Olufunmilayo Monisola Adeyemi

Helping Hands Nurses Agency (HHNA Lincoln)

Inspection report

47 Salisbury Drive
Bracebridge Heath
Lincoln
Lincolnshire
LN4 2SW

Tel: 07772741217
Website: www.helpinghandsnurses.org

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Helping Hands Nursing Agency is a domiciliary care agency. It currently provides personal care to people living in their own houses. It provides a service to older adults living in the Lincolnshire area and younger adults living in Essex.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager confirmed services will no longer be offered in Essex.

This is the first inspection under Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This inspection was announced and took place on 8 and 14 August 2018. At the time of our inspection two people were receiving personal care.

People's needs were assessed, but records to evidence this were not always available. Risks associated with personal care were not adequately identified. Appropriate protective measures were in place to minimise the risk of avoidable harm. Not all care plans were completed fully and updated regularly to reflect people's changing needs.

The provider could not assure themselves that medicines were being managed in accordance with current regulations and guidance. Care plans were unclear about the level of support people needed with medicines, and there was no system in place to ensure that people received medicines as prescribed.

Staff had not received all the training required to ensure they had up to date skills and knowledge to provide effective care. Staff felt supported by the registered manager but they had not received regular supervision with their manager. Staff had received training in the Mental Capacity Act 2005 (MCA), but not all care staff understood what this meant for people.

The provider had some systems in place to monitor and review the quality of care people received. However, these were not always recorded clearly.

Safe recruitment procedures were followed. Pre-employment checks were made but evidence confirming this was not available for one staff member.

People were able to make their own choices about their personal care and were involved in planning and reviewing their care. There were sufficient staff to meet people's personal care needs at the time when they needed support. People's nutritional needs were met. Staff worked within the principles of the Equality Act

2010 to make sure their work practice did not discriminate against people. There was no information about independent advocacy services for people to contact.

People were safe. Some staff understood their responsibilities in relation to safeguarding but not all were confident in how to raise concerns. Staff had received training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities but staff were not always aware of these.

There was a complaints process in place, and people were encouraged to express their views about the service. People and relatives felt confident to make suggestions for improvement of care or raise concerns. People and relatives spoke positively about the support they received from care staff. Relatives shared that communication could be improved by the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The provider did not operate safe recruitment practices to ensure suitable staff were employed to work at the service.

Appropriate records were not always kept when staff supported people were their medicines.

Staff had received safeguarding training but not all understood their safeguarding responsibilities. Staff did not always have access to relevant safeguarding information on who to contact when raising a concern.

Risks associated with people's personal care had not always been carried out fully or reviewed regularly.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received an induction but records could not confirm this. Staff did not always receive the relevant training needed to support people effectively. Staff did not receive regular opportunities to review their work.

People's rights were not always protected under the Mental Capacity Act (MCA) 2005, as staff did not understand how the MCA influenced people's lives.

People confirmed they were supported effectively to access external healthcare professionals.

Is the service caring?

Requires Improvement

he service was not always caring.

People felt supported by staff that were kind and caring.

Staff understood and demonstrated the importance of treating people with dignity and respect.

Private and confidential records were not stored safely.

The provider did not have information available to people to help them access independent advocacy and support services.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Some people's care plans had limited information about the person's preferences. Care plans were task centred and not person centred and had not always been reviewed regularly.

People were supported to contribute as fully as possible to their assessment and in decisions about the care and support they received, but this not always documented.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider did not have effective systems and processes that monitored the quality and safety of the service.

People, relatives and staff were encouraged to contribute to decisions to improve and develop the service.

The provider was not always aware of their regulatory responsibilities.

Helping Hands Nurses Agency (HHNA Lincoln)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 and 14 August 2018. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care to people living in their own homes and we wanted to make sure staff would be available.

Before the inspection, we reviewed information we held about the service including notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted health and social care professionals and the commissioners of the service to obtain their views about the care provided.

The inspection team consisted of one inspector.

We spoke with one person and their relative in their home. In addition we spoke with two relatives on the telephone. We telephoned five care staff after our office inspection, but were only able to speak with two care staff. We spoke with the registered manager, We looked at all or parts of two care records for people receiving support along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

After our office inspection we asked the provider to send us further information to complete our inspection. The provider was unable to send us all the information we requested which had an impact on our judgment.

Requires Improvement

Is the service safe?

Our findings

People told us they felt the service they received was safe. When we asked a person if the service supported them safely, they said, "Absolutely!"

Prior to starting employment, new employees are required to undergo a DBS (Disclosure and Barring Service) check, which would show if they had any criminal convictions or had ever been barred from working with vulnerable people. We reviewed the recruitment process and found staff files did not always contain a copy of their DBS check. DBS communications to the agency that carry out these checks were noted in staff files but there was no outcome of these checks listed for some staff members. This meant there was a risk the staff member was not safe to work with people who used the service. The registered manager told us these were in place but they did not forward the requested evidence to us which could have confirmed this.

Recruitment and selection processes contained information that people had attended an interview. Staff files had photographic identification and details to confirm their addresses. We found that staff files had written references in place that confirmed previous employment the person was of good character and a suitable candidate for the role.

There was a system in place to manage the administration of people's medicines when required. The registered manager confirmed one person received prompts with their medicines. Staff would remove tablets from the boxes and leave them in a side plate with a glass of water. We were informed that this would be recorded in the summary notes by staff after each visit. We explained this procedure required a Medicine Administration Record (MAR) to be completed. We explained if people were being supported with their prescribed medicines a MAR chart is required. The registered manager put this in place and sent us a copy that confirmed this and it also included medicines that were prescribed for, 'as and when' required. No one raised any concerns about the support they received with their medicines.

Two people's care files did have risk assessments in place, which described how to support people safely with their care. Where people received support with personal care the information was not always detailed in relation to these activities to ensure their safety. There was limited information for staff to follow to reduce risks associated with the provision of personal care. The registered manager agreed to update risk assessments to be clearer and person centred.

Individual risk assessments were recorded to identify hazards within people's own homes. Aids such as, a wheelchair or walking aid were recorded, including how staff supported the individual using the equipment, any risks associated and how to manage the risk.

We asked the registered manager about incident records as we had not been notified of any. The registered manager confirmed there had been no incidents to report. We reviewed records and some people who were at risk of falls did have reviews of these to make sure the support in place enabled the person to move safely around their home. We also asked people if they had had any incidents or falls that they felt, they needed to report. Everyone said they had none and told us they had trust in the staff and registered manager to report

incidents if they occurred. One person said, "I had two [falls] before they [the service] came [started their care package]."

The registered manager told us that staff received relevant training and development to assist in their understanding of how to keep people safe. Staff confirmed they had received safeguarding training but we did not see training records that confirmed this. The service had a safeguarding policy and related procedures with regards to safeguarding people who used the service from abuse.

We asked staff to explain the principles of safeguarding and whom to contact if this was required. Not all staff were able to do so which meant staff were not always fully aware of their responsibilities. Some staff shared that if they had safeguarding concerns they would let the registered manager know. One staff member told us they would contact the police or emergency services. No one told us they would contact the local authority safeguarding team. Further information and training for staff was required in this area. This would enable staff to access the information quickly and easily in the event they needed to raise a safeguarding concern.

People who received care in the Lincolnshire area and their relatives told us there were enough staff available and when regular staff were off sick appropriate cover was in place. We were also told the registered manager would regularly deliver care calls and people using the service told us they valued this.

We observed that safe practices were followed in people's homes to ensure people were protected against the risk of cross infection. Staff told us they had received induction and training on infection prevention and control. Staff who supported people with food preparation told us they had received food and hygiene training. This helped to ensure people would be protected from the risks of infections. We did not always see certificates to confirm this training had been completed. No one we spoke with raised any concerns about these areas of support.

Requires Improvement

Is the service effective?

Our findings

People and relatives told us they were happy with the care provided by staff. One person said, "They do everything they need to!" The same staff member had supported one person for over a year and their relative told us, "I have never had an issue with [staff name] that comes to mind at all".

Care and support records did not always reflect current evidence based guidance, standards and best practice. Care files were difficult to follow and the necessary information was not always easy to find.
We spoke with staff about their induction and one staff member said, "[They] had three days of shadowing, [with the registered manager]" as part of their induction. Staff also confirmed they were given some videos to watch. Some of the areas covered included moving and handling and safeguarding.

There was no clear documented induction process in place for new staff. However, the registered manager told us that all staff were handed an induction and supervision booklet that recorded this information. The registered manager told us that she offered training to new staff and made sure staff were prepared for their role. We did receive training records to evidence. Even when supervision information was sent to us after our office inspection this only showed the supervision schedule and supervision policy. Another example shared showed a two-page supervision document that was missing a page, the signature of the employee and sections remained blank. We did see a sample induction and supervision booklet but we needed to review a completed one to show its effectiveness.

Records we checked confirmed supervision was not taking place regularly. The registered manager explained she had completed these but we would need to see these to confirm this took place. We also spoke with staff about this and their responses confirmed supervision was not taking place as agreed in the supervision policy.

The registered manager told us the staff completed training which followed the care certificate. We saw folders in the office that covered all the modules of the care certificate but did not see the evidence to confirm staff had completed this as part of their training.

Some care staff we spoke with confirmed they were issued with employee information and guidance handbook to confirm their roles and responsibilities. Staff files we checked did not clearly detail these responsibilities. A staff member said, "I am ok with the support [the registered manager gives me]."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. If people living in their own homes are receiving restrictive care that may amount to a deprivation of their liberty, an application must be made to the Court of Protection to

ensure that restrictive care is lawful and in a person's best interests.

We checked whether the service was working within the principles of the MCA and found that care staff we spoke with were not aware of the MCA and its purpose. People's care records showed that they had capacity to make decisions about their care and wellbeing and this was noted in care files. The service is required to make sure staff understands the MCA and the impact it can have on people's lives in order to support people safely and effectively.

Information on people's medical history and existing medical conditions varied and was not always clearly presented in care plans. This meant that staff did not have clear and consistent information about people's health conditions. This put people at risk because staff would not know how to identify concerns or deterioration in health, and there was no agreed plan of what action staff should take.
People told us the service had supported them to maintain good health. At the front of people's care plan it contained details of other health and social care professionals involved in supporting people with their health and well-being but information about support in these areas was not always recorded clearly.

One person told us, "She's [registered manager] been very very helpful when dealing with the GP. She spoke to him [GP] and got him to come out." The registered manager was a retired medical practitioner. Another health professional said, "She [registered manager] has kept me updated [about her patient]. You don't get agencies do that [keep you up to date]; it's a nice change."

People told us their nutrition and hydration needs were met. People and their relatives were happy with the assistance staff provided in meal preparation at mealtimes. We visited one person in their home and they shared that the service prepared a hot meal each lunchtime of their [person's] choosing. The meal served by the staff looked fresh, healthy and well presented.

Requires Improvement

Is the service caring?

Our findings

People spoke positively about the service and the care they received. One person said, "I am very happy", with the care they received.

The service ensured that people were always treated with kindness. People were consistently positive about the caring attitude of the staff. A person told us, "[Staff name] is friendly, helpful and very pleasant."

From our visits staff involved people in discussions and respected and acted upon decisions they made. One person said they can, "Chat [with staff] and have a good laugh". People and their relatives were seen to be relaxed in the company of staff, and appropriate exchange of light hearted conversations were shared.

We spoke with two care staff, who showed a good understanding of people's individual needs, preferences, and what was important to them. This showed us that staff knew and understood the people they were supporting well. Care plans in people's home did have information about people's needs, but were very task focused. During our office inspection this had already been shared with the registered manager who had agreed to update these.

We noted that the registered persons and care staff understood the importance of promoting equality and celebrating diversity. People we spoke with confirmed staff respected their spiritual and cultural needs.

People did not have access to information on how to access independent advocacy services. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known. The registered manager agreed to add this to the service user information pack, which contained our details [CQC] and the local authority contact details.

People's privacy and dignity were respected and staff were able to describe to us how they did this when providing personal care. A staff member said when they supported a person with intimate personal care they would always use a towel to shield and cover private areas. When people were supported to access the bathroom, they would close the door. People told us that the staff addressed them in the way they preferred. Staff understood the importance of caring for people in a dignified way and supported people to remain independent.

The registered manager understood the importance of correctly managing and maintaining confidentiality. We noted she understood the importance of respecting people's private information. However, further steps were needed to make sure information was kept private and secure. The office door did not have a lock on it and the filing cabinet in the office was unlocked so private and confidential information was not secure. The registered manager agreed they would install a door lock and make sure the filing cabinet remains locked at all times. We did not receive confirmation of this after our inspection.

Requires Improvement

Is the service responsive?

Our findings

When we spoke to people about how responsive the service was. A person told us, "I think [the service] have done more than we have expected." A relative said, "[The service was] very good! They've done what is required. There's nothing to complain about at all."

The care plans we looked at contained information about people's needs but limited information about preferences for care. When we observed people, being supported in their home staff knew people's preferences when it came to their care and support. This was mainly due to people receiving care from the same staff who were familiar with people's needs. We noted both people and their relatives valued this and put them at ease as it avoided having to repeat themselves to new staff. However, care records did not evidence this level of information so if a new worker was to cover at short notice this information would not be available in the person's care file.

The registered manager showed us two records that showed some reviews had taken place. However, no confirmation that this was completed with the person or their relatives was evident because signatures and dates from people or their representatives were not recorded. This meant there was a risk people were not always being fully involved in the arrangements for their care or discussing any changes needed regarding the care they received.

One person's care files had copies of assessments carried out by the local authority and the clinical commissioning group before they were supported by the service, but the other one did not have this. These assessments were detailed and comprehensive unlike the service care plans. We advised the registered manager that information in their care plans provided limited information on people's needs and were very task centred. Care plans also lacked clear information of who had been involved in creating and updating the plans. The registered manager agreed to review these and adopt a person centred approach to care planning.

People told us they could choose if they preferred to be supported by a male or female member of staff, but this was not always recorded in care plans.

Staff we spoke with explained they respected people's diverse needs and were inclusive and sensitive to the support people may need to follow their chosen lifestyles if they were gay, lesbian, bisexual or transgender.

The registered manager was not aware of the Accessible Information Standard, which came in on 1 August 2016. This Standard made sure people who have a disability, impairment or sensory loss get information that they can access and understand from their service provider in the format they need. People we spoke with did not require information in alternative formats. One person used a communication aid to communicate with people, but preferred to talk without their aid. This person confirmed they were happy with how staff communicated with them.

The registered manager explained she gathered feedback through direct contact and telephone calls with

people. We asked people if they had been asked for feedback and everyone we spoke with confirmed they had. There were no actions or concerns raised from the feedback shared. All people were happy with the service they received.

People and their relatives felt able to raise concerns and had a copy of the provider's complaints policy and procedure in their homes. This meant people knew how to raise a complaint if they wished to do so. We reviewed complaints and one was received in the last twelve months. This was responded to appropriately using the provider's complaints policy and procedure.

The service did not currently support anyone that required end of life care.

Requires Improvement

Is the service well-led?

Our findings

The governance and performance management of the service was not effective due to the concerns we found during our inspection. We requested further information after our inspection but not everything we asked for was sent to us. Therefore, we were unable to assess the service effectively in key areas of staff training, support and quality assurance. There was little or no evidence of learning and reflective practice. This meant that the provider could not take appropriate action to improve the service.

There was no information about external networks the service was a member of or had attended. Working with external stakeholders and other services in a collaborative and cooperative way can promote and develop good practise.

We concluded the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation.

People told us they felt the service was well led. A person told us, "I've had no problems at all [with the registered manager]." A relative said, "She [registered manager] has provided everything we need." However, a relative shared that communication could be better and went on to say, "She [registered manager] is not very approachable and always contacts you by text [as opposed to a telephone call]". The same relative told us they had not observed the registered manager come to visit her staff to check on their work.

The registered manager as mentioned earlier was a retired medical practitioner and had successfully achieved their leadership and management in care services qualification. She was also a trainer of courses in health and social care. However, we did not see these skills filter into the service and limited documentation confirming what training had been delivered to care staff.

The provider advised us they were to stop delivering support in Grays in Essex and will focus on supporting people in Lincolnshire only. People in Grays had already been informed of this. Currently people and staff in Grays were not receiving effective support from the provider. The distance between the two locations meant the registered manager was not able to regularly visit and support people and staff in Grays.

The provider's records did not demonstrate that staff supervision was consistently in place in accordance with their policy. For example, we reviewed three personnel files and saw limited records of supervision. The registered manager confirmed supervision had been completed but no evidence was shared with us that confirmed this.

We checked our records and the records at the office and were told that no notifiable incident notifications were submitted to CQC about important events that happened at the service. Due to the service having two people receiving support we do not feel this to be of any concern.

Staff meetings did not take place but regular telephone calls between the registered manager and her staff took place. Staff told us they felt supported by the registered manager. They felt able to raise concerns

about care or suggest improvements to the service.

All staff we spoke with were happy working at the service and for the provider. One member of staff said about the registered manager that, "She's ok."

Staff were not aware of the whistle blowing policy and procedure, but said they would speak with provider if they had any concerns to share. A whistle-blower is protected by law to raise any concerns about an incident within the work place.

When we spoke with local healthcare professionals they were complimentary about the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have systems established or operated effectively to assess, monitor and improve the quality of the services. Regulation 17 (1), (2)(a), (b), (c)