UKG Lifestyle Limited

The Help

Inspection report

Unit C2 Endeavour Business Park, Penner Road,
Havant, Hampshire, PO9 1QN
Tel: 02392987009
Website: www.the-help.co.uk

Date of inspection visit: 20 October 2015
Date of publication: 19/11/2015

Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 20 October 2015. The inspection was announced.

The Help provides personal care services to older people, adults and people living with dementia in their own homes. At the time of our inspection there were 15 people receiving care and support from the service. There were 14 care staff, two senior care staff, one staff member who arranged the care people received and a registered manager.

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.

Records did not accurately reflect the support people received with medicines.

Staff were competent in supporting people with medicines; however people were not always receiving the correct support because procedures for supporting people with their medicines were not always clear or in line with the provider's policy. We have made a recommendation about this.

Summary of findings

People said they were happy with the care and felt safe and protected from the risk of potential abuse and harm. Staff knew how to keep people safe from harm. Staff were supported to question practice and were confident concerns raised would be dealt with.

There were enough staff to meet people's needs and keep them safe. Safe recruitment practices were followed. The registered manager demonstrated a good understanding of when the Commission needed to be notified about an event.

Risk assessments were completed for people which identified risks to their environment and highlighted if manual handling equipment was required. Incidents and accidents were reported to the office and had been dealt with to ensure people were kept safe.

People received care from regular staff who were well matched and had the skills and knowledge to carry out their roles effectively. Staff were well supported, received an induction programme and regular supervisions. A training plan was in place to monitor training updates for staff.

The registered manager and staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and how to put this into practice.

People were supported by care staff to have sufficient food and fluids and to access healthcare services.

Staff spoke with people in a kind and compassionate way and engaged well with people whilst personal care was being delivered. The registered manager and staff knew people well. People's privacy and dignity was respected and promoted.

People had care plans; their needs were regularly assessed and reviewed. People were involved in their care planning and had choice and control over the care provided.

Complaints had not been received about the service; however people knew how to make a complaint if they needed to.

The registered manager had been in post for three months and people had started receiving care at this time. Some quality assurance processes were in place and an action plan was being implemented to help develop additional systems to gather feedback about the service.

People and staff praised the manager and the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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.

Staff were competent in supporting people with medicines; however people were not always receiving the correct support because procedures for supporting people with their medicines were not always clear or in line with the provider's policy.

Staff knew how to keep people safe from harm. There were enough staff to meet people's needs and keep them safe. Safe recruitment practices were followed.

Risk assessments were completed for people which identified risks to their environment and highlighted if manual handling equipment was required.

Incidents and accidents were reported to the office and had been dealt with to ensure people were kept safe.

Requires improvement

Is the service effective?
The service was effective.

People received care from regular staff who were well matched and had the skills and knowledge to carry out their roles effectively.

Staff felt well supported, received an induction programme and regular supervisions. A training plan was in place to monitor training updates for staff.

The registered manager and staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and how to put this into practice.

Those that required support with eating and drinking were supported by care staff to have sufficient food and fluids. People were supported to access healthcare services.

Good

Is the service caring?
The service was caring.

Staff spoke with people in a kind and compassionate way and engaged well with people whilst personal care was being delivered.

The registered manager and staff knew people well.

People had consented to their care and were involved and made decisions about their care. People's privacy and dignity was respected and promoted.

Good

Is the service responsive?
The service was responsive.

Good

Summary of findings

People had individual care folders that contained a number of care plans; their needs were regularly assessed and reviewed. People were involved in their care planning and had choice and control over the care provided.

Complaints had not been received about the service; however people knew how to make a complaint if they needed to.

Is the service well-led?

Requires improvement 

The service was not always well led.

Records did not accurately reflect the support people received with medicines.

There was a registered manager at the service. The registered manager had been in post for three months and people had started receiving a service at this time. Some quality assurance processes were in place and the registered manager had an action plan to implement and develop additional systems to gather feedback about the service.

People and staff praised the manager and the service. Staff were supported to question practice and were confident concerns raised would be dealt with.

The registered manager demonstrated a good understanding of when the Commission need to be notified about an event.

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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, 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 20 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (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 reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. We looked to see if notifications had been received by the provider. A notification is information about important events which the provider is required to tell us about by law.

On the day of the inspection we visited three people in their homes, spoke with them and their relatives and observed interactions between staff and people. We looked at people's care plans and other information regarding the support people received which was kept in their home. We spoke with three care staff, one senior care worker and the registered manager.

We reviewed a range of records about people's care and how the service was managed. We looked at care plans for five people which included specific records relating to people's capacity, health, choices, medicines, risk assessments, support required and daily reports of care. We looked at recruitment records for three members of staff and supervision, appraisal and training records for four members of staff. We viewed audits that help the registered manager monitor the quality of service delivery. We viewed a spreadsheet which had recently been implemented by the registered manager to monitor training, supervision and care plan updates.

We asked the provider to send us information after the visit. We requested the provider send us minutes of meetings, policies and procedures, care plan and training information. The provider was required to send us this information by 21 October 2015. This information was received by this date.

This was the first inspection since the location had been registered with the Commission.

Requires improvement

Is the service safe?

Our findings

People said they were happy with the care, and felt safe and protected from the risk of potential abuse and harm.

Procedures for supporting people with their medicines were not always clear or in line with the provider's policy. The registered manager identified there were different levels of medicines support people could receive. For example, Level one identified the need for staff to prompt and assist but the person receiving the medicines is able to take the medicines themselves. Level two identified when a person requires full assistance with their medicines. If Level two support is identified a Medication Administration Record (MAR) sheet would be placed in the person's home for care staff to sign after support had been given. Level two also included support with prescribed creams. However, the providers medication administration policy and procedure dated October 2015 did not provide any information on the different levels of support required and did not match what the registered manager told us.

People's care plans identified the support they required with their medicines, which included either Level one or level two support. However the support documented in people's care plans did not always match the support they received with their medicines. For example, one person's care plan identified they required Level one (prompt and assist) support with their medicines as they were able to support themselves with taking their medicines. However this person's relative said, "[Staff] put the tablets in the pot and then [person] takes them." which would match with Level two support. The staff member who was present did not correct what the relative had told us. The registered manager confirmed this person was able take their own medicines which was why they were assessed as level one. The registered manager said they would look into this concern.

The support people received with their medicines was not always clearly stated in their care plans. For example, two people had a MAR sheet in their care file in their home, which demonstrated they were receiving level two support with their medicines. Both people's MAR chart's showed they were not always receiving support from staff with their medicines. The registered manager said these two people had been assessed as requiring level two support. However people's care plan's showed level one and level two support was included in the care plan. For one person their care plan stated level one (prompt and assist) and level two (administering); however level one was underlined and level two was coloured red. This meant people may not always have been receiving the correct support with their medicines from staff, because the level of the support people required with their medicines was unclear.

The correct information was not available on people's care plans to ensure they were receiving their medicines safely and in line with the providers policy. The providers medication administration policy and procedure dated October 2015 stated, "The Right patient should get the Right medicine at the Right time and by the Right method / route." However this information was not available for two people who were receiving support with their medicines and prescribed creams. For example, for one person their MAR sheet showed they were being supported with four different types of prescribed creams. There was no information available to say why and how it should be applied or why it would be required. However the two care staff supporting this person were able to tell us why the prescribed creams were being used. For the second person their MAR sheet showed they were being supported with two prescribed creams and six different types of medicines. For the six medicines there were no times documented for when the person was supported with their medicines, how much to be given or how often they should be taken. This person was also taking Digoxin 12.5 mg. Digoxin is a medicine used to treat heart failure. People who take Digoxin should have their pulse monitored for one minute before administration. There was no information provided to show whether this persons pulse should be checked prior to administration and there were no times written down for when the person was given this medicine. The registered manager was unclear who checked the person's pulse. The registered manager contacted the GP who advised that regular monitoring of this person's pulse was not required. The registered manager said they would update the person's care plan to ensure more detail is provided on the support people required with their medicines in line with their policy.

Staff had received training in medicines and had a completed a medication competency assessment. Staff sought advice when they were unsure what do with people's medicines. For example during one of our visits to people's homes we observed care staff were unsure as to whether to give a tablet to the person. There was a note on top of the care plan which both carers read; it mentioned a

Is the service safe?

tablet had already been given. The care staff contacted a senior care worker for advice. The senior care worker advised staff to not give this medicine as this would mean the tablet would be too close to previous dose that had been given.

We recommend the provider seek guidance on the Royal Pharmaceutical Society professional standards for homecare services for medicines management.

Staff knew how to keep people safe from harm. Staff said they would report any concerns to the registered manager and were confident to inform other appropriate professionals if they felt the manager did not deal with the concerns appropriately. One said, "I am aware of the whistleblowing policy and have used it in the past (about a different service) and would have no hesitation again." The registered manager said staff received training in safeguarding during their induction programme and would be expected to receive six monthly updates. Staff confirmed they had received training in safeguarding at their induction. Safeguarding concerns had not been received by the service; however the registered manager was aware of their responsibilities in dealing with and notifying the Commission of any safeguarding concern.

Risk assessments were completed for people which identified risks to their environment and highlighted if manual handling equipment was required. Risk management plans were implemented for people who required support with manual handling equipment and staff were supported to stay safe when supporting people with the equipment. For example, one person's care plan stated they must be assisted with a Zimmer frame when walking short distances and a wheelchair when accessing the community. The registered manager said care staff received both theory and practical based training in manual handling at their induction. Staff members confirmed they had received training on manual handling. We observed two care staff supporting a person safely with their manual handling equipment.

Incidents and accidents were reported to the office and had been dealt with to ensure people were kept safe. One care worker said they supported a person who was at risk of frequent falls. On one occasion the person had fallen and sustained an injury. The care worker contacted the appropriate professionals and stayed with the person until relatives and paramedics had arrived. The registered manager was aware of this incident and had requested the staff member to complete an incident report form. There were blank incident forms in people's care files in their homes for staff to complete when an incident had occurred. The registered manager said this would assist them with monitoring and reviewing all incidents and accidents to help identify a risk pattern and minimise risk of further potential harm.

There were enough staff to meet people's needs and keep them safe. One staff member said six new care staff were due to start working with the service. Systems were in place to help the registered manager assess and monitor staffing levels. For example, there were two white boards in the registered manager's office; one board detailed the geographical areas covered by the care staff who were available to work in that area and the other board listed care staff availability. The registered manager said applicants were also asked for their availability of work at their interview which helped them to identify if they would have sufficient staffing levels to meet people's needs and keep them safe. Care staff records showed availability sheets had been completed during the recruitment stage. We observed the registered manager was able to reinstate someone's care at short notice.

There had been one recent report of a missed call due to miscommunication. As a result the registered manager was introducing a new call system device called One Time Password (OTP), which helped them to identify if staff were running late to visits or if visits were missed. The OTP would allow care staff to log in and out of every care visit. The OTP would send a notification to the office if calls were late or missed. The registered manager would be able to set the length of time either side of the care visit for the notification to be sent. For example, a 15 minute timeframe either side of the care visit had been agreed with people. One person and their relative said they were both "Very Happy with support." They said staff had "never not turned up" and they were always within 15 minutes either side of the time of the visit. One staff member confirmed they had used the system to sign into people's homes to show the office what time they had started and finished the care visit.

Safe recruitment practices were followed. We looked at three staff members' recruitment files and saw the appropriate steps had been taken to ensure staff were suitable to work with people. All necessary checks, such as Disclosure and Barring Service checks (DBS), work references and fitness to work had been undertaken. The

Requires improvement

Is the service safe?

DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Safe systems were in place for applicants and people when a criminal record had been identified

Good

Is the service effective?

Our findings

People and their relatives said they received care from regular staff and felt they were well matched with care staff and they had the skills and knowledge to carry out their roles effectively.

Staff confirmed they received an induction programme when they started working for the service which included shadowing experienced members of staff. Direct observations were completed for new care staff by senior care staff to ensure they were competent to carry out their care worker role. A direct observation is a method of collecting evaluative information in which the evaluator watches the subject in their usual environment without altering the environment. Staff records contained induction competency forms which had been marked. The induction training covered all the requirements of the Care Certificate which staff were working through as part of their induction programme. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Thirteen care staff had been working for the service for three months. One care worker had been working for the service for more than three months but less than a year. All staff had received training in safeguarding adults, manual handling, mental capacity, food hygiene, medicines, including medicines competency assessments and first aid. For all staff this training was given as part of their induction programme. Manual handling training was provided in two parts, theory and practical. An external training provider carried out the theory training on manual handling and the registered manager who was trained in teaching practical manual handling carried this training out.

For updated training the registered manager had developed a training spreadsheet to support them with monitoring staff training. Staff said they can request any training.

Staff received a supervision as a one to one or a spot check. A spot check is an observation carried out at random without warning. Staff did not have an appraisal as they had not been with the service long enough. The registered manager had developed a system to support them with identifying when staff supervisions, spot checks and appraisals were due. The senior care staff said they were receiving training on how to complete supervisions so they were able to supervise care staff effectively.

Staff attended their first team meeting on the 15 September 2015 and the registered manager said they would like to continue to complete team meetings every three months. Minutes of the meeting showed staff were given the opportunity to add any items for discussion and general performance issues were discussed. Staff said they felt well supported. One said, “Feedback is “constructive not critical.”

The registered manager and staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and how to put this into practice. The Act provides a legal framework for acting on behalf of people who lack capacity to make decisions. For example, the registered manager and staff confirmed that people could consent to decisions concerning their day to day support. People were helped to make decisions by care staff who used different methods of communication. Care staff provided information in different ways which were individual to the person to help them make a decision.

People and their relatives did not express any concerns about nutrition or hydration. Those that required support with eating and drinking were supported by care staff to have sufficient food and fluids. For example, one person was required to be supported by care staff to shop for groceries and cook meals. The person’s care plan identified they would be at risk of not receiving sufficient nutritional intake if they were not supported with cooking healthy meals.

For those people who required support to access healthcare services care staff would contact the office or family member and advise of any concerns and whether a health care professional or emergency service would need to be contacted. For example, one care worker said they had supported a person when they became poorly. The care worker rang the GP and advised them of the symptoms the person was experiencing. The GP advised the care worker to “keep an eye” on the situation. Throughout the visit the person’s symptoms had worsened. The care worker became increasingly concerned and re contacted the GP. The GP advised the care worker to ring

Good

Is the service effective?

the emergency services. The care worker contacted the emergency services and the person's daughter. The GP later followed this up and informed the care worker it was a "good catch" as the person had a very serious condition.

Good

Is the service caring?

Our findings

People and their relatives were positive about the care and support received from staff. We observed care staff speaking with people in a kind and compassionate way. Staff engaged well with people whilst personal care was being delivered. For example, on one occasion when staff entered a person's home we heard them say "hello" to the person. As they approached the person one care worker asked how they were and the other care worker told the person what they were going to do. Both care staff engaged with the person about what they were doing as they carried out the care tasks. They advised the person in a caring way to be involved in their care and enabled them to be supported safely.

The registered manager and staff knew people well. The registered manager and senior care staff would also provide care to people during staff shortages and this helped them to develop a more personalised relationship and approach with them. For example, during the inspection we heard the registered manager speak with a person on the phone who had contacted the office to ask for their lunch time support to be cancelled for that day. The registered manager spoke with the person in an open and friendly manner; they knew their name immediately and were aware of their personal history.

People had consented to their care and were involved and made decisions about their care. People who lived with their relatives were happy to involve their relatives in their care and were happy to leave decisions about their care to their relatives or care staff. The registered manager said they always involved people in their care; staff were trained to give people choice and control over their care requirements.

People's privacy and dignity was respected and promoted. We observed people's privacy and dignity being preserved at all times whilst personal care was being carried out. People felt staff respected their privacy and dignity at all times. One staff member said they pulled the curtains in the person's room and shut the door whilst completing personal care as there were other people in the home. They said they kept as much of the person covered as possible whilst carrying out personal care.

Good

Is the service responsive?

Our findings

People's needs were regularly assessed either at hospital prior to being discharged home and or at home and reviewed by the registered manager and senior care staff. Relatives were involved in the assessment of people's needs if the person requested their involvement and attendance when the assessment was being completed. The registered manager said they often completed the initial assessment for the person whilst they were in hospital to ensure they were able to accommodate the person and meet their needs upon their discharge home from hospital. One person we visited confirmed they had their initial assessment completed at the hospital before they were ready to be discharged home

People had individual care folders that contained a number of care plans which included their daily routine, hydration and nutrition, activities, exercises and socialising, mobility, health conditions, medication, specialist care and information relating to those who were living with dementia and Alzheimer's. Each care folder viewed had different care plans describing the support people required. People's care plans were individual and personalised and demonstrated that people had been involved in the development of their care plan. For example, one person's care plan stated, "[Person] would like to have a full body wash on the bed. Ask [person] if they wish to use the commode before or after their wash." Each care plan contained a section stating what the risks were to people if they did not receive the correct care. The care plans also demonstrated what outcome was trying to be achieved when providing people with their care.

People were involved in their care planning, confirmed they had a care plan and had choice and control over their care planning. The registered manager said they always tried to seek the views of people when completing a care plan and this was on-going through the care process. People living with dementia were involved in their care planning as the registered manager confirmed they were able to understand the care planning process. Care staff confirmed there was always a care plan available in the person's home and people were always involved in the planning of their care, which sometimes included their relatives.

Reviews had been completed of people's care when their needs had changed. Care staff knew what support people required as they would visit them regularly. The registered manager was developing a system to support them with identifying when service user's reviews and updated information were required.

Complaints had not been received about the service. The registered manager said they had not received any complaints since joining the service three months ago. The registered manager said people were given a copy of the complaints procedure and were confident people knew how to raise a concern. Staff confirmed people were encouraged to raise concerns and complaints. One relative said, "If there were any complaints I would be straight on the phone." "They are very helpful and always ask is there anything else we can do." "We had a male carer once and the office rang beforehand to make sure it was alright. He washed [person's] hair no trouble."

Requires improvement

Is the service well-led?

Our findings

People and staff praised the manager and the service. Staff said the company were very friendly and professional. One staff member said, "The Help was "relaxed."

Records did not accurately reflect the support people received with medicines. Procedures for supporting people with their medicines were not always clear or in line with the providers policy. Care records did not match the support people received from care staff with their medicines and information relating to medicines were not provided. As a result care staff were unclear on the level of support people required which meant people did not always receive the correct level of support with their medicines.

The lack of complete and clear records relating to people's medicine support requirements is a breach or Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager at the service. The registered manager had only been in post for three months. Prior to this the service had two other managers, one who had registered with the Commission and another who applied to become the registered manager but had not stayed with the service. The registered manager was present at the time of inspection and demonstrated a good understanding of the service. The registered manager said they would like to deliver the best quality care and for them the service was not about taking on people to put money in the bank, they wanted to provide a safe, effective service where people and staff were happy. They said they liked to be approachable to staff and people, keep communication open and felt as though they worked alongside staff to support them and make effective decisions about people. Staff confirmed the office were very supportive and kept them updated on information about people and passed on positive feedback received.

Staff were supported to question practice, were confident that if they raised any concerns they would be dealt with by management and they demonstrated an understanding of what to do if they felt their concerns were not being listened to by management. One said, there is a whistleblowing policy and [registered manager] is very approachable."

Notifications had not been sent to the Commission over the past 12 months because there had not been any allegations of potential abuse or any other reason for a notification to be submitted. The registered manager demonstrated a good understanding of when the Commission need to be notified.

Some quality assurance processes were in place such as reviewing daily logs and activity sheets. Complaints and safeguarding concerns had not been received and only one incident form had been completed. The service had been registered with the Commission since July 2014, however had only started taking on service users four months ago. The registered manager was looking at their quality assurance processes and had identified in their provider information return how they were going to gather feedback from people and staff to help them develop and improve their service. For example, telephone reviews, six monthly reviews and surveys. The registered manager had recently purchased a device to help monitor times of visits and prevent missed visits from occurring.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Records relating to the care of people using the service was not accurate and up to date. Reg 17(2)(c).