

HH Community Care Limited

# Helping Hands - West Northumberland

## Inspection report

St Matthews House  
Haugh Lane Industrial Estate  
Hexham  
Northumberland  
NE46 3PU

Date of inspection visit:  
12 February 2019  
13 February 2019  
14 February 2019  
19 February 2019  
28 February 2019

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26 April 2019

## 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?

**Requires Improvement** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

About the service: Helping Hands - West Northumberland provides personal care to adults with a range of health issues in their own homes. At the time of the inspection 222 people were supported.

People's experience of using this service: People and their relatives were very complimentary about the care provided by staff. Where issues with staff had arisen, they had been dealt with quickly. People were treated with kindness, respect and dignity.

Concerns were raised about the timings of visits and staff told us they needed more travel time between visits. The provider had recently installed a new system to address this, but it needed to be fully embedded.

People were involved and supported in the way they wanted. People felt safe with care staff visiting them and staff knew how to report any concerns.

People, relative and staff told us communication with the providers offices was not always good. The provider was aware of this and was working to improve matters with additional support and training. We have made a recommendation regarding this. Work with other healthcare professionals was proactive and positive.

Improvements had been made with medicines management, but we still found some issues regarding medicines records.

People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible. Staff encouraged people to maintain or regain their independence.

The provider monitored the quality and safety of the service through regular checks and audits.

Whilst we recognised the significant improvements the management team had made since our last inspection, the service had some areas which needed to further improve and be fully embedded and is therefore overall rated as requires improvement.

For more details, please see the full report below and which is also on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection: Requires Improvement (Report published on 28 February 2018).

Why we inspected: The inspection was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service remained caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

**Good** ●

# Helping Hands - West Northumberland

## **Detailed findings**

### **Background to this inspection**

**The 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 checked 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.

**Inspection team:** Consisted of one inspector and one 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; this expert by experience had knowledge of older people.

**Service and service type:** Helping Hands – West Northumberland is a domiciliary care agency. It provides 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 gave the service 48 hours' notice of the inspection visit because we wanted to visit and telephone people in their homes and needed to give them notice and receive their consent. We visited the office location on 12, 19 and 28 February 2019. We visited people on 13 and 14 February; and telephoned them on 12 February 2019.

**What we did:** Before the inspection we looked at information received from the service, including incidents or any allegations made. We reviewed the information the provider sent us in their last Provider Information Return. This is information we require providers to send us, for example what works well and improvements planned. We contacted the local authority and Healthwatch. Any comments received supported the planning and judgements of this inspection.

During the inspection we telephoned 14 people and four relatives, emailed four people and three relatives and visited 12 people with three of their relatives. We spoke with the registered manager, head of homecare and compliance, managing director, quality manager and clinical advisor, project/IT lead, senior care and support officer, four care and support officers, two schedulers and six care staff. We also contacted, district nursing teams, occupational therapists and four care managers.

We looked at 22 people's care records, and medicines records for 12 people. We also looked at records relating to the management and quality assurance of the service.

# 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 published in February 2018 we asked the provider to act to make improvements in the safe care and treatment of people. Most issues had been addressed and those found during the inspection were addressed straight away. However, further time is required to ensure lessons were learnt and improvements maintained.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely.

At the last inspection the provider had not managed medicines safely and this was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the breach had been met but we still found some ongoing issues which needed to be addressed.

- Medicines records required further improvement as they were not always in place or up to date. For example, staff applied creams with no directions recorded by the provider and people's medicines lists were not all up to date. The registered manager addressed these issues during the inspection.
- One person had not received a particular medicine for three days, but the majority of people received their medicines as prescribed and on time. One person said, "I receive my medicine as I should....no problems."
- Staff were trained in administering medicines. A new process had been put in place to check staff understanding through observations to ensure they had the skills and knowledge to administered medicines safely.
- Medicines were disposed of correctly if required.

Staffing and recruitment.

- Recruitment procedures were normally robust, but we found two instance where a risk assessment had not been carried out where a criminal records check highlighted a staff member's historic previous conviction. This was addressed immediately during the inspection and we confirmed there had been no impact on people at the service.
- The provider was currently reviewing all staff records to check for missing information, including ensuring all records were up to date or renewed if necessary.
- The provider acknowledged they still needed to recruit for some staff posts and this had impacted on several working practices, such as, being behind on updating systems and paperwork. Available roles were being advertised.
- There were enough staff to deliver people's care, although some calls were not always on time.
- Where staff issues had arisen, these had been investigated in line with best practice.

Preventing and controlling infection.

- Staff minimised risks from infection. Staff wore personal protective equipment such as gloves and aprons when necessary and the provider completed observations and training to ensure they were used correctly.

Systems and processes to safeguard people from the risk of abuse.

- Safeguarding concerns had been reported to the local authority and CQC in line with legal responsibilities.
- Staff were fully aware of their responsibilities to report concerns and ongoing staff training in safeguarding people from abuse was in place.

Assessing risk, safety monitoring and management.

- People's care records contained risk assessments linked to their needs. These explained the actions staff should take to promote people's safety and ensure their needs were met appropriately.
- One healthcare professional said, "The staff have assessed the risk and are working with me to make sure their needs are met, but in a different, less risky way."
- Incidents were discussed at daily meetings and actions taken as necessary to prevent reoccurrence.

Learning lessons when things go wrong.

- Any issues arising were used to learn from. Any learning was shared with staff throughout the organisation and action taken.
- Any accidents or incidents were recorded and reported. These were analysed by the management team for any trends forming with the aim of stopping further occurrences.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection published in February 2018 we asked the provider to take action to make improvements in training. Action had been taken and this continued to be monitored.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were assessed to ensure they could be met by care staff.
- Peoples could make choices. Staff knew people well and we observed choices being respected.
- Where people's needs had changed and they needed more extensive care, such as a move to residential care, the service worked with healthcare professionals to ensure a smooth transition.

Staff support: induction, training, skills and experience.

- New staff were better supported by the service. In addition to their induction they received shadowing opportunities with more experienced staff and the provider had introduced mentors to support them.
- Staff training continued to improve. Training had taken place since the last inspection with further updates planned to keep staff skills up to date. The provider was aware there were still some gaps and these were being addressed.
- Spot checks on staff skills were completed and a new format had been introduced and was being rolled out.
- Staff generally felt supported. The provider had planned for all staff to receive regular supervisions and appraisals, including support at various meetings.

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

- People were supported well with food and drink if this was required as part of their care needs. One person said, "My meals are mostly made by the staff. I am always asked what I would like."
- People who were at risk of weight loss or dehydration were monitored and issues highlighted to healthcare professionals if necessary.

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

- People's health appointments were supported to be maintained, including those with specialist clinicians in hospital settings and local GP's.
- A range of healthcare professionals were involved in assessing, planning and implementing people's care and treatment.
- Communication between the office and anyone contacting them was not always as good as it could have been. During our inspection we found telephone calls had not always been returned.



We recommend the provider review office procedures in line with expected levels of customer care.

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

- The service was constantly changing to meet the demands of the people who used it.
- IT systems had been recently updated and new mobile telephones given to staff. This allowed better monitoring of calls, policies to be available and improved communication with care staff.

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.

- Helping Hands West Northumberland was working within the principles of the MCA.
- The registered manager was working with staff to ensure that capacity assessments and best interest decisions were made appropriately.
- Consent was asked for before staff provided any care or support to people.
- The service confirmed if people had a lasting power of attorney (LPA) in place but did not always have the documentation to support this. (LPA) is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future. The registered manager was going to address this.

## 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.

People continued to be 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.

- Staff were kind, courteous and sensitive and appeared to have a good rapport with people. One person told us, "Helping Hands are brilliant. Just had a shower and I feel brilliant. The manager is great, she is trying to get me a wheelchair as one day a week the carer takes me shopping. They are perfect for me on every level. I cannot complain."
- Staff had a good awareness of people's individual needs and preferences. They were attentive and talked about people in a caring and respectful way.
- The service provided a caring and proactive approach to supporting people to stay in their own home.
- Staff had received training in equality and diversity.

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

- Engagement with people and their relatives took place during reviews of their care or when a change had occurred in a person's needs.
- People and relatives were involved in planning their care although some records had not been signed by those involved.
- People's preferences were respected on how they wanted care and support to be provided.
- People had access to advocacy services if they required this but many had relatives who acted on their behalf. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.
- People were supported with their communication needs. Care plans were in place to provide support to people with for example, loss of hearing.

Respecting and promoting people's privacy, dignity and independence.

- People were respected and their privacy and dignity maintained.
- Wherever possible, positive risk taking was promoted to encourage people to remain independent.

# Is the service responsive?

## Our findings

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

At the last inspection published in February 2018 we asked the provider to take action to make improvements in care planning documentation. The management team had worked hard and this had mostly been completed. However, some areas needed further improvement.

People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control. At the last inspection we recommended that the provider reviewed their scheduling system to ensure that people received allocated care calls in a timely manner. The provider was already planning to introduce a new system and in December 2018 this was introduced. This was still being embedded.

- Overall care calls had been maintained, although not always at the time agreed or by the care staff expected. People confirmed that rotas they received were often amended at short notice with sometimes no discussion having taken place.
- Over half of the people we spoke with said that timings of calls was an issue with staff being late or early and then not having time to get from one call to another. We confirmed via the providers new staff planning system that enough time was not always provided for staff to travel between calls.
- People received care which was tailored to their identified needs and the provider was in the process of finalising care records to fully reflect this.
- People's preferences had been discussed and recorded.
- Social interaction, including various activities were available and supported by staff when this was part of someone's care package.

Assessible information standard.

- The provider had the use of interpreters, braille and larger print if required.
- The registered manager communicated with people and families in their preferred way including by text, letter or phone call.
- People with hearing or other communication difficulties were supported and this was recorded in their communication care plan.

Improving care quality in response to complaints or concerns.

- 11 complaints received had been dealt with in line with the provider's policies and procedures with thorough investigations carried out.
- A complaints policy was available and people/relatives had copies in their homes.
- A range of compliments had been received, including those from healthcare professionals, people and their family members.

End of life care and support.

- There was no one receiving end of life care during the inspection.
- Healthcare professionals confirmed that staff would work closely with them to ensure that people received a pain free death if they are supporting a service user in this way.

# 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 published in February 2018, we recommended the provider review their accident and incident policy, scheduling systems and medicine checks. Although some systems and procedures needed to be fully embedded, we recognised the overall significant improvements within the service that have been led by the management team.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The management team strived to build good relationships with people and relatives using the service and we saw many examples of where this had occurred. However, feedback around the communication between office staff and those using the service was mostly negative. We discussed this with the management team and they said this would be given priority to fully address, by further training, discussion and review of staffing in the office environment.
- The registered manager promoted an open and honest culture and actively praised staff for the work they had done.

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

- The registered manager was passionate about providing good care to people in their homes.
- A new head of homecare and compliance had been appointed and they were in the process of reviewing systems and procedures to ensure quality was maintained.
- The new IT system was still being embedded and both office and care staff were still getting used to the changes.
- Audits and quality assurance checks were in place. The registered manager had reviewed their procedures around medicines and was going to further assess their medicines checks in light of the issues we had found. A range of new checks were in place and being embedded.
- Policies and procedures were available, including on staff work mobile phones.
- Ratings were displayed correctly and regulatory requirements were met.

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

- People and their relatives had been involved in decisions about the service delivered to them.
- Surveys had recently taken place with people and their families and these were being analysed. Most responses were positive about care provided but the less positive comments mirrored our findings during this inspection.

- Engagement with staff was made via meetings, telephone technology and surveys.

Continuous learning and improving care.

- Improvements had been made in recording information and any action required.
- Issues arising were addressed at daily meetings at the main office.
- Accidents and incidents recording had improved after previous paperwork was updated to include much more detail and sign off by the registered manager.

Working in partnership with others.

- Healthcare professionals told us they had a good relationship with service staff and management.
- Staff were involvement in charitable work within the local community to provide additional funding.
- The provider had a long-standing support group within one of its areas. This was visited by people using the service and the local community and provided a good community link.