

Here 2 Help Home-Care Limited

# Here 2 Help Home Care Limited

## 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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 31 March 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care to people living in their own homes and we wanted to make sure staff would be available. At our last inspection in July 2014, the provider was meeting the requirements of the regulations inspected.

Here 2 Help Home Care Limited is a small domiciliary care agency registered to provide domestic support and personal care to people living in their own homes. The service currently operates with the provider delivering the majority of the care with additional support available from one care staff member. There are four people who presently use the service.

There was a registered manager in post at the time of the inspection. 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.

The provider did not have effective quality assurance and audit systems in place to monitor the care and support people received. Although there had been no expressions of dis-satisfaction or any concerns about the service; this required improvement to ensure the quality of the service was sufficiently monitored to ensure that it continued to meet people's needs and wishes and ensured that it continued to develop.

People were left feeling safe and secure in their homes. Relatives believed their family members were kept safe. Staff had received training and understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. The provider had processes and systems in place that kept people safe and protected them from the risk of harm.

People were supported by staff that had been recruited appropriately. People were supported with their medication by staff that had received appropriate training.

People felt staff had the skills and knowledge to care and support them in their homes. Staff were trained and supported so that they had the knowledge and skills to enable them to care for people, in a way that met people's individual needs and preferences. Where appropriate, people were supported by staff to access health and social care professionals.

People were supported to make choices and involved in the care and support they received. The provider was taking the appropriate action to protect people's rights to ensure their liberty was not being deprived.

Staff was caring and treated people with dignity and respect. People's choices and independence was respected and promoted and staff responded to people's support needs. People were supported with their healthcare needs because the provider involved family members if concerns were identified.

People felt they could speak with the provider about their worries or concerns and all felt they would be listened to and have their concerns addressed.

## 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

People felt safe with the staff that provided them with support. People were safeguarded from the risk of harm because risk assessments were in place to protect them.

People were supported by staff that was recruited appropriately to ensure that they were suitable to work with people in their own homes.

People were prompted by staff to take their medicines as prescribed by their GP.

### Is the service effective?

Good ●

The service was effective

People were supported by staff that had the skills and knowledge to assist them.

People were happy with the care provided by their regular staff and were supported to make decisions and choices about their care.

People received additional medical support when it was required.

### Is the service caring?

Good ●

The service was caring

People were supported by staff that was kind and respectful.

People's independence was promoted as much as possible and staff supported people to make choices about the care they received.

People's privacy and dignity was maintained.

### Is the service responsive?

Good ●

The service was responsive

People received care and support that was individualised to their needs, because staff was aware of people's individual needs.

People knew how to raise concerns about the service they had received.

### Is the service well-led?

The service was not always well-led

Quality assurance and audit processes were not sufficiently robust to effectively monitor the service.

People were encouraged to provide feedback on the quality of the service they received.

People were happy with the quality of the service.

**Requires Improvement** ●

# Here 2 Help Home Care Limited

## **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.

The inspection took place on the 31 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care to people in their own homes and we needed to be sure that someone would be available to meet with us. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the services does well and improvements they plan to make. We looked at notifications sent in to us by the provider, which gave us information about how incidents and accidents were managed. We also contacted health and local authorities about their views of the service.

During our inspection we spoke with three people that used the service, one relative, one care staff member, the provider/registered manager and one social care professional. We looked at four people's care records and recruitment and training records of two staff. This was to check that recruitment, training and support for staff was sufficient for them to provide good quality care. We also looked at other records relating to the monitoring of the quality of the service including complaints and audits completed by the provider.

# Is the service safe?

## Our findings

People we spoke with told us they trusted staff and felt safe when staff were in their homes supporting them with their care needs. One person said, "I feel very safe, she [provider] always makes sure I shut the door after her and that I lock it". Another person told us, "[Provider] checks I have my emergency alarm pendant close by, I usually wear it around my neck." A care staff member said, "There are lots of things to consider, for example, do people have their walking aids close by, are they wearing their pendant and are there any trip hazards."

We saw that the provider and care staff member had received safeguarding training to protect people from the risk of abuse. They were able to describe the different types of abuse. The signs and symptoms to watch for that could indicate abuse may have occurred and how they would manage these situations in order to keep people safe. We were told by the care staff member, "When you get to know people they are usually very chatty then you notice they have become withdrawn and quiet, it can be a sign that something is wrong." The provider and care staff member knew and understood what was expected of their role and their responsibilities. We saw there were policies and procedures in place which covered how to safeguard people from abuse and how to 'whistle blow' if necessary.

One relative explained how they had attended an initial visit at their relative's home with the provider to discuss their family member's individual needs. They told us, "Mum couldn't be happier, she [provider] mirrors everything I do for mum; every little detail we talked about at the first meeting has been put into place." One person told us, "I'm very independent and was worried about accepting any help but she [provider] has made it so easy and now I can't imagine her not coming to me." We saw risk assessments were completed to help support people to minimise risk whilst ensuring they could continue to make choices about their lives. The risk assessments included: mobility, medicines and falls. We asked the provider and care staff member what they would do if presented with symptoms they did not recognise. The provider explained, "I would contact the GP or district nurses and if necessary call for an ambulance as well as notifying the family." There was also an environmental risk assessment completed on each person's home when the service commenced, this identified potential hazards and any steps required to minimise them.

All of the people we spoke with told us they received consistent care and support from the provider and the care staff member. We were told calls were 'never' missed and if the provider was running late she would call to let people know. As the service only provided 20 hours of support spread across four people, the provider and care staff member felt there were sufficient numbers of staff to meet people's needs. We found there was enough skilled and competent staff to ensure they could safely support people who used the service.

We checked the recruitment records and found the necessary pre-employment checks had been completed. We saw Disclosure and Barring Services (DBS) checks had been completed for both the provider and the care staff member; however they were more than three years old. The provider told us they would make new applications to have the DBS checks completed so there was a more recent record. The DBS helps

employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people. We saw the care staff member had been in post for over 12 months. During this time they had received supervision, no complaints had been received and the quality of their work had been established through spot checks. A spot check is completed by a senior member of staff observing the working practices of staff.

The provider explained they did not administer medicine but did prompt people to take their medicine. We saw there were clear arrangements in place to ensure people were prompted to take their medicine consistently and safely. One person told us, "[Provider] will say to me just before they leave – don't forget to take your medicine." A relative said, "I put mum's medicine into little pots and [provider] will just remind her to take it." The service had a comprehensive medicines policy which was clear in their responsibilities in relation to prompting people with medicines. The provider and care staff member had received recent medicines management training. People who used the service were supported to take responsibility for their own medicines. The risk assessments and care plans had sufficient detail to ensure people received the support they needed and this was reviewed regularly. We saw that systems were adequate to record what medicines people had been prompted to take. People told us they received appropriate support with their medicines and daily records reflected this on the recording sheets.



## Is the service effective?

### Our findings

People and the relative we spoke with told us the care and support delivered by the provider was "excellent". People told us the quality was consistent and spoke very highly of the provider and the care staff member. Everyone we spoke with felt the provider and care staff member had the correct training and knowledge to meet their individual needs. One person said, "She [provider] is lovely I don't know what I would do without her," another person told us, "I am very happy with her [provider] she makes sure I've got everything I need." A relative told us, "You hear some awful stories about care agencies and I was initially worried about using one but [provider] has put me completely at ease and I am far more relaxed now safe in the knowledge that she knows exactly how to care for mum." A social care professional said, "People have only ever given me positive feedback about [provider]."

The provider and care staff member were able to explain to us about the individual needs of the people they supported. The care staff member said, "Because I only provide cover when [provider] is not available, I always check the care plan to see what has been done, if there have been any changes and if there is anything I need to be made aware of, it will be in the care plan and daily records." They continued to tell us, "I have an excellent relationship with [provider] we talk every day and because I know the people and the relatives, they have that consistency of care and support."

Although there were no new staff members we could talk to about their induction training, we saw the provider had in place a comprehensive 12 week induction training programme. This included working alongside an experienced member of staff and completing training units to meet the standards of the Care Certificate. The Care Certificate is an identified set of standards that care staff should follow when carrying out their work. It is the new minimum standards that should be covered as part of induction training for new staff. We did speak with the care staff member who told us, "I have found the training to be very effective, it is good." The provider showed us their training programme and explained how they ensured they were kept up to date with the latest information about the social care sector and good practice guidance.

Because there was just the provider and one care staff member we saw there had not been regular supervision. However, the care staff member had recently had their annual appraisal and told us they were in regular contact with the provider. They continued to tell us they felt supported by the provider and if there were any problems or concerns, they would not hesitate to speak with them.

People we spoke with all told us they were supported to make decisions about the care they received. One person said, "[Provider] always asks how I want things done," another person told us, "She [provider] will check if what they have done is ok," and a third person said, "She [provider] does ask if there is anything else they can do for me." A relative told us, "I am not usually there when [provider] calls round but at the initial assessment, she checked everything we talked about was ok with mum." Care files we looked at contained signed consent forms completed by people in relation to agreeing and accepting assistance as detailed in their care plans.

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.

The provider and care staff member had completed training in MCA. In discussions with them they were clear about how they gained consent from people regarding care and support tasks. The provider told us, "I always ask for people's permission before I do anything." They also explained to us what process they would follow if they felt a person's mental capacity was in question and what could constitute a deprivation of a person's liberty. This showed that people were supported in line with the requirements of the MCA and DoLS.

People we spoke with told us they did receive support from the provider with their nutritional diet. One person told us, "[Provider] will sometimes get my shopping for me and makes sure there is always something in the fridge." Another person said, "[Provider] makes me lovely meals." People we spoke with told us they were satisfied with the arrangements in place to ensure they had sufficient food and drink to meet their needs. The provider and care staff member we spoke with explained when they had finished their tasks they always left people with sufficient snacks and drinks. One said, "I always ensure there's a drink and sandwich for the person to have."

We saw from care plans there was input from health and social care professionals, for example, district nurses and GPs. People we spoke with confirmed they were supported by additional healthcare professionals. The provider explained how they had identified significant changes in one person's health which had successfully identified they had become serious ill and a timely intervention by health care professionals ensured their recovery. We saw that the provider and care staff member understood when it was necessary to seek emergency help, which ensured people's health care needs continued to be met.

## Is the service caring?

### Our findings

All of the feedback was complimentary, everyone we spoke with told us the provider and care staff member was caring and kind and they received the help and support needed. They told us staff treated them with respect and dignity; always sought their consent and explained what they were doing before they provided any care and support. One person said, "[Provider] is such a lovely lady, so gentle and kind." Another person told us, "She [provider] is very pleasant, caring and discreet." A relative said, "Mum and [provider] have just clicked, it's lovely to hear mum talk about her, she really looks forward to [provider] coming to see her."

People told us they were involved in planning the care they received and felt they were listened to. One person said, "I am encouraged to do what I can for myself." Another person said, "I'm very happy with the care [provider] does what I ask her to do." A relative said, "I am conscious of what mum can do for herself and so is [provider] that's why she tries hard not to take that independence away."

We saw the service had a strong, visible and person centred culture. This was confirmed in discussions with the provider, care staff member, people who used the service, relatives and social care professionals involved in the service and from records we looked at. The care plans contained information about preferences for care support including how people wished to be cared for. Daily communication records demonstrated a kind and sensitive approach from the care staff in the care delivery and support. The provider explained how the service prided itself on the provision of inclusive care and that the care provision was dependent on relationships built on trust over a period of time, choice, control and respect.

We saw people were provided with information about the service they were to receive. This included their assessments and risk assessments, contact details, medicine management, details of how they could make a complaint and their plan of care. The provider explained they discussed the information folder with the person and relatives at the time of the assessment. We saw that care plans contained a signature sheet completed by the person to indicate they had read and agreed with the plan.

People and relatives told us that they never heard the provider or care staff member talk disrespectfully about another person while they were in their home. A care staff member said, "We never talk about other people when we are with somebody." People told us the provider was discreet and they felt assured their personal information was not shared with other people on the service.

The provider and care staff member told us they always treated people with respect and maintained the person's dignity. One person told us, "I was really quite nervous about a stranger helping me but [provider] was marvellous, she made sure I was always covered and my dignity maintained, she talked to me all the time to help put me at ease." The provider and care staff member gave us examples of how they ensured a person's dignity and privacy was maintained. For example, always making sure people were covered when supporting them with personal care, giving people time to speak and not to speak over them and ensuring curtains and doors were closed.

## Is the service responsive?

### Our findings

People and relatives we spoke with told us they felt the service was responsive meeting the individual needs of people. People and relatives confirmed they had been involved in the initial assessment process with how care and support needs would be delivered. People felt they had been listened to and their needs were central to the assessment process. One person told us, "I've been with [provider] for a few years now and she is always checking if there is anything else I need." Another person said, "I have an excellent service from [provider] she listens to me." A relative told us, "I have been involved from the beginning and I am very pleased with the service."

The provider told us they reviewed people's needs on a monthly basis or if the person's needs changed. We saw that assessments were carried out and care plans written to reflect people's individual needs. Each of the care files we looked at had a copy of the person's care plan, which had been reviewed. The plans were individual to the person's care and support needs and contained information about the person's life history.

The provider and care staff we spoke with confirmed their knowledge of the people they supported; including an understanding of people's likes and dislikes. They demonstrated to us, through examples how they supported people. People told us they were asked by the provider about their preferences, for example, what time they would like their visit. We saw this included information about when people liked to have their breakfast and/or lunch. We saw from daily record sheets the times of visits were consistent and met people's individual preferences.

People and relatives we spoke with told us they were "very happy" with the service received from the provider and had no complaints they wished to raise. One person told us, "Everything is lovely; she [provider] is lovely, I am sure if there was any problem she would sort everything out." A relative told us, "I certainly have no complaints at the moment and I have every confidence in the manager to sort things out if I was not happy with something."

The provider told us and this was confirmed when we looked at records, there had been no complaints made since the last inspection. Everyone we spoke with confirmed if they did want to complain they would speak with the provider and felt confident their concerns would be dealt with quickly. There was information available about how to make a complaint in people's care files and people we spoke with confirmed their files were in their homes and they could read them when they wished.

## Is the service well-led?

### Our findings

Here2Help Home Care Limited was a very small service. Staff comprised of two members, the provider and a care staff member. The provider explained they were the primary care worker that assisted people with their care and support needs. Cover for planned and unplanned absences were provided by the care staff member. Although the provider had effective training management systems, not all the quality assurance processes were effective to review and monitor service delivery. For example, when a person had fallen there was no analysis of the cause to identify patterns and trends in order to reduce the risk of any further incidents. The provider explained they did have an electronic system that would enable them to record information and monitor the quality of service delivery. However, because there was just two staff, the system was not used. The provider and care staff member explained they discussed the service and people's needs on a daily basis but this was not always recorded.

We saw there was no emergency plan in place should the provider and care staff member jointly be unavailable in the event of unplanned absences. The provider explained this had never happened. However, if such an eventuality developed, they told us they would be able to find emergency cover but agreed there needed to be a more effective process in place. We explained to the provider if they wished to develop the service, it would be a requirement that they had a robust contingency plan in place.

We saw the provider had sent annual quality surveys out to people who used the service and that feedback was 100% positive. People confirmed they were regularly asked about the quality of the service and if there was anything they were unhappy with, they would speak with the provider. People and relatives we spoke with were positive about the service. One person said, "I am happy with the help I receive." A relative said, "Overall I am very satisfied with the service." All the feedback we received about the service was very positive and each person, without exception, told us how valuable the service was to them.

There were no staff meetings although the provider and care staff member confirmed they spoke with each other on a daily basis with updates on people's needs and the service. The provider told us, "I love what I do and I make sure everything is about the person." The care staff member said, "This is a great job and the people are lovely, because we have known most of them for a long time, we know how to support them and how they like things to be done. It helps with the consistency of the care provided."

The provider had a whistleblowing policy in place and both the provider and care staff member told us they would have no reservations raising anything they were worried about with the local agencies, for example, the police, local authority and Care Quality Commission (CQC). We saw the provider had a history of meeting legal requirements and had notified us about events that they were required to by law.

We saw the provider had the required qualifications and experience to be the registered manager and was competent to run the service. She had a clear understanding of the key principles and focus of the service. We received very positive comments from people and the care staff member. "She [provider] works beyond her remit always doing that extra to make a difference, she is very professional and reliable and the care is always to a high standard."

The provider had completed our Provider Information Return (PIR). Most of the information provided on the return reflected what we saw. There were elements of the service that had changed since the PIR was submitted to us. This was because the service had reduced in size with the number of staff and clients being supported.