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# Helping Hands- 5 Towns

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Helping Hands- 5 Towns is a domiciliary care agency registered to provide personal care. The agency provides support with personal care and domestic tasks. The agency office is based in Pontefract and support is currently provided to people living in their own homes in the local area. At the time of the inspection there was two people receiving a regulated activity.

Helping Hands- 5 Towns was registered with CQC in July 2017. The provider is registered as a specific individual and they have overall responsibility for the service. This was the service's first inspection.

At this inspection we found the provider was in breach of two regulations.

Relatives and friends of people who used the service told us they felt people who received this service were safe. At the time of the inspection there were no recorded accidents or incidents. The management team knew how to identify and report suspected abuse and had clear systems in place which ensured safety and legal standards were met. People were happy with the support they received for medicines. However, systems which promoted safe medicine management were not yet established. Generally safe recruitment procedures were followed for all staff, though minor improvements were required with reference checks.

Feedback obtained during the inspection showed people received appropriate care and support. However, we found areas of risk which were not effectively managed or mitigated against, such as not always completing a relevant risk assessment when a risk had been identified. We have made a recommendation about the completion of risk assessments. Daily notes were completed after each visit, but the provider had no system to check daily logs to ensure staff delivered care in line with people's care plans. We have made a recommendation about the checking of people's daily logs.

Staff told us they felt supported by the provider. However, improvements were required to the training and supervision staff received. Feedback showed people's support was provided by the same staff which promoted good continuity of care. The staff team were caring and promoted people's independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. We saw care records contained limited details about people's preferences for care and support. We have made a recommendation about recording people's preferences for care when they reached the end stage of life.

During the inspection we received very positive feedback about the service. Relatives and friends of people who used the service said it was well-run and the staff were approachable and friendly. The provider had some systems in place to evaluate and improve the quality and safety of the services provided. However, they were not always sufficiently robust and had not identified some of the service's shortfalls which are highlighted in the report findings. We have made a recommendation about the provider's policies and procedures so that they cover all aspects of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Systems which promoted safe medicine management were not established.

The provider did not always properly assess all risks relating to the health and safety of people receiving care. We have made a recommendation about the completion of risk assessments.

People's daily logs were not checked regularly to ensure care was delivered in line with people's support plans. We have made a recommendation about checking daily logs.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff had the skills and knowledge to support people appropriately. However, improvements were required with the training and support of all staff.

Meals were prepared to a good standard. More detail was needed in people's nutritional support plans.

Staff gave people as much choice and control as possible.

### Is the service caring?

**Good** ●

The service was caring.

The staff were kind and caring and understood the importance of building good relationships with the people they supported.

Staff respected people's privacy and dignity.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Staff understood people's support needs. However, care records

lacked detail about people's likes and dislikes and care reviews were not robust.

We have made a recommendation about advanced care planning as people's views and wishes were at risk of not being respected.

People said they felt listened to by the staff team.

**Is the service well-led?**

The service was not always well-led.

We found some of the provider's systems or processes were not established to ensure compliance with the requirements of regulations.

The service had no systems in place to gather stakeholder feedback in order to improve the service provision. We have made a recommendation about gathering feedback from a range of stakeholders.

The service promoted a positive and open culture, where people who used the service had confidence in the leadership.

**Requires Improvement** 

# Helping Hands- 5 Towns

## **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 9 January 2019 and was announced. We gave the service 24 hours' notice of the inspection visit because the provider operated the service from their own home and we needed to be sure they would be available. The inspection team was made up of two adult social care inspectors.

Prior to this inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. For example, where a person who uses the service suffers a serious injury.

During the inspection we spoke with two relatives or friends of people who received support from Helping Hands- 5 Towns and five care staff. We also spoke to the provider, who was the individual responsible for the running of the service. We spent time looking at written records, which included two care records, three staff personnel files and other records relating to the management of the service.

# Is the service safe?

## Our findings

Systems and processes were in place to protect people from abuse. It was clear from discussions with staff that they were fully aware of how to raise any safeguarding issues. They said they would always report any concerns to the registered manager. The provider told us there had been no accidents or incidents since they started providing a service in July 2017.

We found systems which promoted safe medicine management were either not established or not operated effectively. The provider had no medication policy in place, which meant there was no clear guidelines for staff to follow in regard to the management of medicines. The service was not consistently and accurately recording the administration of medicines. For example, in one person's daily notes an entry read, "administered morning medication into pot". Care workers must record the medicines support given to a person for each individual medicine on every occasion. Poor record keeping can put people receiving medicines support and care workers at risk. Staff confirmed they had received the appropriate medicines management training. However, this was not refreshed regularly and the provider had no system for checking whether staff were competent to administer medicines, such as through observed practice. We found people's care records lacked detail in regard to the medicine support they received. For example, care records did not individually list people's medication and their preferred method of support. It is good practice to include this information in people's care records as it promotes person-centred support.

This was a breach of Regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

Despite our concerns around the management of medicines, friends and relatives of people who received a service gave positive feedback about the medicines support they received. After the inspection the provider submitted assurances they would review staff competency on medicines administration and introduce medicine administration records (MAR) for all people who received medicines support. We need to see this improvement at the next inspection.

We found safe recruitment practices were generally followed, though minor improvements were required. We looked at three staff files to check how staff had been recruited. We saw for each staff member the service obtained proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. However, reference checks were not always completed. This information helps employers make safer recruitment decisions. The provider said they would review all staff files to ensure recruitment requirements were met.

We found not all risks relating to the health and safety of the people who used the service were assessed and effectively mitigated. For example, some people who used the service required support with their mobility. However, as this had not been assessed, there were no clear guidelines for staff to follow on how to support a person safely or what control measures needed to be in place to mitigate their individual risks, such as the use of mobility equipment. Despite our concerns around the lack of risk assessments we found because staff knew people's individual needs and risks well this had no impact on care delivered. We expect

improvements in this area and this concern was fed back to the provider. We recommend the provider prioritise the completion of all risk assessments.

The service had enough staff employed to meet people's care and support needs. At the time of this inspection the service provided approximately 109 hours of support per week and had a total of five staff employed. All people we spoke with confirmed staff had enough time to complete their care and support tasks and always stayed the full duration of their visit. We saw after each visit a record was completed by the visiting staff member. We recommend the provider starts regular checks of people's daily records. These checks promote people's safety by ensuring staff deliver care and support in line with their support plans.

We saw the registered provider had a policy and procedure in place for controlling the risk of infection spreading. Staff confirmed they were provided with Personal Protective Equipment (PPE) such as gloves and aprons to use when supporting people in line with infection control procedures. People we spoke with had no concerns with infection control practices.

## Is the service effective?

### Our findings

Staff told us they felt well supported by the management team and they communicated effectively as a service. We saw the service used less formal methods to communicate with each other, such as sending and receiving messages via an application on their mobile telephones. Staff commented favourably on this method and said it was more versatile than face to face meetings. However, as this was the provider's most utilised means of communicating with staff, they were unable to show us clear evidence of regular formal supervision and annual appraisals taking place. We also found team meetings were not always recorded. Staff should receive appropriate ongoing or periodic supervision in their role to make sure competence is maintained. We discussed this concern with the provider and they submitted evidence after the inspection to show a new supervision and appraisal template had been implemented. We need to see this improvement at the next inspection.

Staff told us they felt confident and competent in their roles. This was also reflected in the positive feedback we received from people's friends and relatives. They said care staff knew what support was needed and had the skills to do their jobs effectively.

We found all staff had received training to carry out their roles, though improvements were required with the frequency training was reviewed to ensure staff knowledge was relevant and up to date. Some staff had not received further training when they joined the service. This was because the provider relied on the training they had received prior to their employment at the service. However, in each of the three staff files checked we saw training had not been reviewed at appropriate intervals during the course of employment. For example, one staff member's medicines and safeguarding training had not been refreshed for over 10 years.

The provider told us all new staff received an induction and completed a period of shadowing with an experienced carer before they were able to start working at the service. However, inductions of new staff were not robust as they were not recorded and the provider had no clear induction process in place. This meant key learning objectives in a staff member's induction to the service and role, such as checking their competency or understanding of the service's policies and procedures, was more likely to be missed. Providers must ensure they have an induction programme that prepares staff for their role.

This was a breach of Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

Staff supported some people with their meals and encouraged people to maintain a healthy and balanced diet. More detail was needed in people's nutritional support plans to guide staff on people's food and drink preferences and specialist dietary needs. We recommend the registered provider review and update people's care and support plans to include more information about their individual nutritional needs.

Systems were in place which ensured people's needs were assessed before a new care package commenced. However, we found people's assessments were not robust as key areas of identified need was not assessed. For example, we saw one person's medicines needs had not been assessed, although they



received support from staff with this, which meant their support was at risk of not being person-centred. Assessments of people's care and treatment needs should include all their needs, including health, personal care, emotional, social, cultural, religious and spiritual needs. Despite this concern, relatives and friends of people who used the service said staff provided person-centred care and their needs were met. We expect improvements to the assessment process.

Relatives of people who used the service said staff were reliable and stayed as long as they should. They confirmed support was provided by regular staff who had never missed a visit. This showed the service provided good continuity of care because the person who received support saw the same staff.

Relatives we spoke with said the service supported their family to maintain good health by working collaboratively with external health services.

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 so that they can receive care and treatment when this is in their best interest and legally authorised under the MCA. For people living in their own home, applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The registered manager told us at the time of the inspection people who received support were able to consent to their care and support but was aware of their legal requirements under the MCA. This corresponded with our checks of people's care record and feedback from people and their representatives, which showed proper consent had been obtained before care and support had been provided.

## Is the service caring?

### Our findings

The service had a collaborative approach to planning people's care and support so it was delivered in a way they liked. Relatives and friends of people who used the service told us they took part in regular reviews where they could voice their opinions about the care provided and were involved in decisions about any changes.

Through talking to staff, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. However, information about people's protected characteristics was not always recorded in their care plan. We expect improvements in this area. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Relatives and friends of people who used the service told us staff were caring and kind. When we spoke with the care staff they demonstrated a caring and compassionate manner and clearly understood how to deliver the personalised care and support the person required. Staff knew how to treat people with dignity and promote their independence. One relative said, "[Person's name] has regular carers who all know him, what he likes and what he needs. They help him be independent" and "I would recommend this company. If my mum needs care in the next few years I will coming to this company. I've no concerns at all." Another relative said, "The [provider] and care staff are lovely people."

Staff understood the need to respect people's confidentiality and not to discuss issues in public, or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.

We saw each person had an assessment in place, which outlined people's goals and the support required to achieve their goals. For example, one person's chosen goal was to feel less isolated at home. Staff were to support this person by facilitating social outings like going to the shops. This ensured support was not task-led and promoted positive outcomes which were led by the individual.

## Is the service responsive?

### Our findings

People and their representatives told us they were happy with the care and support they received. One relative said, "They [staff] know [person's name] and know what they are doing. It's a personal touch based around what he wants. The standard of care blew me away. It was so much better than the previous care service."

People's care records lacked detail about their individual preferences and social history. This meant their care and support was at risk of not being person-centred. We discussed this concern with the provider and recommended they review people's care records to include more detail where possible. This helps staff to know what was important to the people they cared for and helped them take account of this information when delivering their care.

Care records contained clear information about which element of support staff were required to provide at each scheduled call. For example, in one person's care record it directed staff to assist them with washing and dressing in the morning call and in the evening call to prepare dinner.

The provider told us everyone's care records were regularly reviewed to ensure information was up to date and reflective of their needs. However, in the two care records checked they were undated and reviews of people's care were not recorded. This meant the provider was unable to show us clear evidence people's care and support had been reviewed at appropriate intervals and they had considered people's views as part of this process. The provider assured us they will date all care records and will start recording care reviews.

People were supported by staff to lead the life they wanted, which included going out in the community.

Systems were in place to manage complaints. The complaints procedure was provided to people who used the service. Relatives and friends of people who used the service told us they had no concerns, but knew who to go to if they did and felt confident these would be dealt with appropriately. One relative said, "I can ring the [registered individual] about anything and she will sort it out." The provider told us there had been no complaints since their registration with the CQC.

People were supported to discuss their wishes in respect of end of life care with the involvement of anyone else they wished to be present such as their family, friends or advocate. We recommend the provider starts recording people's preferences and priorities for care when they reached the end stages of their life and health professionals should be consulted as part of this process. This is a key means of improving care for people and improves the likelihood of these wishes being known and respected at the end of their life.

## Is the service well-led?

### Our findings

Relatives and friends of people who used the service told us they felt the service was well-run and the staff team were approachable and friendly. The provider understood their responsibilities to improve the service and demonstrated a willingness to act on our feedback submitted at inspection.

The provider had some systems in place to evaluate and improve the quality and safety of the services provided. However, improvements were required in this area. One way of monitoring staff competency is through regular spot checks, which are then recorded, so any issues of poor practice can be identified and followed up. We found no such system in place in regard to medicines administration which meant the provider was not able to show us evidence staff were providing safe and high -quality care. During the inspection we identified necessary improvements with staff records and training, medicines records, people's care plans, risk assessments and daily logs. An audit tool which checks the quality of these records against a set criteria is one way of ensuring the quality and safety of the service provided. Again, no such systems existed which meant issues relating to quality and safety were at risk of not being identified and acted on. This shows the provider's quality assurance systems or processes were not yet established or operated effectively to ensure compliance with the requirements of regulations. After the inspection the provider submitted evidence to show they will act on our feedback.

We saw policies and procedures were in place, which covered most aspects of the service. However, there was no medication policy in place, which is a legal requirement. We recommend the registered provider reviews their policies and procedures to ensure quality and safety standards are always met.

The provider told us they informally gathered feedback from people who used the service in order to raise standards but this was not recorded. We recommend the provider expands their quality assurance processes by obtaining feedback from a wider range of stakeholders and making sure this is recorded. The provider should actively seek the views of not only the people who use the service but anyone associated with the service, such as health and social care professionals, commissioners and other relevant bodies, about their experience of, and the quality of care and treatment delivered by the service. Feedback should be listened to, recorded and responded to as appropriate. Stakeholder feedback is a vital part of driving improvements to the quality and safety of services. Improvements are required in this area.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to ensure proper and safe management of medicines
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff employed by the service provider in the provision of a regulated activity did not receive appropriate training, supervision and appraisal as is necessary to enable them to carry out their roles effectively