

Homehelpers Care Selsley Ltd

Home Helpers Care Ltd

Inspection report

25 The Nursery
Sutton Courtenay
Abingdon
Oxfordshire
OX14 4UA

Tel: 01235848822

Website: www.homehelperscare.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service.

Home Helpers Care Ltd is a domiciliary care service supporting people in their own homes in the Oxfordshire area. At the time of our announced inspection the service was supporting 47 people.

Since the last inspection, the service had a change of company and was now known as Home Helpers Care Ltd. All staff remained with the company and people continued to receive a service throughout the change. When there is a change of ownership, the ratings information and inspection reports now stay with the location. This ensures transparency for the public and ensures providers will not lose any existing ratings for their locations.

People's experience of using this service:

People were safe. There were enough staff to meet people's needs. Staff were aware of their responsibilities to report concerns and understood how to keep people safe. We saw that risks to safety and well-being were managed through a risk management process. There were systems in place to manage safe administration of medicines.

People had their needs assessed prior to receiving care to ensure staff were able to meet their needs. Staff worked with various local social and health care professionals.

People were supported by staff that had the right skills and knowledge to fulfil their roles effectively. Staff told us they were well supported by the management team.

People were treated with respect and their dignity was maintained. They were also supported to maintain their independence. Staff knew how to support people without breaching their rights.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their relatives knew how to complain, and a complaints policy was in place.

The service was well-led. The manager promoted a positive, transparent and open culture where staff worked well as a team. The provider had effective quality assurance systems in place which were used to drive improvement. The provider worked well in partnership with other organisations.

Rating at last inspection: Good. Report published 2 September 2016.

Why we inspected:

This was a planned, routine inspection.

Follow up:

We will monitor all information received about the service to understand any risks that may arise and to ensure the next planned inspection is scheduled accordingly.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

Home Helpers Care Ltd

Detailed findings

Background to this inspection

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

Inspection team:

The inspection was carried out by one inspector and one Expert by Experience made telephone calls to people using the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

This service provides care and support to people living in their own homes, so that they can live as independently as possible. The service did not have a manager registered with the Care Quality Commission. The previous registered manager left in April 2019. The new manager had applied to become registered which means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service two working days' notice of the inspection site visit because we needed to be sure that the manager would be available.

Inspection site visit activity started on 16 May 2019 where we visited the services office to review records and other documents relating to the running of the service.

What we did:

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at notifications we had received. Notifications are certain events that providers are required by law to tell us about.

During our inspection we spoke with the manager, one of the directors, training manager, HR manager, a care staff supervisor and an office administrator. We checked recruitment, training and supervision records for four staff and we looked at four people's care records. We also looked at a range of records about how the service was managed. We contacted two people and eight relatives who provided feedback on the service. After the inspection we had feedback from 8 members of care staff.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People and their relatives told us they felt safe. Comments included, "I do feel safe. I feel comfortable with them being around" and "The majority of carers have been with [person] for a while and they see to everything they need."
- People benefitted from staff who knew how to raise safeguarding issues. One member of staff told us, "I feel that all managers are approachable and that I could raise any concerns with the manager, operations manager or HR manager. If in the unlikely event that I felt I was unhappy with outcome I could escalate to the directors. I understand whistleblowing and how to raise concerns externally to Oxfordshire Adults Safeguarding Board."
- There were systems in place to manage any concerns about people's safety. Records showed the manager had reported and investigated concerns appropriately.

Assessing risk, safety monitoring and management:

- Where risks were identified, assessments were in place to manage the risk. Risks were regularly reviewed and updated. Risks included; bathing, nutrition, moving and handling and the home environment. A relative said, "The house is relatively danger free for [person]; he has a walking stick. They make sure that he's not going to fall etc."
- The provider used an electronic time monitoring system in conjunction with the local authority to monitor visits made by care staff to ensure visits were not missed and were punctual. We asked people and their relatives if they experienced any missed calls. Feedback included, "We've only had one missed visit; it was looked into and it was an error and dealt with quickly. It's not happened since" and "They have phoned when they couldn't turn up and I dealt with [person]." We asked if visits were usually punctual. Feedback included, "Visits are on time; once they were delayed and I was informed" and "They're usually on time; I think the only time if it's bad weather, but they do let us know."

Staffing and recruitment:

- People was supported by a stable, committed staff team. Sufficient staff were deployed to meet their needs. One staff member said, "There are times where we seem short of staff and some carers can get overworked. But overall we have enough to carry out our jobs safely and cover can be provided." Another said, "There is an ongoing recruitment to the service. New clients are only taken on when there are the staffing resources to ensure that all clients are supported."
- People were protected against the employment of unsuitable staff as the provider followed robust, safe recruitment practices.

Using medicines safely:

- Medicines systems were organised, and people received their medicines when they should. The provider

followed safe protocols for administration of medicines.

- Staff had been trained in administering medicines and their competency checked.

Preventing and controlling infection:

- Staff were trained in infection control and had access to protective personal equipment.

Learning lessons when things go wrong:

- Following any incidents, the manager investigated fully to see if changes were needed to prevent the issue occurring again. For example, a safeguarding had been raised by an occupational therapist about a catheter that had allegedly not been assembled correctly. An investigation took place but there was no clear outcome as to how it had occurred, and whether it was a member of staff that made an error or someone else following the visit. However, staff underwent refresher training to ensure reduce the chance of it reoccurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People and their relatives were involved in the assessment process. Their needs were assessed prior to receiving a service to ensure staff could meet those needs. A person commented, "We had an assessment. I was involved and told them what I wanted."
- Expected outcomes were identified, and care and support regularly reviewed in line with legislation and best practice. For example, the provider kept up to date with best practice by information received from bodies such as Skills for Care, CQC, the local authority, district nurses and doctors.

Staff support: induction, training, skills and experience:

- People were supported by skilled staff that had ongoing training relevant to their roles.
- Staff completed induction and shadowed experienced staff before working alone. Staff told us, "I've had induction training, some e-training and shadowing with other carers" and "Legally we have compulsory training every year which the company arrange. I will be refreshed in the next few weeks."
- Staff were well supported in their roles and had regular one to one meetings with their line manager (supervision) to discuss work practice and raise issues. One staff member said, "I feel I receive the support I need especially from my supervisor who is a great person and always listening to any problems I may have." Another said, "It was good in the past with the old manager and the new one seems to be alright as well, very respectful and supportive. For example, I had problems with time between visits. I talked to them about this and they fully supported me and gave me more travelling time, so I can arrive on time to clients."

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

- People were sufficiently supported to eat and drink enough. Relatives commented, "I do the shopping and they cook the meals. Food is cooked from fresh and [person] eats it, but if she doesn't like it, they cook something else" and "If [person] runs out of groceries, the carers will go to local shop and purchase what she needs. There are ready meals in the freezer which they heat up. They also cook scrambled eggs. [Person's] getting enough help on the food front. The carers leave water or juice when they leave."
- All staff had been trained in handling food and food hygiene.

Staff working with other agencies to provide consistent, effective, timely care:

- Care staff liaised effectively when professional input was required. This included GPs, occupational therapists and other NHS trust professionals.
- Where appropriate, reviews of people's care involved relevant healthcare professionals.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

- Care plans contained consent to care documents signed by people or their legal representative. We saw one care plan that had been signed by a person not authorised to do so. The manager said this had already been identified and action was taking place to ensure all people had given their consent, and where not able, that a best interest decision had been made.
- People were given choices as staff worked to the principles of the MCA. A person commented, "They tell me what they're going to do before they do it. If I don't want to do something, they listen to me." One staff member told us, "I always ask the [person] what he or she prefers to have and give them choices of different meals so in this way we give them the right of choice and promote independence."

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People commented that care staff were kind. One person said, "I feel comfortable in my own home because of the way they treat me. They are kind and caring." A relative commented, "They're very good with [person] and the dog. If she's unwell they'll give her support and painkillers if needs be."
- Staff knew people's individual needs very well as they had built up a trusting relationship over a period of time. A relative said, "[Person] says that all the staff are lovely. One of the carers gets on well with [person] and makes her laugh." One staff member said, "The care staff are a good bunch of people who care for those we support."
- People's emotional well-being was assessed, and any needs were highlighted. This allowed staff to support them emotionally, as individuals. One person told us, "They will ask me if I am worried about something; we chat about it; it makes me feel better that they ask how I am". A relative said, "[Person] suffers from depression, but she's on antidepressants; having the carers come in three times a day makes her feel better; she looks forward to them coming in."
- The service had received compliments from people and families for 'going the extra mile' and 'being kind, considerate and caring'. If these related to individual staff, they were passed on to the relevant people.

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

- People's views and choices were respected. Relatives commented, "They encourage [person] to be independent; they offer to make her lunch, but sometimes [person] wants to do it herself and they respect that" and "The carers encourage [person] to do things, but he may not always want to do it. They ask what [he] wants."
- People's communication needs were assessed, for example, to record whether there were any sight and hearing problems and if so how to assist understanding information and communication. This complied with the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS.

Respecting and promoting people's privacy, dignity and independence:

- Staff promoted people's independence. Care plans guided staff to encourage them to do what they could for themselves. For example, one person's care plan highlighted, 'I require support to get dressed but I can eat independently'.
- People were treated with dignity and respect. People and relatives expressed no concerns and comments included, "They cover me up when I'm being undressed and washed. They shut the curtains and door; as I said before, I feel comfortable in my own home. We have a chat whilst they're providing care" and "They make sure [person's] dignity is kept intact; they talk to him and make him feel at ease." Language used in

care plans was respectful.

- The provider recognised people's diversity and they had policies in place that highlighted the importance of treating everyone equally. People's diverse needs, such as their cultural or religious needs were reflected in their care plans.
- The provider ensured people's confidentiality was respected. Records containing personal information were kept in offices which were locked and only accessible to authorised persons.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People had been involved in developing their care plans. Comments included, "It reflects all our needs; I was involved in the care plan. I have a copy and it has just recently been updated" and "I was involved in drawing up the plan and the current plan has all that I need in it."
- People's care plans contained information about people's past occupation, important people such as family and friends and interests. This assisted staff in forming relationships with people and initiating conversation during visits.
- The management team ensured that care plans were updated when needed following any changes and made sure these were communicated effectively with staff. Updates were shared at weekly office meetings with the supervisors and any relevant information passed onto staff. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.
- People's individual communications needs were considered. For example, a system for communicating with a person with one blink for yes and two blinks for no. Also, a laminated list of words and pictures of regular day to day items and sentences that a person could point to allowing choice and control over their care.
- Care staff helped engage people with their local community. For example, a person was taken each week to a sailing club that he was a member of, so they were still able to participate within this local community that he had been involved with for some years. Several people were assisted with shopping activities allowing people to maintain contact with shop keepers, local transport links and the local postal service.

Improving care quality in response to complaints or concerns:

- The service had received seven complaints over the past year and these mainly related to the times of scheduled visits. The service explained to people that they endeavoured to meet their desired time but explained in times of holiday cover and staff sickness this was not always possible to achieve.
- The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per provider's policy.
- Everyone we spoke to knew how to raise concerns and said they had the information and telephone numbers. Details of how to complain were provided to people and their relatives. A person told us, "I only had to make a complaint once; it was dealt with."

End of life care and support:

- At the time of our inspection, no one was receiving end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The manager was very new in post but was committed to continuing to provide a person-centred service that valued and respected people and their rights.
- We received positive comments about the previous registered manager and the new manager. A staff member said, "We have a new manager, seems nice but cannot fully comment as only really spoken to once properly. But there is always someone around that can help you with a query" and "I have a new manager, He has only been with the company six to eight weeks. For the rest of the management team, they have been totally approachable." People and relatives knew there was a change of management, but most had not met them in person. Another staff commented, "Home Helpers Care management make me feel a valued member of staff. During the time that I have been with the organisation I can see a genuine commitment to deliver the best possible service to our clients and care for staff. I feel that there is clear leadership that is willing to address any issues."
- The new manager was working with the provider and existing management team to make improvements in certain areas of the service. They had drawn up an action plan in order to prioritise issues such as staff supervision and appraisals were booked in ahead of time. The recruitment manager was working on both recruiting new staff and putting in measures to retain existing staff by ensuring they felt well supported. A member of staff commented, "There has been a new structure to the management and as such there are areas for improvement, which can be said for any organisation. These areas are historic and being addressed. Management are aware of areas needing improvement and an action plan has been put into place. Management are very approachable, directors always happy to be called to discuss things and very approachable."
- The provider met their responsibilities in relation to duty of candour. Duty of candour requires that that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.

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

- The manager had effective quality assurance systems in place. These included, audits of care plans, medicine records and staff files. These provided an overview to ensure improvements were made where necessary. All the records we saw were accurate and up to date.
- There was a clear management and staffing structure and staff were aware of their roles and responsibilities.
- Services that provide health and social care to people are required to inform the Care Quality Commission

(CQC), of important events that happen in the service. The manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- People and their relatives had opportunities to complete surveys or raise any comments. The information gathered was used to improve the service. For example, some comments related to lack of communication between carers, clients and the office. The service aimed to improve this by holding regular supervisions, spot checks and client reviews and improving communication with all staff and clients by either telephone, text message or email.
- Staff told us they felt listened to and valued. Staff told us communication was good and they felt involved and informed. One staff member said, "I feel communication is very good and I know that any carers that have requested a meeting or call is acted upon promptly. The carers receive a weekly letter with updates, any changes and any other news sent along with their schedules, and regular text messages if needed."

Working in partnership with others:

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs. For example, the service had a GP listing for all people in the service, so they could be contacted if people became unwell. The service worked closely with district nurses to assist both with people's care needs but also to receive training required by shared care protocols set out by the local authority.
- The service was a member of the Oxford Association of Care Providers which provided shared learning and training opportunities.
- The service was monitored by local authorities that had commissioned care for people. This was to ensure care was delivered in an effective and safe way.