

Help at Home (Medway) Limited

Main office

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Main Office is a domiciliary care agency which provides care and support to people living in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help relating to personal hygiene and eating. Where they do, we consider any wider social care provided. At the time of the inspection 31 people were receiving personal care.

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

People and their relatives were positive about the quality of care and support they received. They told us they felt safe using the service.

People were supported by staff who had been recruited safely. They told us they received support from regular care staff who arrived on time. They said they did not feel rushed. People were protected from the risks of abuse and discrimination by staff who had been trained to recognise the signs of abuse and knew how to raise any concerns. The registered manager reported incidents to CQC and the local authority in line with guidance.

Risks to people's safety were assessed, managed and reviewed. Risk assessments covered areas of people's health as well as any potential environmental risks. People received their medicines safely and as prescribed. Staff were trained in medicines management and their competency was regularly assessed to make sure they continued to follow best practice.

There were clear processes in place to ensure people were protected from the risks of infection. Staff completed infection prevention and control training and spoke with us about the importance of wearing personal protective equipment (PPE) correctly. Staff had access to PPE and followed national guidance regarding the COVID-19 pandemic.

People's care and support needs were discussed with them and tailored to meet their individual needs. Care plans were regularly assessed and updated as needed to make sure staff had up to date guidance to follow.

People knew how to complain and were confident, if they had a concern, these would be addressed. When the service received complaints and compliments from people, these were shared with staff.

People and their relatives felt the service was well-led. The registered manager led by example and monitored the quality and safety of the service. People, relatives, health care professionals and staff were asked to provide feedback to enable the registered manager to continue to drive improvements.

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 (published 14 August 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 17, 18 and 23 July 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Main office 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. 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 safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Main office

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The 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 houses and flats.

The service had a manager registered with the Care Quality Commission (CQC). 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 inspection was announced.

We gave the service short notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 13 April 2021 and ended on 21 April 2021. We visited the office location on 19

April 2021.

What we did before the inspection

We reviewed information we had received from the provider since the last inspection. We sought feedback and received 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. We used all of this information to plan our inspection.

During the inspection

We asked the registered manager to send a range of documents, before we visited the office, to support the inspection. This enabled us to spend less time in the office, to support restrictions to reduce infection during the COVID-19 crisis. We spoke with three people who used the service and four relatives about their experience of the service provided. We spoke with six members of staff including the registered manager, client services staff, co-ordinator and care staff. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies, audits and infection prevention and control processes were also reviewed.

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. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider failed to do all that was reasonably possible to assess, manage and mitigate risks to people's health and safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation.

Assessing risk, safety monitoring and management

- Risks to people were assessed and measures were in place to reduce risks. At the last inspection guidance for staff about how to reduce risks to people was not always detailed. At this inspection risk assessments were detailed. For example, there was guidance for staff on what signs to look for should a person, living with diabetes, blood sugar be too high / low.
- At the last inspection risk assessments relating to epilepsy were not detailed. At this inspection there was guidance for staff about a person's individual presentation when they had a seizure.
- When people were at risk of falls, there was detailed guidance for staff to follow about how to use specialist equipment such as hoists and slings.
- People's home environments were assessed to make sure they were safe for staff to work in.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse, discrimination and avoidable harm. Staff wore uniforms and ID badges, so people knew who they were.
- Staff completed safeguarding training and knew when and how to report any concerns. They were confident the right action would be taken. They understood they could raise concerns outside the organisation, such as with the local authority safeguarding team.
- People and their relatives told us they felt safe with the support they received. One person said us, "I feel very safe. I haven't ever not felt safe in all the time I have had Help at Home come in" and a relative commented, "We have a key safe. The girls always use it. It is good to know if anything happened to me and I couldn't get to the door they would let themselves in. We feel safe and don't feel insecure".

Staffing and recruitment

- People told us they were supported by regular carers and they did not feel rushed. One person said, "They don't ever rush me. They wouldn't" and a relative commented, "[My loved one] has a primary team of carers. They have built a really good rapport".
- Staff worked flexibly to cover emergency shortfalls, such as sickness. An on-call system was used for staff to obtain guidance and advice when they needed it outside office hours. Travel time was taken into consideration to make sure staff did not have to rush people.

- Staff said, "We have got such a good team. Everyone helps each other" and, "It has been hard during the pandemic, especially when carers have been off sick. We all pulled together and worked flexibly so people still got the support they needed".
- People were supported by staff who had been safely recruited. Checks were completed to make sure new staff were suitable to work with people. These included two references, one being from the last employer, and Disclosure and Barring Service (DBS) criminal record checks. DBS checks help providers make safer recruitment decisions.

Using medicines safely

- People told us they were supported to have their medicines safely and on time. People were encouraged to remain as independent as possible and manage their own medicines when able to. A relative commented, "[My loved one] used to self-administer their medicines but the girls noticed she still had tablets in her Dossett box and rang me to alert me and talk about it. I spoke to the office and we amended the care plan and calls to get the girls to do her medicines".
- Staff were trained to administer medicines and their competency was assessed to make sure they continued to follow best practice.
- Regular checks and audits of medicines records were completed to make sure people received their medicines as prescribed.

Preventing and controlling infection

- Staff completed training on infection prevention and control. They were provided with guidance and training about COVID-19 and wearing personal protective equipment (PPE) correctly. Spot checks were completed to make sure guidance was followed.
- Staff told us there was plenty of PPE. One staff said, "Wearing the right PPE is essential to keep everyone safe". The registered manager confirmed they kept a stock of PPE for staff to take when needed.
- Staff completed regular COVID-19 tests and most staff had been vaccinated.
- The registered manager maintained a safe office environment during the COVID-19 pandemic. Staff worked at a social distance, wore face masks and used hand sanitisers.

Learning lessons when things go wrong

- There was a system for recording accidents and incidents. The registered manager reported any concerns to the Care Quality Commission and the local authority when needed.
- Accidents and incidents were reviewed to check for any themes. There had not been any missed calls in the last 12 months.
- Action was taken to refer people to the relevant health care professionals, such as the falls team or community nursing teams, when needed. Staff followed any advice and guidance given and this was recorded in people's care plans.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

At our last inspection care plans were not person-centred. We recommended the provider seek guidance from a reputable source about person-centred care planning.

At this inspection improvements had been made.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's physical, mental health, social and emotional needs were assessed, managed and reviewed with people and their relatives. The provider's vision reflected this and noted, 'We want to provide a person-centred service which is driven by the individuals needs and wishes whilst promoting their independence'.
- Care plans were centred on each individual person, their needs and how they preferred their support to be provided. People and their relatives told us they felt involved in the planning and management of their care and support. Care plans and associated records were reviewed with people regularly and kept up to date to make sure staff had up to date guidance to follow.
- A relative commented, "[The staff] are all very friendly. They are really good at encouraging [my loved one] to do things for himself. He can get quite depressed and not want to get out of bed. The girls encourage him to shower and get dressed. He is walking with a frame. They really encourage him to be mobile, which is what he needs. It is great to see him starting to walk".
- Staff spoke with people about the people and things that were important to them. This information was recorded and included details about people's families, pets, work life and interests. Staff told us, "The 'about me' part of the care plan is really helpful. It means we can get to know people quickly and chat with them about the things they like".

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's communication needs were assessed before they began using the service and were regularly reviewed to capture any changes.
- Care records and other important documents were provided for people in different formats, such as in large print, to provide information in a format that suited people best.

Improving care quality in response to complaints or concerns

- People and their relatives told us they did not have any complaints. They said they would speak with the office team if they had any issues and felt confident their concerns would be addressed. A relative commented, "They are all friendly, caring and professional. We certainly don't have any concerns and would ring the office if we needed to talk about or check anything".
- Each person was given a 'new client book' when they began using the service. The complaints policy and process were provided.
- Compliments were recorded and shared with staff. One noted, 'The carers are extremely helpful and go out of their way to put [my loved one] first in her care on a daily basis to make sure she is safe and all her needs are met for her to have an independent life'.

End of life care and support

- Staff were not supporting any people at the end of their life at the time of the inspection.
- Staff spoke with people about their wishes, should their health deteriorate, and recorded their preferences. This helped make sure people's wishes would be followed.
- Staff completed training to make sure they had the skills and knowledge to support people on palliative care.

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. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider failed to consistently monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation.

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

- Regular quality audits and checks were effective. When shortfalls were identified, action was taken to reduce the risk of it happening again.
- Care plans were regularly reviewed with people and their relatives to make sure their up to date needs were reflected.
- Spot checks were completed to ensure staff followed guidance and wore personal protective equipment correctly. Punctuality and the performance of care and support tasks were also monitored.
- There had not been any missed calls. On occasion, if staff were running late, they attempted to let people know.
- The registered manager understood their responsibility to be open and honest with people and their relatives when something went wrong or could have been done differently.
- It is a legal requirement to display the rating from the last inspection. The rating and report were displayed in line with guidance

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

- People and their relatives spoke positively about the management and staff team. People felt involved with the planning of their care. Relatives told us, "When [staff] did the initial assessment with us it was all about what was normal for [our loved one]. We are very pleased with Help at Home" and, "I would recommend Help at Home to a friend if they needed support for their loved one. On the whole they are very good".
- The provider had a set of values, shared by staff. These shared values included, delivering a service which 'fully reflect the needs, wishes and preferences' of people, 'to involve and listen to service users, families and

representatives' and 'to promote an ethos of values which respect diverse and cultural differences of our staff, service users and the community'.

- Staff spoke positively about the management of the service. One staff told us, "[The registered manager] is approachable and compassionate. It is a brilliant company to work for. Good leadership and continuity for people is key".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives met with staff regularly to check they were happy with the support they received. They told us they felt fully involved in all aspects of their care and support.

- People, relatives, staff and health care professional were invited to complete an annual survey to obtain feedback about the quality of service and help drive improvements. This was due to be sent out and the registered manager told us the results would be analysed to look for areas of strength and areas for improvement.

- Staff felt valued and confident their views were listened to and acted on. They had a good understanding of equality and completed training on equality and diversity.

- Staff worked with health care professionals to provide joined-up care and support. Referrals were made, as and when needed.