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# Helping Hands- 5 Towns

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Helping Hands – 5 Towns is a domiciliary care service providing personal care to people living in their own homes. At the time of the inspection there were 3 people using the service.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. During this inspection there were 3 people receiving personal care.

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

People received safe care and were protected against avoidable harm, neglect and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce the risks.

People received support from staff who had undergone a robust recruitment process. They were supported by regular, consistent staff who knew them and their needs well.

Where the provider took on the responsibility, people's medicines were safely managed.

Systems were in place to control and prevent the spread of infection. The provider ensured that lessons were learned when things went wrong, so that improvements could be made to the service and the care people received.

Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The staff and the management team were focussed on providing people with support that was based on their individual needs, goals and aspirations. As a result, people's care was tailored to meet their exact needs.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 March 2019) and there were breaches in regulation. 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 unannounced focused inspection of this service on 9 January 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 medicines and staffing.

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, effective and well led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. 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 focused inspection, by selecting the 'all reports' link for Helping Hands-5 Towns on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Helping Hands- 5 Towns

## **Detailed findings**

### Background to this inspection

The inspection We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people and staff.

#### Inspection team

This inspection was carried out by 1 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.

**Registered manager** This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave short notice of the inspection in order for the registered manager to provide us with the documentation we needed to look at. Inspection activity started on 23 November 2022 and ended on 5 December 2022.

#### What we did before the inspection

We sought feedback from the local authority and reviewed information we had received about the service since it was registered. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what

they do well, and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, 1 person using the service and 2 staff members. We reviewed a range of records. This included 2 people's care records. We looked at 2 staff files. We reviewed a variety of records relating to the management of the service, including audits, policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, updated risk assessments and quality assurance records. We also reviewed policy documents.

# 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 the provider had failed to manage people's medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Using medicines safely

- Where agreed, staff supported people to receive their medicines.
- Care records contained information for those people for whom support was given with medicines.
- Staff received training in medicines administration and their competencies had been assessed in line with best practice guidelines.
- Medicines Administration Records (MARs) were completed by staff each time medicines were given.
- The service had policies and procedures on the administration of medicines, which provided guidelines for staff.

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

- Staff received safeguarding training and understood their responsibilities to report potential safeguarding concerns to the registered manager. Staff felt assured that these would be taken seriously. One staff member said, "I'd report anything that harms people's health, wellbeing and human rights I would report to my manager, CQC, social services or police."
- The registered manager understood their obligation to report safeguarding concerns to the local authority and to notify us, CQC, as per regulatory requirements.

### Preventing and controlling infection

- The provider's records showed staff had received training regarding infection control, and staff confirmed this.
- Personal protective equipment (PPE) was available for staff to use and they told us supplies were plentiful. When managers carried out spot checks of care visits, the use of PPE was monitored to ensure care was provided safely.
- People using the service told us staff always used PPE when providing care.

### Assessing risk, safety monitoring and management

- Staff understood the risks people faced and how to reduce those risks. Risk assessments were person centred and detailed. They were reviewed regularly to ensure they were accurate and informed by any recent advice by external healthcare professionals.

- People felt safe. One person said, "I feel very safe, I have no worries with the staff or care I receive."

#### Staffing and recruitment

- Systems were in place to ensure the safe recruitment of staff. This included references and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions so only suitable people work with those who are vulnerable.
- Staff had enough time to support people safely without being rushed, and calls were planned to ensure people received continuity of care staff as much as possible.
- One person told us, "Staff always turn up on time and stay as long as they should."

#### Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. There were systems for staff to report incidents and accidents.
- Staff felt that any learning that came from incidents or accidents was communicated well to them through regular contact, telephone calls, team meetings and supervisions. This meant the support people received was always being reviewed to ensure that lessons were learnt when things went wrong.



# 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 the provider had failed to ensure staff employed by the service received appropriate training, supervision and appraisal to carry out their roles effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet their needs.
- People thought staff were well trained and understood how to meet their needs. One person told us, "They [staff] know what they are doing; I don't really know what training they get, but they are very professional in everything they do."
- Staff received ongoing training from the provider and support from the management team.
- New staff received an induction. This included all appropriate training which gave them the right skills and knowledge to effectively support people and understand the requirements of their role.
- Staff felt well supported. They told us they received regular supervision and could approach the management team at any time in between.
- Staff were supported through spot checks. One staff member told us, "I feel supported in all aspects with training from manager."

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

- People were given the opportunity to be involved in the care planning process.
- Prior to a package of care being started, the service reviewed the referral and arranged to meet the person and if appropriate, family members to ensure they could meet the person's needs.
- Initial assessments were individualised, detailed and appropriately completed, which then become support plans and risk assessments.
- People's personal history, cultural and religious needs and sexuality were recorded on documentation. People and their family members were asked about their routines, wishes and choices in the way they wished to be supported. The manager considered people's protected characteristics under the Equality Act.
- Staff were aware of equality and diversity issues, and the management team were aware of their obligations in this regard.

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

- Where required, staff assisted people with eating and drinking as per their preferences.

- Care plans contained clear and personalised instructions on the support people needed with eating and drinking.
- Staff prepared people's meals the way they wanted. A person told us, "They [staff] take care of food they way I like it."

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

- Staff liaised with healthcare professionals and other agencies to support people to retain their independence and maintain their health.
- Staff knew what to do if a person became unwell or needed additional support, including reporting issues to the registered manager, GP or calling an ambulance.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- At the time of our inspection no one lacked capacity in relation to their care. However, the registered manager had processes in place to ensure they would follow the MCA if people were suspected to lack capacity.
- Care staff understood their responsibilities in relation to the MCA and they received training in this.

# 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had systems in place to enable oversight of the quality of the service. The improved system showed an up to date overview of the service and this was reviewed regularly. Audits continued to be improved and regularly completed.
- Records were improved. They were up to date and readily available on an online system for review.
- The registered manager took on board the opinions and views of people who used the service and their relatives to make improvements.
- Policies and procedures were current and in line with best practice.
- The provider understood their legal responsibility to notify CQC about incidents that affected people's safety and welfare. They had sent us notifications relating to significant events occurring within the service.

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

- The registered manager ensured there were robust systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.
- The registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were a range of formal systems, which ensured people had choice and control over their care. People participated in regular reviews, surveys and meetings.
- The registered manager carried out regular spot checks of staff to ensure people were satisfied with the care they received. People were also contacted by telephone. This ensured they were consulted and given opportunities to comment about their care.
- People's religious and cultural needs were met. The registered manager was aware and knowledgeable and ensured protected characteristics were being upheld.

- People told us that they were able to give their views on the service and they were listened to and action was taken. One person said, "Yes they [staff and registered manager] listen to what you have to say. I have good communication with the manager, they are very good."

#### Working in partnership with others

- The registered manager and staff team worked in partnership with other professionals and agencies such as the GP, community nurses, housing schemes and the local authority to ensure people received joined up care.