

# Mrs Nicola Kay French

# Helping Hand

## 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

Helping Hand provides care for people in their own homes. The service can provide care for adults of all ages including people with a physical disability, sensory needs and a learning disability. It can also provide care for people who live with dementia and people who have mental health needs. At the time of our inspection the service was providing care for 53 people most of whom were older people. The service had its office in Grantham and covered Grantham, Colsterworth, Corby Glen, Long Bennington, Allington and surrounding villages.

The service was owned and operated by an individual who was supported by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. In this report when we speak about both the owner and the registered manager we refer to them as being, 'the registered persons'.

Staff knew how to respond to any concerns that might arise so that people were kept safe from abuse and people had been helped to avoid the risk of accidents. Medicines were managed safely, there were enough staff to complete all of the planned visits and background checks had been completed for new staff.

Staff had received training and guidance and they knew how to support people in the right way. People had been assisted to eat and drink enough and they had been supported to receive all of the healthcare assistance they needed.

CQC is required by law to monitor how registered persons apply the Mental Capacity Act 2005 (MCA) and to report on what we find. The registered persons and staff had received training in this subject and this enabled them to help people make decisions for themselves. When people lacked the capacity to make their own decisions the principles of the Mental Capacity Act 2005 and codes of practice were followed. This helped to protect people's rights by ensuring decisions were made that were in their best interests.

People were treated with kindness and compassion. Staff recognised people's right to privacy, promoted their dignity and respected confidential information.

People had been consulted about the care they wanted to receive and they had been given all of the assistance they needed. People were helped to pursue their hobbies and interests and there was a system for resolving complaints.

Some quality checks had not been completed regularly to ensure that people reliably received all of the care they needed. People had not been fully consulted about how best to develop the service. Although staff were supported to speak out if they had any concerns good team work was not fully promoted. However, people had benefited from staff acting upon good practice guidance.

## 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.

Staff knew how to protect people from abuse and people had been helped to stay safe by avoiding accidents.

There were enough staff to complete planned visits on time so that people could reliably receive the care they needed.

Staff assisted people to manage their medicines safely.

Background checks had been completed in the right way before new staff had been employed.

### Is the service effective?

Good ●

The service was effective.

Staff knew how to care for people in the right way and had received all of the training and support they needed.

People had been supported to eat and drink enough and staff had helped to ensure that they had access to any healthcare services they needed.

People were helped to make decisions for themselves. When this was not possible decisions were made in people's best interests and their legal rights were protected.

### Is the service caring?

Good ●

The service was caring.

People said that staff were kind and considerate.

Staff recognised people's right to privacy and promoted their dignity.

Confidential information was kept private.

### Is the service responsive?

Good ●

The service was responsive.

People had been regularly consulted about the care they wanted to receive.

Staff had provided people with all the care they needed.

Staff recognised the importance of promoting equality and diversity by supporting people to make choices about their lives.

There were arrangements in place to quickly and fairly resolve complaints.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Quality checks had not been regularly completed to ensure that people reliably received all of the care they needed.

People had not been fully consulted about the development of the service.

Although staff had been encouraged to speak out if they had any concerns good team work had not been fully promoted.

People had benefited from staff acting upon good practice guidance.

# Helping Hand

## 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 registered persons were 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.

Before our inspection visit we reviewed information we held about the service. This included the Provider Information Return (PIR). This is a form the registered persons completed to give some key information about the service, what the service does well and improvements they planned to make. We also reviewed other information we held about the service such as notifications. These refer to events that happened in the service which the registered persons are required to tell us about.

We also spoke by telephone with five people who used the service and with six of their relatives. We did this to obtain their views about how well the service was meeting people's needs. In addition, we spoke by telephone with five members of staff (care workers) who provided care for people.

We visited the administrative office of the service on 27 September 2016 and the inspection team consisted of a single inspector. The inspection was announced. The registered persons were given a short period of notice because they are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

During the inspection visit we spoke with both of the registered persons, the administrative assistant and the senior care worker. In addition, we examined records relating to how the service was run including visit times, staffing, training and quality assurance.

# Is the service safe?

## Our findings

People said that they felt safe when in the company of staff. A person said, "I always like to see the care staff arriving because it's comforting to know they're here and I know I can rely on them." Relatives were also reassured that their family members were safe. One of them said, "I like to know someone is checking on my family member when I'm not there so I know that they're safe."

Records showed that staff had completed training and had received guidance about how to keep people safe from situations in which they might experience abuse. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

Records showed that people had been protected from the risk of financial mistreatment. We found that systems used by the office manager reliably ensured that invoices were accurate so that people were not overcharged. We also noted that staff kept accurate records supported by receipts whenever they went shopping for people who used the service.

Records showed that staff had identified possible risks to each person's safety and had taken action in consultation with health and social care professionals to promote their wellbeing. An example of this involved staff liaising with health and social care professionals so that people were provided with equipment to help prevent them having falls. This included people benefiting from having special hoists, walking frames and raised toilet seats. We noted that the registered manager had systems in place so that if an accident or near miss occurred steps could quickly be taken to help prevent the same thing from happening again. Examples of this included a person being assisted to move their bedroom to the ground floor of their home. This had been done because the person was at risk of falling if they attempted to use stairs. A relative commented on this matter saying, "The staff are genuinely interested in people's wellbeing and go out of their way to get things done. It's more than just a job for them."

Records showed that staff had received training and support to enable them to assist people to use medicines in the way intended by their doctors. People said and records confirmed that staff had provided the assistance people needed to take their medicines at the right time and in the right way. A person told us, "The carers help me organise my tablets otherwise I'd get in a right muddle with them."

We found that there were enough staff to reliably complete all of the visits that had been planned. Records showed that planned visits were consistently being completed at the right time and that they lasted for the correct amount of time. This helped to reassure people that their care was going to be provided in line with their expectations. A number of people commented positively about this, with one of them saying, "The time keeping is generally very good given the traffic the staff have to deal with." Another person said, "If very occasionally the care worker is running late someone from the office will usually telephone me to let me know. It's very rare though that it happens." Relatives also commented favourably on this subject. One of

them remarked, "I don't have any problems with the staffs' timekeeping. I know that they sometimes stay for longer than they're paid for because they care."

We examined records of the background checks that the registered persons had completed before two members of staff had been appointed. They showed that a number of checks had been undertaken. These included checking with the Disclosure and Barring Service to show that applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. Other checks included obtaining references from relevant previous employers. These measures helped to ensure that staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

## Is the service effective?

### Our findings

People told us they were confident that care workers knew how to provide them with the assistance they needed and wanted to receive. Speaking about this a person commented, "I pretty much know all of the staff who call to see me and they know me and how I like things done. I don't have to explain all of the time."

The registered manager said that it was important for staff to receive comprehensive training and support in order to ensure that their knowledge and skills remained up to date. Staff told us and records confirmed that new staff had received introductory training before they worked without direct supervision. This training included completing the new national Care Certificate that sets out common induction standards for social care staff. We also noted that established staff had been provided with refresher training in key subjects such as how to safely assist people who had limited mobility and first aid. Records showed that staff had regularly met with a senior colleague to review their work and to plan for their professional development.

We found that staff had the knowledge and skills they needed to consistently provide people with the care they needed. An example of this involved staff telling us how they assisted people who needed to be helped using a hoist. We noted that they suitably described how to safely use the equipment including occasions when two staff needed to work together in order to correctly deliver the assistance in question. Other examples involved staff having the knowledge and skills they needed to help people keep their skin healthy, promote their continence and to achieve good standards of hygiene so as to reduce the risk of them acquiring infections.

The Mental Capacity Act 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. We found that the registered manager and staff were following the Mental Capacity Act in that they had supported people to make important decisions for themselves. This had involved consulting with people who used the service, explaining information to them and seeking their informed consent. Some people who used the service gave examples of this when they described how staff had explained to them why they needed to carefully use medicines in the manner prescribed by their doctor. Another example, involved the way that staff had gently encouraged people to make the right decisions to enable them to stay safe by checking the identity of people ringing their doorbell before opening the door to them.

Records showed that on a number of occasions when people lacked mental capacity the registered manager had contacted health and social care professionals and relatives to help ensure that decisions were taken in people's best interests. An example of this referred to staff liaising with a relative after they had become concerned that a person could no longer safely live in their home even with the assistance staff were providing. We noted that as a result of this situation arrangements had been made for the person to be admitted to hospital as an interim measure before a decision was made about where they would be invited to live in the future.



We noted that when necessary people had been provided with extra help to ensure that they had enough to eat and drink. Records showed that some people were being given gentle encouragement to eat and drink regularly. This included staff preparing and serving food for people who might otherwise have not been provided with a hot meal. We also noted that staff kept a record of what some people had eaten and drunk during each visit so that they could respond quickly if any significant changes were noted. Relatives valued this part of the assistance their family members received with one of them saying, "I certainly want the staff to continue to encourage my family member to eat and drink enough. In cold weather having a hot meal makes all the difference."

People said and records confirmed that they had been supported to receive all of the healthcare services they needed. This included staff consulting with relatives so that doctors and other healthcare professionals could be contacted if a person's health was causing concern.

## Is the service caring?

### Our findings

All of the people who used the service with whom we spoke were positive about the quality of care they received. One of them said, "I get on well with the staff who call to see me and I find them all to be very helpful. I've not had a problem so far." Relatives were similarly complimentary and one of them said, "I find the staff to be polite and trustworthy. I think they're professional while being friendly at the same time."

People said they were treated with respect and with kindness. An example of this was a person who said, "There's quite a high turnover of staff with people leaving and new ones starting, but they seem to find the right new staff." Another example was a person who told us, "The staff often do little extras for me such as bringing me bits of shopping in even though it's not their job."

We found that staff knew about things that were important to people. This included staff knowing which relatives were involved in a person's care so that they could coordinate and complement each other's contribution. Records showed that this extended to keeping in contact by email with relatives who lived overseas. A relative spoke with us about this and remarked, "I really appreciate how staff tell me how my family member is doing because it means I worry less."

Records showed that most people could express their wishes or had family and friends to support them. However, for other people the service had developed links with local advocacy services that could provide guidance and assistance. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

We noted that staff recognised the importance of not intruding into people's private space. Records showed that when people had been first introduced to the service they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people's wishes while ensuring that people were safe and secure in their homes. In some instances this entailed staff knowing how to obtain the keys to people's homes if they preferred not to answer their door bell.

Staff told us that they had received guidance about how to correctly manage confidential information. We noted that they understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis. In addition, we found that staff were aware of the need to only use secure communication routes when discussing confidential matters with each other. An example of this was staff saying that they never used social media applications for these conversations. This was because other people not connected with the service would be able to access them.

We saw that records which contained private information were stored securely. The service's computer system was password protected and so could only be accessed by authorised staff. In addition, paper records were kept neatly in subdivided files that were secured in locked cabinets when not in use.

## Is the service responsive?

### Our findings

Each person had a written care plan a copy of which was left in their home. People said that they had been invited to meet with a senior member of staff to review the care they received to make sure that it continued to meet their needs and wishes. A person summarised the tone of these comments when they remarked, "I've had someone senior come around to see me and they've asked me how well my visits are being completed. The reply I give is that I'm happy with the service I get."

People said that staff provided all of the practical everyday assistance that they needed and had agreed to receive. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. A person commented about this saying, "The staff and me have worked out our own routines and they know how I like things done." We examined records of the tasks three different staff had completed during a number of recent visits to four people. We found that the people concerned had been given all the practical assistance they had agreed to receive as was described in their care plans.

Staff were confident that they could support people who lived with dementia and had special communication needs. We noted that staff knew how to relate to people who expressed themselves using short phrases, words and gestures. An example of this involved a member of staff describing how they used indirect observations to establish when someone was not feeling well. They said that they could often tell because the person sometimes was quiet and appeared to not be interested when the member of staff chatted with them. In addition, staff knew how to effectively support people who could become distressed. A member of staff illustrated this by describing how they reassured a person when they became anxious. This involved sitting quietly with the person, giving them a cup of tea and chatting about everyday subjects such as the weather and their respective families.

Staff understood the importance of promoting equality and diversity and we noted that they had been provided with written guidance about how to put this commitment into action. An example involved the registered manager saying that she consulted with people about the gender of the staff who assisted them. In addition, we noted that the registered manager knew how to support people who used English as a second language. They knew how to access translators and the importance of identifying community services that would be able to befriend people by using their first language.

Staff had supported people to pursue their interests and hobbies. An example of this involved some people being supported to go shopping. Other examples involved staff re-arranging the times of visits so that people could attend events such as family gatherings. A relative commented about this saying, "As long as you tell the service in good time it's never a problem cancelling or changing the times of visits. That's good because I might need to accompany my family member to a doctor's visit or something like that."

People and their relatives had received a document that explained how they could make a complaint. The document included information about how quickly the registered persons aimed to address any issues brought to their attention. Records showed that in the 12 months preceding our inspection the registered

persons had received one complaint. We noted that the concern had been promptly investigated and resolved.

## Is the service well-led?

### Our findings

People and their relatives told us that in general they considered the service to be well managed. A person commented about this saying, "The staff turn up when they should and do what they should so it must be well organised." Another person remarked, "It's all kept pretty ship-shape and I know I can rely on the staff to arrive as planned."

However, we found that some shortfalls needed to be addressed to ensure that people continued to enjoy a positive experience of using the service. In their Provider Information Return the registered persons said that they used robust systems to check on the quality of the service people received. One of the arrangements involved a senior member of staff completing 'spot checks' at people's homes when a member of staff was providing care. These were said to be done frequently so that every member of staff was assessed at least once in every three months. However, we found that the system was not working as intended. This was because records for two members of staff showed that their spot checks were considerably overdue. We raised this matter with the registered persons who said that they had already identified the shortfall that had resulted from senior staff having to cover for colleagues who had left the service. The registered persons assured us that they planned to reinstate the spot checks in the near future and showed us how they were focusing on recruiting new staff to enable this to be done.

The registered persons in their Provider Information Return also said that they recognised the importance of enabling people to contribute suggestions about the future development of the service. We were told that one of the measures used was to invite people to give feedback by completing an annual quality assurance questionnaire. However, we found that this arrangement was not well organised. The registered manager said that questionnaires had been sent to people in 2015. However, there were no records to show what feedback had been received and how any suggested improvements had been introduced. In addition, we noted that no questionnaires had been sent out during the course of 2016. Although in their place the registered persons had recorded the day to day feedback they had received this process had not offered everyone who used the service the chance to give feedback. The registered persons acknowledged that shortfalls in enabling people to contribute suggested improvements had reduced their ability to consult with people about their experiences of using the service. They assured us that they would promptly address this problem so that people would be more actively involved in the development of the service in the future.

We found that the registered persons used a number of measures to develop good team working practices. These arrangements helped to ensure that people consistently received the care they needed. These measures included providing staff with written policies and procedures to help them to respond effectively to particular events. An example of this involved staff having clear guidance about what action to take if they were not able to obtain access to a person's home. This included contacting a senior member of staff who was on call who could take action to ensure that the person was safe. Another system involved staff read the records that were kept in each person's home. These described the care that had been provided and noted any changes which needed to be made. Staff said that this arrangement helped to ensure that they provided flexible support that responded to people's changing needs.

However, we noted that the registered persons had not invited staff to attend team meetings as frequently as they said was necessary. Although the registered manager sent a memorandum to staff each week to update them about developments in the service, they said that staff meetings should also have been held at least once in every six months. They observed that this was necessary to give staff the opportunity to review their work and to share ideas about how to further promote good team working. The registered persons said that they recognised this shortfall had reduced their ability to receive feedback from staff. They also said that they intended to immediately reinstate the programme of staff meetings.

People and their relatives said that they knew who the registered manager was and that they were helpful. We noted that the registered manager knew about important parts of the care people were receiving. In addition, they knew about points of detail such as which members of staff were allocated to complete particular visits. This level of knowledge helped them to effectively manage the service and provide guidance for staff.

We found that there was an open, relaxed and friendly approach to running the service. Staff said that they were confident they could speak to a senior colleague if they had any concerns about the conduct of another staff member. Staff told us that this reassured them that robust action would be taken if they raised any concerns about poor practice.

We saw that the registered persons recognised the importance of ensuring that people who used the service benefited from staff acting upon good practice guidance. An example of this was the way in which the registered persons had subscribed to a national scheme that is designed to ensure that people who receive care at home have their dignity respected and promoted. We found that this national guidance was reflected in the knowledge and skills staff brought to their work and helped them to promote positive outcomes for people who used the service.