training specific to people's needs.

Staff received regular supervision (one to one meetings with line manager) and annual appraisals. Staff we spoke with said they found the meetings supportive. Additionally, staff received regular practical competency observations checks. Staff told us they were supported in their roles. A staff member said, "I can ring up any time and time is put aside to talk to me straightaway – very helpful".

The service was developing its live in care support where care staff live with people in their homes. The management were aware of the importance of matching care staff very carefully with people to ensure they were compatible. Management also looked after staff who came from overseas ensuring they had means of contacting family, for example using social media and working phones. We also saw examples of how management had supported one carer when they had become unwell as the carer had no family in the country.

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. Management and staff showed an understanding of the MCA principles. Staff had received training on the principles of the MCA and knew how to ensure people's rights were respected. Staff understood that if people lacked capacity that a best interest decision would need to be taken and recorded. A staff member said "I'm aware that a person's capacity may fluctuate and that if I was concerned would highlight this, for example, around taking medicines".

People told us staff sought their consent before supporting them. One person told us, "They (staff) always talk to me and make sure I am happy with what they are doing". Other comments included, "Yes, they (staff) give me choices" and "I do make decisions about my care and they do listen to me". A relative commented, "[Person] is involved with the monitoring of her health". People's care plans we viewed were signed by people. This meant people consented to receive the care and support agreed.

People's dietary needs and preferences were documented and known by staff. Staff knew how to meet people's nutritional needs. One member of staff told us, "I always ensure people have food and drink. One person would only eat their meal if the care staff ate with them so this is what happens now". Another member of staff said, "I've been out to get fish and chips before and shared a meal deal with someone to encourage them to eat". People's care plans documented if they had dietary needs such as a diabetic or gluten free diet. For example, files contained eating and drinking records so that monitoring was effective around nutritional needs and to ensure good communication between carers. We saw a memo to staff reminding them to ensure people had plenty of water to drink and/or flasks of drinks to keep them hydrated during the summer months.

People's health needs were documented in their care plans. The staff told us and records reflected people were supported to access professional support when required. One person said, "I have rung them in an emergency when I needed a doctor and they came straightaway to support me whilst I waited".

Is the service caring?

Our findings

People were complimentary about the care staff and their caring attitude. Comments included: "You can't fault them"; "They are friendly and approachable"; "They go above and beyond what you expect" and "You won't find nothing bad! I must have had many carers and Home Helpers is the best that I've ever been with". A relative told us, "[Staff name] is brilliant, neat and tidy. They respect her, and when [staff name] makes me a cup of tea as well as [relative], it makes my day for someone to think of me".

The care staff we spoke with were committed to providing compassionate care. One member of care staff told us, "It makes me feel good when they smile and say thank you – that's lovely". When staff spoke to us about people they referred to them with genuine affection and respect. One care staff spoke of the importance of continuity of care, using prompts to create rapport and conversation. They said "The personal information we have about people means we can chat to them about family or interests". Another care worker said, "I want people to have a better quality of life. Providing a clean bed, food, showering and I'm happy. If I can make some one's life better, that's my job done". A person commented to us that when their stair lift broken down that the "Care staff waited with me until the engineer arrived, and it was after her finish time". They went on to say "Carers are very good and should have a pay rise because they work so hard".

People's dignity and privacy was respected. One person told us, "They are respectful of my privacy, for example, when I am on the commode, they shut the doors". Another person told us, "I implicitly trust them. They are respectful, and one in particular, knows me well". Staff had received training around dignity and privacy and knew how to translate this in their working life. A member of the care staff told us, "It is important to provide dignity when caring. I ensure people are covered appropriately when personal care is given and always check with them first before I do anything".

People's independence was promoted and people's opinion was sought. A member of the care staff told us, "I encourage people to do as much as they can for themselves, for example, washing intimate areas. I shut the door and curtains to ensure they feel comfortable". One person told us, "It doesn't feel like you are on a time limit". People also told us that their choice of gender of care staff was respected. We saw in one person's records that they had a female carer for personal care in the morning but were happy with a male carer for a lunch visit. A person us, "I expressed a preference to not have male carers and that this was listened to".

People were cared for by the staff that knew how to maintain people's confidentiality. People's care files and records were kept in their homes. Duplicate records were kept securely in the provider's office. Staff files reflected they received information handling training and were aware of the confidentiality agreements.

People were supported in end of life care. Staff described supporting people and their families at this time and although it was a difficult time, they felt it was rewarding allowing someone to remain at home if this is what was requested, was important.

Is the service responsive?

Our findings

People's needs were assessed prior to care visits starting. Family members were invited to be present during the assessment, to ensure all views were considered. Where possible, information was sought from GP's, occupational therapists and district nurses. In some cases, people had a copy of the local authority assessment on file. This information was used to develop the care plan. If hospital discharges were being arranged then the person would be visited in hospital and a home visit planned with an occupational therapist to assess if any equipment was required.

People had copies of the care plan in their homes and people had signed to indicate they agreed with the plan. A person told us "I do have a copy of my care plan, and it was updated today to reflect the change to my support". Another commented, "I think there is a care plan, because they (staff) write in a folder every day but I don't read it". A relative told us, "They [relative] do have a care plan in the blue file. The staff use it every day and [relative] signs it also". A person also commented, "I did have input with my new care plan, and was fully aware of the agency management and the role of the CQC as ombudsman should quality issues arise in the future".

The care plans contained information about people's physical support needs but also personal information such as hobbies, previous occupation, family, where things were kept, routines and what name they would like to be called. This was described by the registered manager as being useful to 'break the ice' when staff first visited so they could chat about things. For example one person's care records read, "I like to play bingo on a Friday and Monday". Another detailed the person's former occupation so that care staff could talk to them about this.

Care plans gave clear instruction and guidance for staff on people wished to be supported on each care visits All staff were issued with care plans for all the people supported so they knew the person's needs if they supported them at any time. We noted that the care plans had not been reviewed as often as stated. We discussed this with the registered manager who had developed a schedule to update them all.

People's files contained a copy of the Service User Guide which included the complaints procedure and relevant contact numbers, including outside agencies such as the Care Quality Commission. We looked at the complaints records. All complaints had been investigated and resolved in line with the provider's policy. For example, we saw someone had complained about the time of their visit being too early at night. This had been responded to with a meeting and explanation about the rota meaning staff would be waiting for a long period of time between visits. They had stressed that they would try to accommodate the usual times as soon as possible.

We saw many compliments from people. Recent emails stated "Best agency that we have used" and "Your company is always so well organised".

The service encouraged people to give their views and people were able to do so in a number of ways. People gave feedback through annual questionnaires and telephone quality monitoring checks. One person

said, "The office ring and ask me, and we tell them everything's fine".

Is the service well-led?

Our findings

The registered manager had worked at all levels in the service and had been in the post since June 2014. They had recently completed a management qualification and provided strong leadership to care staff. There was a clear organisational structure in the office and everyone was aware of their areas of responsibility such as co-ordinating calls, training and recruitment. This provided the care staff with a reliable base to support their work in the community. Care staff told us they felt supported by their supervisors and the office team. We also received some feedback from the local authority commissioning team stating, "The Registered Manager works with us at all times and runs a good service".

People's care files contained a copy of the Statement of Purpose with their aims and objectives stating "To provide every service user with a high quality care and support to meet their individual long and short term needs and requirements". This meant there was a strong emphasis on providing a service that offered people a good quality of care.

People and relatives knew who to contact if they needed to. One person told us, "I know I can ring the office and it will get sorted". Staff we spoke with were positive about the management, the support they received from them and the team work. Comments included, "[Registered manager] goes beyond the call of duty. Can't get any better", "[Registered manager will step in and help at any time. She's done an awful lot, promoting new areas. She needs more praise" and "[Registered manager] listens to our views". One member of staff said, "We can rely on each other as a team, however, more regular staff meetings would be good". We can contribute with some ideas and if it's a good idea it will be implemented". Another member of staff told us, "Staff morale are very good, it's a very welcoming team".

The service had introduced a mentoring scheme for new staff. They were allocated an experienced member of staff who would support them when they first started. They would receive phone calls to see how they were getting on and if they needed support. Feedback was provided to the management team about any issues that emerged so they could be dealt with at an early opportunity. The service had also set up a monthly staff award. The staff member was given a gift voucher in appreciation of their hard work and reliability. For example, helping out at times of sickness and holidays. Exit interviews took place when staff left so the service could analyse the reasons staff left and use this information to improve staff turnover.

The service had carried out an equality and diversity survey with the staff. Of those returned it commented that 10% staff had stated they had a disability. There was a response to the team stating to seek support around this if needed from management. It also stated that they had a higher than national average amount of male workers which meant they were able to ensure people had the gender of staff they preferred. Communication was stated as needing improvement and management had acknowledged the need for this. Currently the main form of communication was staff memos, phone calls and text messages. The management acknowledged that more regular team meetings would be beneficial for staff to meet in person to discuss issues.

The service had a whistleblowing policy in place. Whistleblowing is a way in which a member of staff can

report concerns, by telling their manager or someone they trust. Staff told us they would always report any concerns to the manager. The staff felt confident that the registered manager would listen to them and take appropriate action to help keep people safe. Staff knew they could contact other external organisations if they felt their concerns were not been acted upon. One member of staff told us, "I know I could contact an outside (organisation) like the Care Quality Commission or similar".

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The management were aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

The registered manager ensured the quality of service was monitored and any action taken to address areas for improvement. A member of staff was responsible for auditing care files and risk assessments, body maps and daily records. Other audits included missed visit logs, accidents records, bathing records and medicines charts. Audits had also been done on staff files, recruitment and training needs. For example, we saw that missed visits had been audited and where a pattern emerged extra spot checks had been carried out. We saw medicine errors had been investigated and one staff member needed extra training and supervision. We saw this had been completed.

The provider had sought people's views about the service by visiting people in person, monitoring feedback from people and undertaking annual surveys. The last survey had been completed recently and stated 100% of people said they felt safe and that Home Helpers care staff were skilled. The management also worked with the local authority monitoring team to self-assess the level of care they offered and positive feedback was provided. A comment was received, "Home Helpers were monitored with our new self-assessment paperwork this year. All paperwork was evidenced and they themselves put in a couple of actions, which was very refreshing. It showed they were being transparent - all was actioned and signed off compliant".