

Help @ Home Care Limited

Help at Home Care

Inspection report

Colbat Business Exchange
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24 September 2019
25 September 2019
26 September 2019

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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?

Good ●

Summary of findings

Overall summary

About the service

The service is a domiciliary care agency which provides personal care to people living in their own homes throughout North Tyneside. At the time of this inspection there were 16 people using the service.

Not everyone who used the service received personal care. 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.

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

The management team had implemented best practice into the service, however in some aspects of the service such as medicines management and recruitment, further work was needed.

We have made a recommendation about the Accessible Information Standard.

People felt very safe with the support they received from consistent staff, who knew them well. People's care needs were assessed, and risks were reduced.

There had been no serious incidents or complaints made about the service. Minor incidents were recorded and acted upon to prevent repeat occurrences. People were very satisfied with the service they received.

People were very well cared for their own home by staff who provided reliable, high-quality, person-centred care. People's privacy and dignity were upheld, and staff were kind and respectful towards people and their families. People were encouraged to be independent and were involved in creating their care plans and making decisions.

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 management team had developed a good working relationship with relatives and external professionals to ensure people received any additional support they needed to achieve good outcomes. The service was flexible and could easily be altered to meet people's varying needs and wishes.

The safety and quality of the service was thoroughly monitored through checks and audits. The management team strived to achieve high standards through continuous improvements to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 24 September 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection schedule.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Help at Home Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the provider short notice of the inspection. This was because the service is small, and we had to make sure we could access the records in their office. We arranged with the management team to return the next day.

Inspection activity started on 24 September 2019 and ended on 26 September 2019. We visited the office location on 24 and 25 September 2019 to see the management team; and to review care records, policies and procedures. On 26 September 2019, we conducted telephone calls to people and their relatives who had agreed to provide us with feedback.

What we did before the inspection

We reviewed the information we had about Help at Home Care since their registration. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

At the site visit, we spoke with the registered manager and the quality and compliance manager, who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed three people's care records. We looked at information kept regarding the management of the service. This included three staff records and records related to the quality and safety of the service.

We spoke with one person who received personal care and support, six relatives and a social worker.

We emailed all care staff for their feedback and to ask questions about their skills and knowledge. We received four responses.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service people received was safe. One person said, "I feel totally safe with them."
- A safeguarding policy and procedures were in place to help protect people from harm. Staff were well trained and acted quickly to safeguard people at risk.
- There was a good system in place to report, record and monitor matters of a safeguarding nature to reduce any potential risks to people's health and well-being.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were carried out to ensure people were as safe as possible. This included mobility, medicines and environmental risks. Guidance on risk reduction measures were in place to help staff keep people safe from harm. A relative told us, "(Staff) are really proactive. (Family member) is cared for to prevent problems occurring like bed sores. Using things like Hydromol cream keeps the skin soft and prevents rubbing and bed sores."
- Some risks which were specific to individuals and associated with health conditions were not always fully recorded, such as Parkinson's and Stoke. We found there had been no impact on people due to this shortfall because the staff knew people well. The management team told us they would improve those records immediately.
- Accidents and incidents were recorded to monitor the service and to keep people's risk assessments up to date. This helped staff to reduce the likelihood of further incidents.
- Lessons learned were shared with staff to continually improve the service.

Using medicines safely

- Medicines were well managed. Staff were well trained and followed a good system to safely administer medicines and record the medicine support given.
- Medicine administration records (MARs) were well maintained and up to date. We discussed some best practice guidance which had not yet been implemented. The management team updated MARs during the inspection to include the best practice guidance.
- The management team carried out audits to ensure people received their medicines as prescribed.

Preventing and controlling infection

- Staff took preventative action to protect people from the risks of infection and cross contamination. They used personal protective equipment such as disposable gloves and aprons when undertaking personal care tasks.

Staffing and recruitment

- There was enough staff to safely deliver the service and meet people's needs. A relative said, "They come on time every morning and evening and they have never been late."
- An ongoing recruitment campaign was in place to help grow the service.
- The staff recruitment process was safe. Pre-employment checks were carried out prior to staff working with people. We discussed strengthening aspects of the recruitment process with the management team to make those checks more robust. They told us they would implement improvements immediately.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were well trained and supported people effectively. They had the relevant skills and knowledge to deliver high-quality care. A relative said, "They have a high level of knowledge about how to be a carer."
- Staff training was up to date and regularly refreshed. Key topics included, safeguarding adults, medicine management and moving and handling.
- A nationally recognised induction for care staff was in place. This covered the 15 fundamental standards needed for staff working in health and social care. It included health and safety, person-centred care and good communication. New staff also completed a probationary period and undertook shadowing shifts. This enabled the management team to be assured of staff suitability and competence.
- Staff received ongoing support from the management team through regular spot checks and supervision sessions. This checked their continued competence and helped to identify any further learning needs or development areas. Annual appraisals were planned to be carried out.

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. Where people may need to be deprived of their liberty to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Staff understood and followed the principles of the MCA. This included supporting people to make their own decisions and assuming capacity unless they assessed otherwise. This ensured people's legal rights were upheld. Where concerns were raised, staff sought advice and guidance from appropriate external professionals.
- Most people consented themselves to the care they received. They were fully involved in decisions about their care. Where people lacked capacity, best interest decisions had been made in accordance with legislation and people's wishes.
- Some relatives held Lasting Power of Attorney arrangements. The management team had asked to see the

legal documentation. This ensured they knew which relatives had the legal right to make decisions on a person's behalf.

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

- People's needs were wholly assessed. This included their physical, mental and social care needs. A relative said, "It was effective, everything I need for my (family member) is there."
- Care plans described people's needs and their choices about how they would like their care to be delivered, such as preferred call times and following their established routines.
- The support people received reflected their current needs and was in line with nationally recognised standards and the law.

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

- There were good links with health and social care professionals to help improve people's health and well-being. A proactive joint approach to people's care arrangements had led to successful outcomes. Staff understood the importance of timely intervention from others when people's needs changed. A relative told us, "The care staff worked well with the district nurse and followed her advice." Another relative said, "(Staff) are very proactive and have put us in touch with all the agencies like the incontinence service. At the end of the day, we have seen the benefits to (family member)."
- People had achieved positive outcomes through support from staff, which enabled them to lead healthier lives. The nominated individual gave us an extremely positive example. They said, "By recognising (person's) specific needs with fluids and nutrition and appropriately reacting to them, her lifestyle improved drastically, and we were able to ensure her quality of life was promoted and completely enhanced."

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

- Staff monitored people's nutritional and hydration needs, and action was taken as required.
- Staff followed care plans drafted by external professionals where people were at risk of malnutrition or dehydration. This included recording and monitoring food and drinks.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Everyone we spoke with gave excellent feedback about the staff and their experience of the service. They described the caring values of the staff, such as kindness, compassion and empathy. One person said, "Without a doubt they are caring." Relatives described care workers as, polite, thoughtful and patient. A relative said, "They couldn't be more attentive."
- People were treated exceptionally well. Staff knew people very well and highly respected them, their homes and their visitors.
- An equality and diversity policy was in place and staff were trained to ensure people were treated with respect regardless of their sex, age, disability or beliefs. Staff upheld people's rights and ensured they were not discriminated against in any way.

Respecting and promoting people's privacy, dignity and independence

- People received a very good service from staff who were familiar to them and who understood their needs and wishes. Staff ensured people rights to privacy and confidentiality were maintained.
- Staff offered sensitive and respectful support which protected people's dignity. Relative's comments included, "(Staff) definitely treat him with respect" and, "(Staff) were very conscious of his dignity."
- Staff encouraged people to regain or maintain their independence. A relative told us, "(Staff) know what (family member) is capable of and they set him little challenges to encourage his independence such as, let's see if you can wash yourself without our help."

Supporting people to express their views and be involved in making decisions about their care

- Staff assisted people to obtain advice and additional external support. They often acted as informal advocates to get information from care managers or healthcare professionals which would benefit people. Staff helped people to gather the information needed to make an informed decision.
- Staff listened to people's views and ensured they were involved in making decisions about their care. This included, how and when care was delivered, and who supported them.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- The assessments, care plans and reviews in place were very person-centred. They included people's individual preferences, wishes and choices. A relative said, "(Staff) know he likes them to use his full name."
- The support people received was regularly reviewed to check it met their needs. Care records were updated when people's needs changed.
- The service was entirely flexible and was often adapted to respond to people's changing needs. A relative told us, "(Family member) went through stages of deterioration and the care staff adapted to the situation."
- People had choice and control over how their support was delivered.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care records reflected people's preferences, interests and hobbies. This helped staff to understand people's social needs and enabled them to engage in meaningful conversation that would interest people.
- Some people received support with shopping and access to the community. This helped to avoid social isolation and loneliness. People were able to choose activities which were important to them.
- Staff encouraged people who were at risk of becoming socially isolated to access the community and maintain contact with family and friends.

Improving care quality in response to complaints or concerns

- There had been no complaints made about the service. Any learning from minor issues was shared with staff to improve their practices and the service people received. One relative said, "We are absolutely delighted with the level of care." Another said, "I would say the standard of care is 10 out of 10. I can't complain one little bit about them."
- Everyone we spoke with knew how to complain. They felt certain the management team would listen to them and resolve any issues they had. Leaflets were provided in various formats to enable people to share their complaints.

End of life care and support

- Staff were not currently supporting anyone at the end of their life. Staff training was available to staff when needed to assist them to deliver sensitive and compassionate care to people with terminal illnesses.
- People's resuscitation preferences were recorded, where people had chosen to share these.
- Care records did not fully include people's end of life wishes. This would help staff to care for people if they were not able to express those wishes themselves. We discussed this with the management team who told

us they would improve this aspect of their documentation.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew people well and there were no issues raised about communication. However, the care records did not reflect that people's individual communication needs were identified, recorded, flagged and shared with others. This would ensure staff or external professionals provided information in a way which the person (or their relatives) understood. This could be verbally, in writing, with large print, signs or graphics for example.

We recommended the provider seeks further information from a reputable source in relation to the Accessible Information Standard.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was operated by a passionate and caring management team. They demonstrated values which included compassion and commitment. They were clearly motivated to provide person-centred care. A relative told us, "The (registered manager) comes and checks that everybody is fine. My (family member) thinks she is a really caring person."
- The management team set a positive example and supported the staff to deliver person-centred care to people. One person said, "I think the two leaders are a shining light to these trainees."
- Staff demonstrated a solid understanding of how providing safe, high-quality care helped people to achieve their goals. Staff said they felt valued and appreciated in their roles.
- Everyone we spoke with said this service was well-led. They told us they would recommend this service to others. One person said, "Without a doubt I would recommend them, I have already done that. I said that the service is very efficient, they keep time and they are discreet. I can't fault this company."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team had a good understanding of their role and responsibilities including regulatory requirements. The policies and procedures in place incorporated some best practice guidance which supported the staff to deliver a high-quality service.
- There was a good quality assurance system in place. Audits were completed to monitor the safety and quality of the service. The checks were thorough, and any issues raised were addressed. The management team looked for themes and they acted promptly to make improvements to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team engaged daily with people during care visits. They also carried out telephone courtesy calls and routine reviews of people's care to check their satisfaction levels. An annual survey had just been issued to gather further feedback.
- The management team were open to feedback and actively encouraged people, relatives and external professionals to comment on the service they received.
- Staff meetings took place regularly. They were used to cascade important messages to the staff, encourage them to share ideas and best practice. Staff told us the management team were approachable and listened to them.

Continuous learning and improving care

- The management team were open to exploring new ideas, suggestions and learning from internal audits and external inspections.
- A continuous improvement log was in place. This demonstrated the continuous learning over the past 12 months and what action the management team had taken to improve the care they provided to people.

Working in partnership with others

- There was good partnership working with other professionals. Staff provided effective joined-up care to support people.
- Relatives were very positive about staff working in partnership with them to ensure their family members were well cared for. A relative said, "It's a really good working relationship that we have with the company. They have helped to bring us through what was a very stressful time. You are getting a very high level of value for money."

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 management team understood their obligations under the duty of candour. There had been no recent incidents that required them to act on this duty.
- They demonstrated an open and honest attitude when dealing with any issues raised and had developed a very good relationship with people, relatives and staff. There was confidence in the management team to act in a responsible manner if something did go wrong.