

Buddlecott Limited

Helping Hands & Company

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Helping Hands and Company is a domiciliary care agency that was providing personal care to 18 people at the time of our inspection.

People's experience of using this service:

People were cared for safely and by staff who were suitably trained and had completed an in-depth induction. Risks were assessed and care plans regularly reviewed.

People told us they felt safe and cared for and that staff and the registered manager were approachable and helpful.

Staff were provided with Personal Protective Equipment (PPE) such as gloves, aprons and anti-bacterial hand gel to minimise the risks to people from infection.

The provider communicated well with healthcare professionals such as district nurses who supported them in providing consistent care.

People told us that staff providing care were very respectful and were good at ensuring privacy and maintaining dignity.

The provider was flexible and had been able to meet people's preferences of call times and by being able to respond to changes at short notice.

There was a complaints policy and procedure however there had been no complaints. Any low-level concerns were dealt with at the time of being raised by the registered manager.

The provider supported people at the end of life in partnership with medical professionals. Support was also provided to relatives who were welcome to stay in touch with the service for as long as they needed.

People and staff told us that the registered manager was supportive and approachable.

The registered manager had clear oversight of the service and had audit systems in place to support this.

The registered manager had forged close links with a local care home and worked closely with district nurses in the provision of holistic care.

Helping Hands and Company met the characteristics of good in all areas. More information is in the full report.

Rating at last inspection: The provider of this service changed in April 2018 however the registered manager and nominated individual remained the same. Our previous inspection, report published on 13 December 2016 had rated the service as good.

Why we inspected:

We inspected the service as part of our inspection schedule methodology for 'Good' rated services.

Follow up:

We will continue to monitor the service and will reinspect according to our reinspection schedule for services that are rated as good.

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.

Helping Hands & Company

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 adult social care inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Helping Hands and Company is a domiciliary care provider. This means that they provide personal care to people in their own homes.

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

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit as we needed to be sure that they would be available to talk with us.

Inspection site visit activity was on 16 April 2019. We visited the office location to see the registered manager and to review care records and policies and procedures.

What we did:

Before we inspected Helping Hands and Company, we reviewed the information we already held about the service. We looked at notifications. Notifications are sent to us by the service to tell us about significant events.

We reviewed the Provider Information Return. The provider completes this at least once every year to tell us what the service is doing well and about any plans to improve.

During our inspection we spoke with three support workers, one supervisor, the registered manager and an administrative assistant. We also spoke with five people who use the service and four relatives of people who use the service.

We reviewed records maintained by the service including records of accidents, incidents and complaints, audits and quality assurance reports, health and safety monitoring, four peoples care records and two staff recruitment files.

We requested additional documents from the registered manager and these were provided within the required timescale.

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

- Staff were trained in safeguarding and could identify possible signs and symptoms of abuse. Staff told us they would report any concerns to the registered manager who would deal with them according to the safeguarding procedures. There had been no safeguarding alerts since our last inspection.
- Staff were aware of whistleblowing. If they were concerned that the registered manager and nominated individual had not acted appropriately about any concerns, staff told us they would go to the local authority or approach CQC.

Assessing risk, safety monitoring and management

- Risk assessments concerning the health, care and environment of people the provider supported had been completed. Areas assessed included mobility, accessing a shower, health conditions, medicines and application of creams and ointments.
- We spoke with staff about their approach to risks and one member of staff told us, "I'm always checking that things are safe. I am always looking for trip hazards the service user might fall over, I check that equipment is safe and not broken. I am aware of my back, I support people in a safe position, in a safe way using the right aids".

Staffing and recruitment

- Staff were safely recruited. All pre-employment checks had been undertaken before staff commenced in post. These included two references, and a Disclosure and Barring Service (DBS) check. The DBS check enables employers to make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups. The provider had recently requested full employment histories from all staff members to add to their recruitment records and bring them into line with current requirements.
- Sufficient staff were deployed to cover care calls for people using the service. The provider was currently recruiting for additional care staff to enable them to provide to more people.

Using medicines safely

- Staff were trained in administration of medicines and completed both a training unit and were checked for competency by the registered manager. Currently only one person was being supported with medicines. The registered manager assured us that staff, if they had not completed a task such as giving medicines for a while, would be rechecked for competence before supporting people with this again.
- When we inspected, most people receiving support were prompted with medicines. Staff completed a medicines administration record, MAR, to show what support had been given and these were checked by a senior carer when returned to the office. One person told us, "There is a drug chart they sign and there have been no problems with it"

Preventing and controlling infection

- Staff completed infection prevention and control training as a part of their induction training then updated it every two years.
- Staff were provided with personal protective equipment, PPE, to minimise the risk of infection and contamination. Gloves and aprons were provided, and staff told us they would ensure they wore these when providing care and preparing food and would change them between tasks.
- Staff also told us they would clean areas after providing care or preparing food. One person said, "As far as cleanliness goes, everything is spotless".

Learning lessons when things go wrong

- The adverse incident policy and procedure set out how all incidents would be investigated. The registered manager would take steps to minimise risk and to ensure that the incident did not happen again.

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

- Before receiving a service, people were assessed by the registered manager. Assessments were holistic, addressing all aspects of people's lives, however lacked detail about their life histories. The assessment form used by the provider had sections for social history and people's hobbies and interests. In the care records we looked at, these had not been completed. We discussed this with the registered manager who agreed that in future they would fully complete the assessments and ensure that information about people's lives was available to staff to use as conversation starters.
- People's assessments and care plans were reviewed every six months, or as required. The registered manager would review records and discuss how care was delivered with people or their relatives and adjust plans as needed.

Staff support: induction, training, skills and experience

- Staff completed an induction before commencing working with people. This was followed by a period shadowing experienced staff members to enable new staff to get to know people, and people to get to know the new staff member. Competence in administering medicines and moving and assisting were checked before staff completed these tasks without support.
- Staff were supervised every three months and were encouraged to discuss training needs, any support they needed and about the people they cared for. Changes to policy and procedure and developments in the company were shared with staff. Staff told us that supervision was useful and that the registered manager was very supportive of them.
- Staff team meetings were held, and a weekly memo was sent to all staff to ensure they were current in terms of changes to care plans and developments within the service.

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

- People were encouraged to eat and drink. One relative told us, "They make breakfast and at lunchtime sit with my [family member] who has a poor appetite and they are really good at encouraging them to eat". A staff member told us they had some time available to spend with people at mealtimes, "We try to be there for people as it is not nice to eat alone. We sit with them and have a cup of tea while they eat. A big part of the job is to be there for people and chat as we support them as we may be the only people they see".
- Staff had supported people with specialist diets and followed care plans to ensure that people received the correct nutrition.

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

- People were happy with the care they received and the care staff who delivered it. One person told us, "The

carer has been doing the job for years and it shows; she is very good". A relative told us, "They all seem very confident and when a new one [member of staff] started recently, a more experienced staff member shadowed".

- The provider had forged links with local healthcare professionals such as district nurses and would communicate with them regularly, and supported treatment for people as directed.
- Peoples care records contained and a 'permission to share information' document that they had signed and had been sent to the GP so that medical information would be shared with the provider.

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

- Care records contained signed consent documentation for care and if a person had been unable to sign due to lack of capacity, appropriate copies of lasting power of attorney documents were retained. A lasting power of attorney is someone appointed by the person to make decisions on their behalf if at any time they lose capacity to do so themselves. Mental Capacity Assessments had also been carried out to evidence why the person had not signed to consent.
- Consents were in place for the sharing of information with specified people such as commissioners, for support with medicines and for disposal of unused medicines.
- Staff told us they would talk to people as they provided care and ask for permission before commencing and continuing. One staff member told us, "I would give them choices, I don't just treat everyone the same".

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 told us that all the staff they had been supported by were very caring. One person who needed full care support told us, "They are very, very caring, they make sure everything goes well. They are very thoughtful, I couldn't have any better and they will do anything I ask and are sensitive to my privacy. I can ask them anything". Another person told us, "I can't move. They do everything for me. [staff name] and I get on so well. It is consistent care. I am due to go into hospital for an operation soon and [staff name] has told me that they will bathe me before I go, even if it is really early in the morning. I know I can rely on them".
- We spoke with the registered manager about how they would ensure that someone was not marginalised due to their race, sexual identity or any of the protected characteristics of the Equalities Act 2010. The area the provider operates in is not demographically diverse however consideration had been given, policy and procedures were in place and staff had completed an equality and diversity training course.

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

- Staff told us they would care for people as they preferred and would speak with them while supporting them, continually asking for consent and if what they were doing was acceptable.
- The registered manager ensured that people were involved in their care reviews when appropriate and that they could change aspects of their care package if they wished. At each review, the registered manager would ask for feedback about the service provided
- The provider was not currently supporting anyone who had specific communication needs however they had experience of communicating with people who were non-verbal and with people who needed information in picture format.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and helped them to maintain their dignity. One person told us, "They are very caring, they help me with showering. They are very good with privacy, they shut the door and draw the curtains". Another person said, "If I am embarrassed by anything they have to do for me they say, 'no need, it's part of the job'. They are very good with my dignity, they are scarce when they need to be".
- All staff working at Helping Hands and Company had completed training in 'Dignity and Person-Centred Care'.

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's assessments held little information about their social history however most staff had been in post for several years and knew the people they cared for well and knew how they preferred to be supported.
- People told us that the provider was flexible and responsive to their needs when they needed to adjust call times for example. One relative told us, "I have asked them to come earlier and they do that, I have discussed timings that will suit [name] with the registered manager and the timings do suit [name]. They have come in early when asked and we are always told if they are going to be late". Another relative said, "They come at a very convenient time, never late. If there is a change we are always informed".

Improving care quality in response to complaints or concerns

- There had been no complaints since our last inspection of this service. There was a complaints policy and procedure which would be followed as needed. Some issues were raised with the provider however these were not sufficiently serious to be classed as complaints and were dealt with immediately by the registered manager.

End of life care and support

- The provider had supported people at the end of their life and had worked with district nurses and GP's to ensure appropriate care was delivered. The staff's role when working with healthcare professionals was to provide personal care and ensure the person remained as comfortable as possible.
- The registered manager told us they also supported families by training them to position people when receiving end of life care, this meant they could be supported with personal care by the family when care staff were not at the home.
- Following a person's death, the provider had an open-door policy to relatives. Relatives stayed in touch with the registered manager as long as they felt they needed, and the provider would signpost them to services and support as necessary.

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 provider aimed to provide holistic care to people they supported. Staff knew people well and could provide care as people preferred. More information would be added to care plans about people in future to ensure that information staff held was shared.
- People were happy with the support they received from staff and the registered manager. One person told us, "I always ring [registered manager] and everything is sorted out for me. I find the management easy, more like friends". A relative said, "I don't know how big they are [the agency]. The patients are always uppermost in their minds. The manager who runs it visits from time to time and checks that all is going well. They take time and effort to make sure that all is going well".
- Relatives were also happy with communication from the provider. One relative told us, "I have power of attorney for my family member. I can email the manager if I need to and ask how [person] is. The manager sends us a monthly summery. They are very thorough".

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

- The registered manager and the care staff were aware of what their roles entailed and were clear about their responsibilities. Care staff told us they would report any changes and concerns and had good communication links with the registered manager. The registered manager ensured that staff were kept current by issuing weekly memos to ensure that all staff had the same information.
- The registered manager understood how and when to complete and submit notifications to the commission. In the last year the provider had not needed to submit any notifications to the commission as there had been no significant or notifiable incidents.
- Staff told us they would not hesitate in asking for support from the registered manager. An on-call system ensured there was management cover outside of office hours.

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

- Staff meetings were held regularly, and the provider ensured that when there were special occasions such as staff leaving they held a staff get together to maintain staff morale.
- People and their relatives were encouraged to remain in contact with the registered manager who would listen and act on any concerns or comments they had.
- We saw that the provider had received many positive reviews on a nationally recognised website. . Most reviews were from relatives of people who had or were still receiving care from the provider and the

registered manager had taken time to respond to all comments.

Continuous learning and improving care

- Audits and quality assurance processes were in place. For example, care records and MAR sheets were checked when they were received in the office to ensure they were all completed and there were no omissions or errors. A process of dealing with errors was in place and used if necessary.
- The registered manager had clear oversight of all aspects of the service. Records were maintained to ensure that reviews and assessments were completed at the scheduled time and staff training and supervisions were shown on a tracker.
- Quality assurance questionnaires were issued to people at point of review. Feedback was sought and acted if necessary. Feedback received had mainly been positive and the registered manager dealt with any concerns as they were raised.

Working in partnership with others

- The registered manager told us that they had formed good working relationships with a local care home. The service also worked alongside other care providers in delivering care when needed.
- The provider worked closely with district nurse teams in providing care for some medical conditions and were in contact with local GP surgeries to ensure quality and continuity of care for people.