

Dr Shama Azmi

# Helping Hand Domiciliary Care Service

## Inspection report

Unit 21, Railway House  
Railway Street  
Chorley  
PR6 0HW  
Tel: 01257 277510  
Website: [www.example.com](http://www.example.com)

Date of inspection visit: 17 March and 1 April 2015  
Date of publication: 17/09/2015

### Ratings

#### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service caring?

Requires Improvement



Is the service responsive?

Inadequate



Is the service well-led?

Inadequate



### Overall summary

This inspection took place on 17 March and 1 April 2015 and was an announced inspection. This meant the provider was given short notice that we were coming. We carried out a comprehensive inspection and followed up on the previous breaches that had been identified during our last inspection. During this inspection we found evidence of breaches of regulations; 12, 13, 16, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As we have found evidence of ongoing breaches we will report on this when it is complete.

We previously visited the service on 18 October 2013 and found evidence of a breach of regulation 11 safeguarding people who use services from abuse and regulation 20 records. The provider sent us an action plan to tell us how

# Summary of findings

they would ensure the breach was met. We reviewed the actions the provider had taken on 12 September 2014 to check if the provider had made the required improvements.

We also carried out an announced inspection on 12 September 2014 and found evidence of breaches of regulation 21 requirements relating to workers and regulation 10 assessing and monitoring the quality of service provision. The provider sent us an action plan to tell us how they would make improvements. At this inspection we also found evidence of an ongoing breach of regulation 20 records. We took enforcement action and asked the provider to tell us how they would meet the breach. We reviewed these regulations as part of this inspection. Prior to our inspection we reviewed information we held about the provider including notifications and safeguarding information.

Helping Hands Domiciliary Care Service is registered to provide personal care for older people in their own homes. The service had a nominated individual who took responsibility for the service. It was not a requirement to have a registered manager in place for this service.

Staff we spoke with were able to discuss the signs of abuse and what actions they would take if they suspected abuse had taken place. Training records indicated not all staff had received training in the protection of vulnerable adults.

We received mixed feedback from people who used the service about whether they felt safe. One person told us, “The girls are okay. I do not want male carers and they still send them round. They don’t even alert me. When it started (the service) they met me. I have told them the preferences for women carers since this.”

We received mixed feedback about the staffing numbers for the service. We were told, “The rotas never stay the same. (Name of provider) doesn’t like staff having the weekend off. They are struggling for staff. Staff don’t turn in.” Some people who used the service provided positive feedback about the staffing arrangements for the service. We were told, “I am very pleased, and I’ve had the same carers all the time. I have a good rapport with them, they are kind and helpful”.

We looked at the Medication Administration Charts (MAR) charts and identified some concerns in relation to these, for example; medication was recorded on individual lines

however there were no details relating to dosage or time of administration for staff to follow. One MAR chart had details of staff signatures relating to one person’s administration that had been crossed out for six days; we could not see evidence of the reasons for this. The provider told us they were seeking advice from a pharmacist to ensure recording for medications was appropriate and accurate.

We looked at the training records relating to medications. The staff files we looked at identified training in medication administration had taken place. Two staff members we spoke with confirmed they had completed medication training. We looked at records relating to on line training for medication. We saw 19 of the 34 staff required to complete the on line medication training had no records relating to this.

Staff told us there was a robust process in place for recruitment. This included relevant checks as well as an induction programme and the shadowing of more experienced staff. We saw evidence of application forms in the staff files which included interview records detailing brief notes. However two application forms we saw had details that would require follow up by the provider. We saw no evidence that these had been followed up to ensure people were recruited in a safe and appropriate manner.

We spoke with staff about the training provided for them. Three staff members we spoke with told us the provider had supported them to complete a nationally recognised qualification. We saw evidence of nationally recognised qualification in one of the staff files we looked at, this had been dated several years prior to inspection. A more detailed training matrix we looked at identified training for staff such as first aid, moving and handling, dementia and infection control. Records for moving and handling indicated all staff were up to date, however we recognised gaps in training for staff.

We were shown a supervision matrix which detailed when all staff had last completed supervision. Records indicated dates had been documented where signatures were required, but it was not clear who had completed the supervision. We noted three staff had no records relating to supervision taking place, one record noted one person had not received supervision for 14 months and a further two records indicated the date for supervision was overdue.

# Summary of findings

We asked people who used the service about whether they had an assessment prior to their care commencing with the provider. One person said, “When it was set up it was explained and there were set times all done and set.” Other people who used the service were able to recall some form of initial assessment. Evidence of initial assessments were seen in peoples records.

People using services and relatives we spoke with said that their care was provided well and specific benefits were discussed such as keeping people well, avoiding residential care and providing a good start to the day despite a chronic condition. We received positive feedback about the staff members from people who used the service. We asked people who used the service and their relatives about their involvements in the development of their care records and care delivery. We were told, “When it was set up we were and still are very involved and they had a person to write it all down. It looks like a good care plan and they fill in the charts so we know what is being done”.

We spoke with staff about the care records for people who used the service. We received mixed feedback. Comments received were, “Care plans are normally a list of things to do”, “I use the care plans but some of them need updating with the clients (people who used the service) needs”, “We are never consulted when the care plan is reviewed. We are not informed of any changes”

We looked at the care files for seven people who used the service. Records comprised of a series of tick boxes which identified concerns such as mobility, hearing, sight, speech, bladder, diet, breathing and confusion. Records indicated call times required for each person. However feedback about consistency of visits did not corresponded with the times noted in people’s records. All but one of the care plans were very brief in their detail and consisted of a list of tasks for staff to undertake at their visit. We could not see evidence of people’s individualised care needs in records we looked at.

People confirmed they were appropriately referred to relevant health professionals, such as the GP, by staff if concerns were raised. One person told us, “If the staff think anything needs attention, they prompt us to get the doctor. The staff are excellent.”

We looked at the complaints and compliments folder. There was evidence of positive feedback from people who used the service and their family.

We asked the provider about how they dealt with complaints. We were shown a service user guide which detailed the complaints procedure that people who used the service had access to; however we noted that the details for contacting the Care Quality Commission were incorrect.

We spoke with people who used the service and relatives about any complaints they may have about the service. One person told us, “I took up an issue about Saturday’s and they are now turning up on time. I had to complain and they have been better since this time” and, “I also have a social services review and the agency came. They were very much up to speed. There was one problem with a particular carer but it was sorted out quickly last year once they (The provider) were aware.” We could not see evidence of this complaint in the complaints file.

We spoke with people who used the service and their relatives about the service. We received mixed feedback. Examples were, “I would not recommend the company but would do so for the carers who are very good”, “I think it’s the management that get some things badly wrong”, “The communication in the office is not good”,

The provider showed us evidence of audits that had been commenced. These covered topics such as staff files and information in service users care files. Records consisted of a check list of documents in the files. Details were basic and there was little evidence to support actions if they were required.

We looked at records of ‘team meetings’ and saw the date for these were seven months prior to our inspection. Records did not indicate evidence of an agenda or attendees for structured meetings.

There was evidence of certificates in place such as fire and health and safety advice. We also saw the providers Care Quality Commission certificate, certificate of accreditation, management qualification for the provider, and employer’s liability insurance were on display in the office.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

Some people told us they felt safe however one person told us the provider did not follow their wishes for a female staff member to attend to their care requirements. Staff were aware of the procedure to follow if they suspected abuse.

People who used the service and staff raised concerns about the staffing rota and allocation of workloads which had failed to be resolved.

We saw medication administration was not completed in full and care plans identified there was insufficient guidance for staff to follow for medication administration.

**Inadequate**



### Is the service effective?

The service was not effective

Evidence of Disclosure Barring Service checks were not present in some of the staff file files we looked at. Staff files had evidence of interviews; however we could not see records relating to investigations of concerns followed up by the provider.

Training records lacked consistency and did not reflect the current staff list that had been provided by the service. Staff told us online training was offered for some elements of training. We saw evidence of national recognised qualifications in some of the staff files we looked at.

We saw evidence of preadmission checks taking place in the care files we looked at.

Staff told us supervision was taking place and we saw evidence of supervision records on a matrix, however we noted there were gaps in these records.

**Inadequate**



### Is the service caring?

The service was not always caring.

People were positive about the support they received from staff delivering care. One person did say that care could be delivered in a rushed manner. However not all people we spoke with were willing to recommend the service.

Privacy and dignity for people was maintained and staff were aware of the importance of people's dignity.

People told us staff supported them to seek advice from health professionals such as the GP.

**Requires Improvement**



# Summary of findings

## Is the service responsive?

The service was not responsive

Staff were able to tell us about appropriate procedures to take if they received a complaint and we saw evidence of the complaints procedure in the service user guide. However we were made aware of some complaints that had not been recorded in the complaints file or had been managed by the provider.

Records continued to be task oriented and contained limited information about peoples individualised care needs.

Daily records identified visits taking place and included tasks undertaken by staff. However we noted some records were brief and lacked details on care that had taken place.

**Inadequate**



## Is the service well-led?

The service was not well led

People who used the service and staff told us they were not confident in the management and organisation of the service.

The provider told us team meetings were taking place, however we received mixed feedback from staff about team meetings.

We saw evidence of some audits taking place however these were basic in their detail. The provider told us monitoring of visits were taking place, however we saw no evidence to support this.

**Inadequate**



# Helping Hand Domiciliary Care Service

## 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.

Prior to this inspection we looked at information held at the commission which included notification that the provider is required to send and spoke with the Local Authority safeguarding team.

This inspection took place on 5 and 10 March 2015 and was an announced inspection which meant the provider was

given short notice that we were coming. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by two adult social care inspectors 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.

During our inspection we spoke with nine staff members as well as the service provider. We also spoke with eight people who used the service and five family members.

We looked at the care records for seven people who used the service and other documents which included medication administration sheets, staffing rotas, training records, audits and quality monitoring, records of incidents and accidents and safeguarding records.

# Is the service safe?

## Our findings

We spoke with people who used the service and family members about whether they felt safe. All told us they felt safe when staff were assisting them during their visits. One person told us, “They help (Name of person) to get up, showered, dressed and go downstairs. It’s always been done safely.” However another person who used the service told us a previous staff member had been rude to them and a third person said they were often, “Not relaxed because the agency persisted in sending male carers.” We were told, “The girls are okay. I do not want male carers and they still send them round. They don’t even alert me. When it started (the service) they met me. I have told them the preferences for women carers since this.” People who used the service we spoke with told us of their concerns in relation to the timings of their visits. We referred these concerns to Lancashire County Council Safeguarding team

Staff we spoke with were able to discuss the signs they may expect to see if abuse was taking place and confirmed they would inform the provider. However three of the staff we spoke with could not confirm which agency they would approach if management took no action. Staff discussed the appropriate whistleblowing procedures they would take if they were concerned about someone’s practice. We were told about the appropriate actions they would take if they suspected abuse as well as the signs and symptoms of abuse. We were told, “I would tell the manager, listen and write it down”, “I would report any signs of abuse to the manager and write it in the communications book” and, “If I had seen signs of abuse and the management had not responded I would ring CQC. I wouldn’t be able to live with myself otherwise.”

We spoke with the provider about actions they would take if they suspected abuse. We were told, “I would go to see the client (person who used the service), take a statement and report sometimes to social services.” The provider told us if the allegation concerns a staff member they would stop them from visiting the person who used the service.

We looked at the training records for seven staff members and saw evidence of safeguarding training in some of them, however we noted one of these was dated 18 months prior to our inspection. Another staff file had no details relating to safeguarding training since they had commenced working for the provider five months previously. The provider showed us a training matrix which noted on line

computer training for staff in the protection of vulnerable adults. We also checked the training updated list from March 2015 and noted that six members of staff names were not recorded on the training matrix. Details about the staff did not correspond with the records maintained by the service provider. Details about the staff did not correspond with the record maintained by the service provider. This meant we could not be confident the system to monitor and ensure staff received appropriate training was effective. Records identified seven of the staff had no details that related to completed safeguarding training.

We asked the provider to show us their arrangements for recording and investigating safeguarding concerns. We were shown a safeguarding file and noted evidence of safeguarding investigations that had taken place. The date for the last investigation was six months prior to our inspection. The provider told us there were no ongoing investigations at present. We discussed a recent concern that had been identified to CQC. The provider confirmed this was not a safeguarding concern.

We found that the registered person had failed to ensure suitable arrangements were in place to safeguard people who used the service. This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to this inspection we carried out an announced inspection on 12 September 2014 and found evidence of a breach of regulation 21, requirements relating to workers. This was because the provider failed to have effective recruitment processes in place. We asked the provider to send us an action plan to tell us how improvements would be made. We looked at the action the service provider had taken during this inspection.

During this inspection we asked staff about the recruitment process for the service. We were told there was a robust process in place for recruitment. This included relevant checks as well as an induction programme and the shadowing of more experienced staff.

We looked at the files for eight staff members. We saw evidence of application forms in place including interview records and brief notes. However two application forms we saw had details that would require follow up by the



## Is the service safe?

provider. We saw no evidence that these had been followed up to ensure people were recruited in a safe and appropriate manner. The provider failed to ensure staff was recruited safely and effectively.

References were seen in people's files however we saw three references that would have required further investigation by the provider. We could not see evidence that this has been followed up. Another staff file noted only one reference for this person and this identified some concerns. Again we could not see evidence this had been followed up by the provider. We checked the provider's policy for recruitment and noted a, 'minimum of two referees would be contacted'.

We checked whether the provider ensured necessary Disclosure Barring Checks (DBS) had been undertaken on all staff employed by the service. The DBS carry out a criminal records and barring check on individuals who intend to work with vulnerable adults to help employers make safer recruitment decisions. We saw four people's files had no evidence of DBS checks in place and two further files had a checklist to monitor recruitment steps for staff members. These checks indicated DBS checks had been seen however there was no evidence to confirm this in the staff file. We checked the provider's policy and procedure for recruitment and noted that a 'standard or enhanced checks through disclosure service of the criminal records bureau' would be required.

All but one of the staff files we looked at had no evidence of health checks in place this was despite the provider's policy for the selection and recruitment of staff stating all staff would be required to complete a health declaration or declaration of medical fitness. One of the staff files identified a need for the provider to follow up health checks to ensure they were appropriately recruited however there was no evidence this had taken place. The provider failed to follow their recruitment policy to ensure staff were recruited in line with guidance.

The provider had not protected people against the risk associated with the unsafe recruitment of staff. This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked about the staffing numbers for the service. The provider told us some staff had left recently. However they said, "There are not too many clients (people who used the service) for the staffing numbers. Our aim is to look after people."

Staff gave us mixed feedback about their duty rotas. They told us they felt they had sufficient time to provide care. However one staff member told us they, "Couldn't always get away on time and this had impact on other people's calls." Another said recently a number of staff had left so there had been a lot of reallocation of work. Staff also said they might be asked to, "Cover a call within minutes", "If they sorted the rotas out it would all run smoothly", "The rotas are a big problem. The majority of time we don't stick to them" and, "The rotas never stay the same. (Name of provider) doesn't like staff having the weekend off. They are struggling for staff. Staff don't turn in." It is important to ensure staffing levels reflect people's individual needs and changes to staff rotas are provided in a timely and organised manner.

Some people who used the service provided positive feedback about the staffing arrangements for the service. We were told, "I am very pleased, I've had the same carers all the time. I have a good rapport with them (the staff), they are kind and helpful", "It's been ok and mostly the care staff are fine" and, "They are very nice and they are reliable." However other people were not as positive about the staffing arrangements. They said, "They are very disorganised. The girls don't seem to be able to follow their rota and get sent or changed at a minute's notice; however it's been better lately", "We've always just wanted to keep the regular staff but the new and replacement staff are ok but they are not pre prepared to come out to us" and, "They have been better organised. They leave me late. I have mentioned it twice to management."

We asked people who used the service who were receiving support with their medications about how safe this support was. People recalled their medication administration was completed effectively. However a relative of one person we spoke with told us that, "The service does not provide help with their medication administration." However they said staff do at times provide their relative with medications and, 'make a note to let them know'. The provider told us this person was not supported by the staff with their medication administration. However when we checked this



## Is the service safe?

persons care file we noted a care plan which related to medication support for them was in place in the home records. The provider failed to ensure effective systems to support medication administration safely were in place.

We spoke with staff about how they supported people who used the service with their medications. We were told, “I would not write on the Medication Administration Record (MAR) sheet if I hadn’t seen the person take the medication. I would report it to the office and ask for advice.” Another staff member told how they would record medication administration in peoples home. We were also told, “There are medicines sheets and blister packs for people. There is nothing specific to guide you on medicines. I use my initiative” and, “There are no care plans just a medication sheet and blister pack. I have been told how to fill it in.” It is important to ensure all staff follow the provider’s policy and procedure on medication administration to ensure people who used the service are protected from the risks associated with inadequate medication administration. We were told by one person about concerns relating to the capacity of one person who used the service which had been brought to the attention of the provider. We spoke with the provider about this who discussed the actions that had been taken as a response to this.

We asked the provider about recording of medication in peoples care plans. Two care files we looked at detailed records relating to medication was noted in communication records however there was no corresponding MAR charts to confirm the staff had completed these records. A third care file we looked at noted staff were advised to, “Prompt medication” but we could not see guidance for staff to follow if this person refused their medication. We noted the staff were recording in the communication records if any medication refused was disposed of by them. We noted on this persons MAR chart that one tablet had not been taken for one week. We could not see a reason why this had not been prompted. There was also no guidance for staff to follow if this occurred. We looked at providers’ policy for recording medications in people’s homes. We noted guidance stated ‘staff are required to record time and dosages of medication taken’. However one diary sheet we looked at noted, ‘meds given’. There was no confirmation of what medication had been taken or the dose. Systems to ensure appropriate recording and reporting of medication administrations and guidance were inadequate.

We looked at the MAR charts for four people who used the service. We identified some concerns in relation to these for example; medication was recorded on individual lines however there were no details relating to dosage or time of administration for staff to follow. One MAR chart had details of staff signatures relating to one person’s administration which had been crossed out for six days. We could not see evidence of the reasons for this, and three entries had a code noted on the record. However there was no consistent provider coding on any of the MAR charts we looked at. One record we looked at had evidence to suggest a medication was required three times per day, however we noted this had not been administered. We also saw a note to say one medication had been commenced on a specific date however staff signatures were seen recorded for seven days prior to the start date. A further MAR identified gaps in their recording as well as ticks instead of signatures in them. We asked the manager about monitoring of the MAR charts; we were told records were checked on return to the office however these checks were not recorded.

We looked at the training records relating to medications. The staff files we looked at identified training in medication administration had taken place. Three staff members we spoke with confirmed they had completed medication training. The provider told us all staff delivering care had completing on line medication training to support them in administration. However we noted 19 of the 34 staff required to complete the on line medication training had no records relating to medication training. We also checked the training updated list dated March 2015 and saw that six staff members that were recorded on the updated staff list had no details recorded on the training list and a further 13 staff members had evidence of training in medication administration however four staff had records that stated ‘updates in progress’ and a further nine staff had dates recorded as prior to 2009. A staff member we spoke with about medication training told us, “I just did the e learning on medication but they showed us nothing practical.”

The provider failed to ensure people were protected from the risks association with inadequate medication administration, recording and monitoring. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service safe?

We spoke with the provider about how they managed risks in the service. We were told, “We get feedback from service users (People who used the service) every year except for last year.” The provider told us the most recent questionnaire is due to be sent out the week of our inspection.

We saw evidence that the provider had completed a retrospective audit for risk assessments in care files for people who used the service. We checked the records for seven people and saw risk assessments in all but one of them. We saw the provider had made use of the local authority risk assessment template in some of the care files we looked at, however this was not used consistently in all the risk assessments we looked at. We noted there were gaps in risk assessments. For example, one person’s risk assessment indicated two staff were required to support moving and handling, however we could not see a

corresponding moving and handling risk assessment. In a second care file we saw there were no risk assessments in place to ensure staff had the appropriate guidance and support to care for them safely. It is important to ensure people who used the service are protected against the risk associated with ineffective risk assessments.

The provider failed to ensure people were protected from the risks associated with ineffective management of risk assessments. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

**We recommend that the service seek advice and guidance from a reputable source regarding the deployment of staff in a domiciliary care service.**

# Is the service effective?

## Our findings

We spoke with people who used the service about the knowledge and skills of the staff team. We were told, “They all seem well enough trained. If they are new they come with someone to introduce them. If two new staff arrived it would be difficult”, “Yes they are very good. Their attitude is really good” and, “Regular staff seemed well trained and newer replacement staff relied upon one regular to learn what to do.” However one person told us, “The girl who is visiting now is a good one. The rest are not so good. One would not even take their coat off. The regular one is now the best and very experienced.”

We spoke with staff about the training provided for them. Three staff members we spoke with told us the provider had supported them to complete a nationally recognised qualification. We saw on the training updated list dated March 2015 that 15 of the 34 staff had a nationally recognised qualification. We saw evidence of nationally recognised qualification. All of the staff files we looked at identified training that was relevant to their role had been completed such as moving and handling, health and safety, hand hygiene, and care of people with epilepsy. This would ensure staff had the relevant knowledge and skills to care for people who used the service effectively.

We asked staff about what training they received when they commenced employment with the provider. We were told by two staff members that their induction had been sufficient and they had, “Learnt a lot from shadowing other members of staff.” Another said, “I was introduced to clients (people who used the service), moving and handling equipment had been demonstrated, care plans and medications.” They told us they had completed e-learning. And a third staff member said, “When I started work I had to go through a big test on line and then worked with other carers for four days. I felt prepared after that.” However other staff we spoke with told us they, felt they had been; ‘thrown in’ and ‘e-learning alone was not sufficient’, and “I think we need actual training not just the computer stuff.” Staff files we looked at had evidence of an induction programme including reading policies and procedures, and discussing their roles and communication within the agency. However one record identified that training was completed nine months after one person had commenced employment with the provider.

The service provider said that staff were provided with online training for medication management, safeguarding and food hygiene. We looked at these records and saw these did not contain all the names of the staff currently employed by the service which meant there was no evidence that five staff members had completed this training. We also saw that 18 of the 29 other staff members had not completed all three subjects. We noted the provider had informed all staff that this training was available and required completion in a staff communication file. Staff we spoke with told us they were required to complete this training and that this was to be completed in their own time. One person said, “We do training on safeguarding, medicines and food” and, “We do training for moving and handling, food hygiene, safeguarding and medicines on the computer. I was sent two more dates two days ago. We don’t get much time and we don’t get paid for training.” We were shown a more detailed training matrix that identified training for staff such as first aid, moving and handling, dementia and infection control. Records for moving and handling indicated all staff were up to date, however only six of the 30 staff detailed identified they had up to date training in infection control, six staff had received training in first aid and eight staff had received dementia training in the last three years. We noted three staff names were not recorded on the training matrix therefore we could not be confident what training these staff had received.

The provider had not ensured that staff received appropriate training. This was a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people who used the service about whether they had an assessment prior to their care commencing with the provider. One person said, “When it was set up it was explained and there were set times” Other people who used the service were able to recall some form of initial assessment and people were able to confirm some contact from the provider following the care being commenced. However one person said, “I cannot recall being involved when it was set up but it’s all in the care plan which seems very thorough. It describes what has happened and (Name of person’s) needs and it’s for the carers to follow”.

## Is the service effective?

We looked at the care files for seven people who used the service to check if pre admission assessments had taken place prior to the service commencing care with people who used the service. There were completed initial assessments in peoples files we looked that had been completed by a senior member of staff; however we noted these were basic and consisted of tick boxes with limited information about individual needs.

We asked staff to tell us about the arrangements for supervision to ensure care is delivered effectively. Supervision meetings help staff to discuss their progress at work and any learning and development needs they may have. All staff told us they had received supervision once since July 14. We were told competency checks were completed during care delivery in people's homes and we saw evidence of these checks in two staff files we looked at. One person said, "Every now and again someone comes out to watch and assess us" and, "I feel supported I have had supervision with (Name of senior)." However one person told us, "I have had no supervision that is one thing we need." The provider told us supervision with staff was undertaken every six months. We were shown a supervision matrix which detailed when all staff had last completed supervision with a senior member of staff. Records indicated dates had been documented where signatures were required therefore it was not clear who had completed the supervision. We noted records relating to supervision were inadequate. There were no records of supervision for two staff and three further records indicated staff supervision was overdue. Systems to ensure staff received regular and recent supervision were lacking.

The provider failed to ensure that staff received regular supervision. This was a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We asked staff about their understanding of Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS). All but one of the staff we spoke with was clear about MCA and DoLS and told us they did not recall any training in this topic. One person we spoke with was able to demonstrate an understanding of DoLS and MCA.

Training records we looked at did not identify training for mental capacity had been completed by staff.

We asked people who used the service whether staff asked for their consent before carrying out any care or activity. We were told, "They respect my privacy and dignity. All the care is consented to" and "At each stage of my care they have discussed it with me."

We looked at the care files for people who used the service and saw evidence in four of the files that these had been signed agreeing to their care. However we noted in two peoples care files that documents relating to key holding authorisations were in place but these had not been signed by the person using services. It is important to ensure people are consulted about and agree to decisions made about their care.

**We recommend the service finds out more about training for staff, based on current best practice, in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.**

# Is the service caring?

## Our findings

We asked people who used the service and relatives about the care provided by the service. We received some positive feedback. People told us staff took the time to do their care properly, safely and with dignity. Some people felt however that some staff were in a rush at times to get away but they confirmed they felt this did not affect their safety. Some comments included, “They have been absolutely wonderful since 2013 when [My relative] had a stroke”, “When I get up they provide some personal washing and drying. This is done with dignity. They (The staff) will stand outside. It’s done safely” and, “[My relative’s] shower is done very well, and they are dried properly even though it is not easy.” This person told us however that personal care for their relative was done in a, “Rushed manner and not always done right.”

People using services and relatives we spoke with said that their care was provided well and specific benefits were discussed such as keeping people well, avoiding admission to residential care and providing a good start to the day despite them having a chronic medical condition. We received positive feedback about the staff members from people who used the service which identified that the staff were considered polite and respectful. One person said, “Yes they are very good. It’s a difficult thing as they look after [my relative]”.

However not all of the people we spoke with were willing to recommend the service and one person we spoke with told us the service needed to improve. We were told that at times care was less than excellent, this was particularly if the staff were new or replacement staff. People however told us they were not keen to face the upset of changing services.

We discussed with staff how they ensured people who used the service received safe and effective care. We were told, “I always have a good chat with my clients”, “The drivers do not always turn up on time to pick me up. It is not good for the client because I get behind with the run” and, “I use the care plans but some of them need updating. They detail the clients (People who used the service) needs.” Staff told us they had no concerns about the standard of care they delivered and discussed their confidence in all members of the staff team. Most staff we spoke with were familiar with the care plans of those people they supported. However one staff member told us they were often asked to undertake visits to people they did not know. They discussed they were confident with this arrangement however raised concerns that less experienced staff may have concerns about this.

People who used the service confirmed that staff ensured people were appropriately referred to relevant health professionals, such as the GP, if concerns were raised. One person’s told us, “If they [The staff] think anything needs attention, they prompt us to get the doctor. They [The staff] are excellent. They have prompted me to do things about infections. It’s been very important that they have told me as it has stopped things getting worse.”

We discussed people’s right to privacy and dignity during care activities. Staff were able to describe effective measures to ensure people privacy and dignity was maintained. People who used the service and their relatives were complementary about how staff support them to maintain their privacy. We were told, “They do no personal care other than washing me. This is done with dignity and safely”, People we spoke with told us staff respected their rights and independence and reference was made to how staff respected peoples home and family life. Systems to ensure people’s privacy and dignity were maintained and supported were in place.



# Is the service responsive?

## Our findings

Prior to this inspection we carried out an announced inspection on 18 October 2013 and found evidence of a breach of regulation 20 Records. This was because the provider failed to ensure appropriate records for people who used the service were in place. We asked the provider to send us an action plan to tell us how they would ensure this breach was met. We revisited the service on 12 September 2014 and found evidence of a further breach of regulation 20 Records. We told the provider to send us an action plan to show us how improvements would be made. We looked at the action the service provider had taken during this inspection.

During this inspection we asked people who used the service and their relatives about their involvements in the development of their care records and care delivery. We were told, “When it was set up we were (and still are) very involved and they had a person to write it all down. It looks like a good care plan and they fill in the charts so we know what is being done”, “No one has asked me about how I find things but it’s been good and it works well” and, “I have to tell them everything and the care plan does not say anything about this [particular issue].” This person told us the staff have usually been told about the changes in the care needs but they could not confirm how this was communicated to staff. However one person said a member of staff arrived recently who was not aware of changes. People who used the service told us they did not receive regular face to face reviews of their care and review usually consisted of a survey sheet. People told us they felt this was not a concern as they were generally happy with the care they received.

We spoke with staff about the care records for people who used the service. We received mixed feedback. Comments received were, “Care plans are normally a list of things to do”, “I use the care plans but some of them need updating with the client’s needs”, “We are never consulted when the care plan is reviewed. We are not informed of any changes” and, “I think the care plans need upgrading. When you get a new person they give you the name and address and you have no idea what needs doing. I’ve never seen a care plan in the folder.” One person told us they had never seen a care plan and another said sometimes the plans were not present in people’s homes. And another said, “More often

than not I never need to look. There have been times when I have had to look at the care plan.” Systems to ensure staff had access to up to date relevant information about how to care for people who used the service were lacking.

The provider told us care files were kept in people’s home and a copy was kept in the office for reference. Staff confirmed people’s care files were stored in their homes and that they strongly advised people who used the service to store them safely. We were told records were returned immediately to the office when completed.

We looked the care files for seven people who used the service. We noted the initial assessments of people’s needs were done by a senior member of staff. Records comprised of a series of tick boxes which identified needs and concerns such as mobility, hearing, sight, speech, bladder, diet, breathing and confusion. Records indicated call times required for each person. This would ensure people who used the service received visits as agreed with them. However feedback about consistency of visits did not corresponded with the times noted in people’s records. People told us most of the regular staff were reliable and that staff were able to carry out their care well. However not all people who used the service described the service as being sufficiently reliable and several people told us about their concerns relating to lateness and last minute staff changes for their care. One person told us concerns about reliability of their visit had resulted in them cancelling it to prevent being more upset.

During our last inspection we noted care plans were very task focused and contained limited information on people’s personalised, individual needs. During this inspection we identified similar concerns. All but one of the care plans were very brief in their detail and consisted of a list of tasks for staff to undertake at their visit. We could not see evidence of people’s individualised care needs in records we looked at. We noted one care plan that had been completed recently which contained more detailed information to guide staff with people’s care needs, however a standardised list of tasks for staff to follow in this person’s care file was evident.

We saw reviews of care plans were completed yearly however these contained no feedback from people using service and changes to initial information was limited. We saw people who used the service had commented they were, ‘very happy’ however we could not see evidence to confirm this. Records we looked at included copies of the



## Is the service responsive?

Lancashire County Councils assessments and care plan templates. We could not see evidence to confirm the provider had developed these into comprehensive individualised care plans for people who used the service. One staff member we spoke with about review of care files told us, “We are never consulted when the care plan is reviewed. We are not informed of any changes.” We asked the provider how they monitored when reviews of care plans were required. We were told there was a record that contained dates for people’s care file reviews kept in the office. We asked to see these records however the provider failed to produce this during our visit.

The provider told us daily records for people were returned once completed each month to the office for filing. We saw completed and updated daily records which had been signed and dated by staff and contained details on activities undertaken by staff during their visits such as; personal care, general household duties and mobility. However we noted some records were very brief and contained limited information on tasks such as, “all okay and made food and a drink”. One diary entry we looked at noted a concern by a staff member regarding one person’s health, however we could not see any evidence that this had been followed up. A further record identified one person had received shorter visit times than were planned on nine separate occasions. We discussed these concerns with the provider who told us they would investigate these concerns and take action as required. The provider failed to ensure records reflected people’s individual needs and documented requirements.

The registered person failed to ensure people who used the service were protected against the risks of unsafe or inappropriate care or treatment arising from a lack of proper information about them. There was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the complaints and compliments folder. There was evidence of positive feedback from people who used the service and their family. Some comments seen were, ‘To all at helping hands. Thanks so much to all the carers who visited my (name of person)’; ‘Thank you for all

your kindness over the years in caring for (name of person)’ and ‘Thank you to all of you who helped look after (name of person) at home. Your kindness and support was much appreciated’.

We saw evidence of complaint in the complaints folder including actions that had been taken by the provider however we noted this was dated two years previously. The provider told us there had been no other complaints since this time.

We asked the provider how they dealt with complaints. We were shown a service user guide which detailed the complaints procedure that people who used the service had access to; however we noted that the details for contacting the Care Quality Commission were incorrect. The provider told us, “The staff will call straight away if anything happens and we have an open policy.” We discussed a concern that had been raised by one person. The provider told us this was a complaint, however this had not been recorded in the complaint’s file.

Staff we spoke with told us, “I have had no complaints; if I did I would go straight to office and tell the manager”, “I have had no complaints other than time keeping. I would speak with [the provider] and document it” and, “The clients are always complaining. I have informed the manager of any complaints.” Six staff said they regularly had verbal complaints about time keeping. We were told this was due to poor organisation of rotas. Staff confirmed complaints were reported to the office however there was no evidence to demonstrate that the service provider had acted on these concerns.

We spoke with people who used the service and relatives about any complaint they may have about the service. One person told us, “I took up an issue about Saturday’s and they are now turning up on time. I had to complain and they have been better since this time”, and “I also have a social services review and the agency came. They were very much up to speed. There was one problem with a particular carer but it was sorted out quickly last year once they were aware.” There was no evidence of this complaint in the complaints file. People we spoke with told us they could not be confident the service could sort out problems that arose, particularly about the poor time keeping and last minute staff changes.

The provider failed to ensure effective system were in place for receiving and acting on complaints. This was a breach

## Is the service responsive?

of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked about the arrangements in place for obtaining feedback about the care from people who used the service. The provider told us they sent an annual questionnaire to people who used the service. We saw evidence of these with comments detailed such as, 'Meets my needs' and, 'everything satisfactory', however the most recent date for these were from 2012.

The provider told us there were more recently completed surveys however they were unable to produce these during

our inspection. We saw evidence that the provider had plans in place to obtain feedback from people who used the service because we were shown a new questionnaire ready to be sent to people. One person who used the service told us, "We have had a couple of feedback sheets for them and we have filled these in." We saw two references to care reviews where the person or their relative was stated to be, 'Very happy' with the service however we could not find evidence to substantiate this feedback. The provider told us they undertook regular, 'pop in visits' to people who used the service to discuss feedback however there was no evidence to confirm this.

# Is the service well-led?

## Our findings

We previously visited the service on 12 September 2014 and found evidence of a breach of regulation 10 assessing and monitoring the quality of the service. This was because the provider failed to ensure the service was managed well to ensure people who used the service were provided with a good quality service. We asked the provider to send us an action plan to show us how improvements would be made. We looked at the action the service provider had taken during this inspection.

During our inspection we looked at the policy and procedure file that the provider had in place for staff to follow. We saw topics such as; code of conduct, whistleblowing, control of records, business and continuity plan and quality policy statement were detailed however we noted some of these policies had not been updated since 2010.

We spoke with people who used the service and their relatives about the service. We received mixed feedback. Examples were, “I would not recommend the company but would do so for the carers who are very good”, “I think it’s the management that get some things badly wrong”, “The communication in the office is not good”, “I can get in touch with them all the time. So far we are happy.” Some people who used the service and their relatives told us they could get in touch with the office and that most but not all of these staff were easy to get on with.

We asked staff about the service. We received mixed feedback about the management and leadership. Examples of comments were, “They could be better organised. I would recommend other companies first”, “Someone’s husband died and we were not informed. I went in happy and normal. I felt really awkward.” Staff we spoke with told us they had raised concerns about the support offered by the management. We were told, “I want to pick my holidays but (name of provider) wants to pick them for me”, “I would not want my relative to be cared for by helping hands. They have got really bad timekeeping” and, “Sometimes I feel like what I’ve said will not be taken in. I feel like I have to keep saying stuff. The supervisor is really supportive.” However some staff were positive about the management in the service. We were told, “I enjoy working for them. I feel supported. They are very

understanding,” “They seem very accommodating and flexible” and, “If I ever have problems I find them supportive.” Systems to ensure all staff were supported with effective management were lacking.

We asked about the arrangements in place for monitoring the quality of the service. During our last inspection we looked at an audit folder that had been purchased by the provider to support quality monitoring of the service. We saw this had not been completed. The provider told us during our last inspection they were planning to commence use of the audit tool soon after our inspection. We checked this file during this inspection and noted the document was still blank. We discussed this with the provider who told us they had, ‘Not started using as yet’. We were told the provider was using a different system at present to audit and monitor service delivery.

We noted some improvements relating to documentation of audits was taking place. The provider showed us evidence of audits that had been commenced. These covered topics such as staff files and information in service users care files. Records consisted of a check list of documents in the files. Details were basic and there was little evidence to support actions if they were required. We noted these were recorded as ‘retrospective’. Systems to ensure robust quality took place were ineffective.

We were shown details of how the provider monitored the visits for people who used the service. We were shown a computer system which identified when staff arrived and left each visit noting the time of the visit including their length. There was a telephone logging system that identified if a call was missed or shorter than allocated. The provider told us they were able to check for patterns or trends, however they said there was no system in place for auditing this information or recording evidence. The provider failed to ensure effective and robust quality monitoring systems were in place.

We asked about team meetings and feedback provided to the staff. The provider told us staff came into the office each week and updates were offered to staff during these visits to ensure they were kept up to date with changes in the service. We saw there was a communications file which detailed a list of emails that had been sent to staff to access training sessions.

Staff we spoke with provided mixed feedback about team meetings for them. Five of the staff told us that informal

## Is the service well-led?

staff meetings occurred on, 'Thursdays when staff go into the office to pick up their rota for the following week'. One person told us, "Team meetings are about every six weeks but they are not much use really" another said, "We have never had any team meetings, the office calls with updates", "There are no team meetings" and, "I think meetings should happen."

We looked at records noted as, 'Team meetings' and saw the date for these were seven months prior to our inspection. Records did not indicate evidence of an agenda or attendees for a structured meeting taking place. Notes detailed actions required for staff to follow such as logging in and communication sheets including instructions for staff to read and sign documents. The provider failed to ensure formal structured team meetings were in place to enable staff to be up to date on changes and guidance as well as being involved in decisions about the service.

There was evidence of certificates in place such as fire and health and safety advice. We also saw the providers Care Quality Commission certificate, certificate of accreditation, management qualification for the provider, and employer's liability insurance were on display in the office. There was

also a copy of the staff handbook for staff to access when they visited the office. This would ensure people visiting the office would have access to details relating to the provider registration and qualifications.

All staff we spoke with understood the procedure to follow in the event of an accident. The provider told us they discussed the procedure to take with staff if an accident occurred. We looked in the accident book and noted evidence of completed accident forms however these were brief and did not include outcomes of investigations if they had taken place. One accident report had details relating to the concerns however there was no evidence to support what injury had occurred. We asked the provider about this accident who told us this person no longer received care from the provider therefore we were unable to check their care file. It is important to ensure effective monitoring of incidents or accidents were in place.

The provider failed to ensure effective system were in place for monitoring and improving the quality of the service. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints</p> <p>Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Complaints</p> <p>The provider failed to ensure effective system were in place for receiving and acting on complaints.</p> <p>This was a breach of regulation 19 of the Health and Social Care Act 2008</p> <p>(Regulated Activities) Regulations 2010</p>

**The enforcement action we took:**

We sent the provider a warning notice and have asked them to achieve compliance by 6 July 2015

Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>Regulation 10 HSCA 2008 (Regulated activities) Regulations 2010 Assessing and monitoring the quality of service provision.</p> <p>The provider failed to ensure effective system were in place for monitoring and improving the quality of the service. The provider failed to ensure people were protected from the risks association with ineffective management of risk assessments.</p> <p>This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.</p>

**The enforcement action we took:**

We sent the provider a warning notice and have asked them to achieve compliance by 6 July 2015

Regulated activity	Regulation
Personal care	<p>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing</p>

This section is primarily information for the provider

## Enforcement actions

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing.

The provider failed to ensure that staff received regular supervision.

This was a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

### The enforcement action we took:

We sent the provider a warning notice and have asked them to achieve compliance by 6 July 2015

### Regulated activity

### Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

The registered person failed to ensure people who used the service were protected against the risks of unsafe or inappropriate care or treatment arising from a lack of proper information about them.

There was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

### The enforcement action we took:

We sent the provider a warning notice and have asked them to achieve compliance by 6 July 2015

### Regulated activity

### Regulation

Personal care

Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers

Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers

The provider had not protected people against the risk associated with the unsafe recruitment of staff.

This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010



This section is primarily information for the provider

## Enforcement actions

### The enforcement action we took:

We sent the provider a warning notice and have asked them to achieve compliance by 6 July 2015

#### Regulated activity

Personal care

#### Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

The provider failed to ensure people were protected from the risks associated with inadequate medication administration, recording and monitoring.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

### The enforcement action we took:

We sent the provider a warning notice and have asked them to achieve compliance by 6 July 2015

#### Regulated activity

Personal care

#### Regulation

Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse

Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse

We found that the registered person had failed to ensure suitable arrangements were in place to safeguard people who used the service.

This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

### The enforcement action we took:

We sent the provider a warning notice and have asked them to achieve compliance by 6 July 2015