

Midshires Care Limited

# Helping Hands Dulwich

## 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

Helping Hands Dulwich is a domiciliary care agency. This service provides personal care to people living in their own houses and flats. It provides a service to older adults, some of whom are living with dementia and have physical disabilities. At the time of inspection 13 adults were receiving support from this service.

Some people supported by Helping Hands Dulwich did not receive a regulated activity from the service. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care', which includes help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

This inspection took place on 2 and 3 October 2018 and was announced. 48 hours before the inspection we contacted the service to let them know that we will be coming to inspect them. We wanted to make sure that the management team would be available on the day of inspection.

This service has not previously been inspected.

The service had a branch manager in post who was in the process of registering with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

People's risk management plans had details on the support people required to stay safe but lacked information on the specific risks to people and how the identified risks affected people's well-being should they occurred. We have made a recommendation about this.

Some people felt that communication with the management team was not always affective as sometimes they were not notified if staff were running late. The service had a new manager in place who was looking to make improvements as required. Data about people and the staff team was kept in one place which helped the management team to access information quickly as necessary. There were quality assurance processes in place to monitor the services being delivered for people. Staff felt supported by the management team when they approached them for guidance and assistance.

People told us they were supported by regular staff who knew their care and support needs well.

The service planned to start using a new electronic system for monitoring staff visiting times and to improve their communication with people if staff were running late.

Staff had knowledge and skills to support people from potential harm and abuse. People received their medicines in line with their prescriptions. Staff were required to carry out pre-employment checks to ensure

they were fit for the role. Staff used protective clothing to minimise the risk of infection. The management team had monitored the incidents and accidents occurring and took action to protect people as necessary.

Staff were supported to gain the necessary skills and knowledge required for their role. Staff assisted people to prepare their meals and attend to their complex health needs if people required support with this. Staff were trained to assist people in the decision-making process based on the principles of the Mental Capacity Act (2005).

People felt confident in the staff that supported them and described staff as kind and attentive to their well-being. Staff were aware of people's preferences and enabled them to make choices about their daily living. Staff encouraged people to take responsibility for the activities they could carry out themselves. People felt their dignity was respected which helped them to feel valued.

Staff responded to people's changing care needs quickly as required. People were supported to raise concerns and complaints should they had any. People had regular reviews and felt confident to approach the management team for making changes to their care plans as necessary.

## 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. People had risk management plans in place but information was missing on the specific risks to people and how the potential risks could affect people. The service planned to improve their communication with people if they saw staff running late for their shifts.

Policies and procedures were in place for reporting any potential abuse to people and incidents and accidents occurring. Staff were required to follow recruitment processes to check their suitability for the role.

People were assisted by staff who knew them well. People had support to take their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective. Staff were supported to up-date their knowledge and skills to ensure their fitness for the role. The staff team followed the Mental Capacity Act (2005) principles as required by law.

Staff supported people to prepare food according to their choices and access healthcare services when they needed it.

### Is the service caring?

Good ●

The service was caring. Staff respected people's choices and supported them in the way they wanted to be cared for.

Staff helped people to carry out activities independently if they wanted to.

### Is the service responsive?

Good ●

The service was responsive. People's care needs were regularly reviewed to determine the assistance they required to meet their care needs.

People were aware of how to complain and approached the management team if they wanted to make changes to the services they received.

## Is the service well-led?

The service was well-led. The service had a new manager in post who was involved in monitoring the quality of the service delivery.

Regular quality assurance checks were carried out to identify any improvements required.

There was good communication between the staff team to ensure effective care provision.

Good 

# Helping Hands Dulwich

## 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 checked 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 2 and 3 October 2018. We gave the service 48 hours' notice of the inspection because the location is a domiciliary service. We needed to be sure that someone would be available on the day of inspection. On the first day of inspection we made calls to three people and seven relatives asking for their feedback about the service. On the second day of inspection we attended the agency office. This inspection was carried out by an inspector 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.

Prior to our inspection we reviewed the information we held about this service, including any notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law. We also viewed a Provider Information Return (PIR) completed by the provider. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we talked to the branch manager, head of home care, area manager and three staff members working for the service. We looked at care records for two people, three staff files and reviewed records related to training, safeguarding, incidents and accidents, medicines, recruitment and other aspects of the service management.

Before the inspection, we contacted healthcare professionals asking for their feedback about the service, but they did not respond.

## Is the service safe?

### Our findings

People had risk management plans in place to ensure effective care provision. There was a good level of information on the actual support people required stay safe. Staff were provided with guidance on the actions they had to take to mitigate potential risks to people. However, the specific risks to people were not always identified and assessed appropriately to ensure that staff had the necessary information on how the risks could affect people should they occurred. Information was not available on the severity and likelihood of the risks identified. This included risks associated with people's mobility and personal care. There was a risk that important information on how the potential risks could affect people's well-being was missed.

People's risk management plans were discussed with the management team who told us they would look into including the required information as necessary.

We recommend that the provider seeks guidance on best practice in relation to people's risk management plans to ensure that the potential risks to people were assessed in line with people's current needs.

There were procedures in place to support people if any risks to their safety were reported to the management team. Staff were aware of different types of abuse and told us they approached the management team if they noticed people being at risk to harm and abuse. A staff member told us, "I would talk to my manager if I saw a client being abused and if the manager was not doing what they have to do, I would whistleblow." There were no safeguarding concerns raised since the service was registered.

People told us they felt safe because they were supported by the staff that knew them well. One person said, "I feel very safe with [staff]. I have been so comforted during this year because it's a huge reassurance to have the same faces visiting me. I couldn't deal with different people all the time. Helping Hands have been brilliant." A family member told us, "I do feel that [my relative] is safe with the regular carers she has now. The carers all understand [my relative] and know how to communicate and assist her." Another relative said, "The carers do vary a bit and [my relative] does have a variety of carers but it's not really a problem and they are all ok."

People and their relatives told us that staff were occasionally late but this had not affected their daily routines, however they were not always notified about staff being late which was inconvenient for them. One person said, "[Staff] are generally on time and they always stay for the full time. Occasionally things happen, for example yesterday morning the carer phoned in sick last minute. The office people did phone to let me know and they did send somebody to me even though they were later than normal." Another person told us, "[A staff member] is sometimes late but it's not too much of a problem as they mainly just make my bed, empty the commode and get my breakfast. The office sometimes let me know if they are late but not always." A relative said, "The times of the visits can vary... [Staff] don't often phone to let us know. I have to phone them." Another relative told us, "[Staff] are usually around the right time. Sometimes lots of traffic or difficulty parking can make them 5-10 minutes late but they usually phone me to let me know."

We discussed these concerns with the management team who told us they would address this topic at the

next staff meeting reminding staff to contact the agency office as soon as they knew they were running late so people could be notified about this. Going forward this would also be discussed in supervisions and monitored through the direct observations. Alongside that, within the next three to six months the service planned to start using a new electronic system which will provide the management team with more accurate data on staff attendance. We were satisfied with the provider's response and we will check their progress at our next inspection.

The service followed appropriate staff recruitment procedures to employ suitable staff to keep people safe. Staff had to fill in a job application form, attended an interview, undertake criminal records checks and provide two references prior to starting working with people. Staff provided documentation if they required work permission and this was monitored to ensure they had the legal rights to work in the UK. The management team told us they only employed staff who had the right attitude and the necessary values for the job which ensured good care for people.

People received assistance if they needed support to take their medicines safely. Staff were required to fill in medicine administration sheets and these were used to monitor who gave, what medicines, to who and when. The branch manager carried out regular medicine record checks. We saw that actions were identified and followed up as required, for example staff were sent to do a refresher course on medicines when it was noticed that the records were not completed appropriately.

Staff were trained and knew how to provide hygienic care for people. One person said, "[Staff] wear a white jacket and have a collection of gloves and aprons. [Staff] only use the apron when showering me and they always put gloves on to do things such as emptying the commode." Staff told us they used protective clothing, including gloves and aprons, to avoid cross contamination when supporting people with personal care. A staff member said, "I wash my hands properly and I make sure my hands are always clean and clients are not at risk."

Staff were aware of the actions they had to take if they noticed any incidents and accidents taking place. Staff were required to fill in a form for information on what had happened and this record was used by the management team to protect people as necessary. We saw that a risk assessment was completed to identify and manage risks to a person after they had a fall.

## Is the service effective?

### Our findings

Staff supported people with moving where they required assistance. Records showed that staff received training in manual handling and the manual handling equipment was available for staff to practice on during the training session which ensured they had the necessary skills to support people safely.

Staff were provided with comprehensive training to ensure they were fit for their role. Staff were required to complete a Care Certificate that included training in all areas required for their job. The Care Certificate is a set of standards that sets out the knowledge and skills expected in the health and social care sector. Records showed that staff were up-to-date with the mandatory training courses, including medicines management, health and safety, infection control and Mental Capacity Act (2005). Family members felt that staff had the necessary skills to support their relatives well. Their comments included, "[Staff] are all very good and seem to understand about dementia. [Staff] speak to [my relative] slowly and clearly and they generally try to make eye contact with her" and "I do think [staff] understand about dementia. [Staff] also mention training, for example one of the main carers was telling me all about the training she had done on how to complete the medication administration sheet properly."

Staff had their developmental needs reviewed as necessary. Records showed that regular supervision and appraisal meetings were carried to discuss staff performance and the training courses they required to attend.

The provider employed nurses to guide staff on the support people required to meet their complex health needs. A family member said, "[Staff] previously went to the hospital with [my relative]. [Staff] are very supportive and have stayed with [my relative] as they don't want to leave her in those situations." The management team told us they contacted healthcare professionals if staff had noticed people's health needs changing. For example, staff recently worked in partnership with the district nurses to support a person with their health needs.

People had support to prepare their meals if they needed assistance. A relative said, "[Staff] know [my relative] and assist her to have some yoghurt in the morning for her breakfast and clear up afterwards." Care plans included guidance for staff on how people wanted to be supported with their meals, including their routines around the meal times.

People were provided with support when they needed it which met their individual needs. Family members told us that staff were flexible in providing assistance to people on a short notice. Their comments included, "If I have an emergency appointment, [staff] are very flexible and can put somebody in to cover me at short notice. They are very good in that way" and "Its usually an hour a day [staff] come but occasionally they increase the time if I need them to sit with [my relative] or help me out by assisting me to take him to an appointment."

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 make 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. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. Staff told us how they provided people with choices to help them make their own decisions and where necessary involved family members to guide them on the support people required to meet their preferences. This included the assistance people wanted to have to wash themselves. The management team carried out checks to ensure they were aware if people had relatives acting as a Power of Attorney to support them to make complex decisions, for example in relation to their finances.

## Is the service caring?

### Our findings

People and their relatives told us that staff were kind and caring. One person said, "[Staff] are all delightful. [Staff] are kind, caring, friendly and reassuring. For example, I now get very breathless when I move. [Staff] keep saying, 'Take a deep breath, there is no hurry.' It really helps me." Family members comments included, "[Staff] are positive upbeat and cheerful with [my relative]. [My relative] still manages to crack a joke and the girls [staff] love it and are great with her", "[Staff] know us as a family and we have photos around the home which [staff] ask [my relative] about. [Staff] also talk to [my relative] about the programmes she likes to watch on TV", "It's lovely the way [staff] speak to [my relative], so caring and interested" and "The carers are caring and gentle with [my relative]. When the [office staff] came around to see what we were looking for and I said 'gentleness'. This how [staff] are with [my relative]. They do notice things and really care, for example [staff] left us a note about checking the heating to make sure [my relative] stayed warm."

Staff enabled people to make choices about their care and support needs. One person said, "I absolutely make choices about my care, for example I choose what I wear and what I eat each day." A family member told us, "[Staff] do check that [my relative] is happy to be helped and feels up to it. [Staff] understand what is needed." Another family member said, "[The office staff] did ask us about the gender of carer [my relative] that we would prefer and we asked for female carers. [My relative] has only ever had the female carers."

People felt their privacy was respected and that the care provided was dignifying. One person said, "[Staff] are very gentle when washing me and keep me covered. About twice a week [staff] shower me and when they turn the water off they put a big towel around me for warmth and privacy." A family member told us, "I have never heard [staff] talk about anybody else. [Staff] might just say that they have got to get to such and such an area but no names."

Staff told us they knew people well and that they encouraged people to undertake tasks for themselves. A staff member said, "I watch clients to do things for themselves and I only help clients if they need help." A relative told us, "[My relative] is very convincing saying that he can do things that he can't, but [the staff member] understands this and knows what [my relative] needs help with, but without impinging on his independence."

People's care records included personal information about people which was used by staff to understand what was important to people. Information was available about people's likes and dislikes, life history, cultural needs and religious believes. People were provided with a staff member's profile for getting to know the staff member before they started supporting them.

## Is the service responsive?

### Our findings

People and their relatives told us that staff responded to their needs as necessary. One person said, "[Staff] absolutely have the skills to support me. [Staff] notice things, for example [the staff member] last week noticed that I have a bruise on my toe and she encouraged me to phone the GP, [staff] are on the ball." People's family members' comments included, "My husband is prone to falls and [the staff member] has helped to stop this. [The staff member] is so alert around [my relative]. For example, when we took him out today, [the staff member] stopped him from getting out of the taxi too quickly" and "The carer is very kind and she comes to wash my [relative's] hair which she does thoroughly and efficiently. [The staff member] will chat as she does it and she always does what is required."

People's care plans were well structured and provided guidance for staff on how people wanted to be cared for. Information was available on the assistance people required to carry out everyday tasks, including taking their medicines and maintaining good hygiene. Staff were provided with guidance on how people's health conditions could affect their lifestyle, for example, the daily activities of a person living with dementia.

People had their care plans reviewed every six months and more often if their care needs changed. One person said, "[Staff] came to visit me when I was in the hospice. I was very happy with the interview. [Staff] were very thorough and I felt they listened to me and what I need." A family member told us, "[Staff] document everything. It's very thorough and the care plan is accurate and reflects [my relative's] needs. At the initial assessment [staff] did go through [my relative's] life history and what she had done. [My relative] enjoyed chatting with them about that. [Staff] all seem friendly and show interest in [my relative]."

Systems were in place to support people's communication needs. The branch manager told us that people were provided with support to understand their care plans if they found it difficult to read it themselves. A simplified complaints procedure was provided to people which included information on whistleblowing should people want to raise their concerns anonymously.

People told us they felt confident to approach the staff team if they had any concerns and action was taken in good time to address their enquiry. One person said, "There was only one carer who I felt less comfortable with. I didn't get on with [the staff member], she was very loud and didn't suit my personality. I phoned [the office staff] and they were very good and haven't sent her again." People were asked to provide feedback about the service delivery. Telephone calls were made to people to discuss their care needs and if they had any concerns that they wanted to address.

Care plans included information about people's end of life wishes where necessary. The management team ensured they were aware of people's advanced choices such as 'Do Not Resuscitate' decisions and obtained copies of relevant documentation to ensure that staff had access to this information as necessary.

## Is the service well-led?

### Our findings

We received mixed responses from people's relatives on the effectiveness of the management team. Five out of the seven relatives we spoke to told us they had good communication with the managers. Their comments included, "It is easy to get through to the [agency] office on the phone. [The managers] are super-every time they are there and answer. There is an out of office hours number but we've not used it yet", "There is always somebody at the office to greet me and answer any queries I have. [The managers] are polite and respectful. I don't think they could improve on anything" and "I've got a mobile and email addresses for all the managers. I haven't had cause to contact them yet but know I can."

However, one relative felt that the management team lacked efficiency in communicating with them. The relative said they were in contact with the agency staff sorting out some issues and the management team "say they will phone me back but they never do."

In response to this, the management team told us they planned to review the systems they used to communicate with people so they could ensure that people were responded to and provided with information in good time. We will check their progress at our next inspection.

The service had a new branch manager in post who we found dedicated and looking to improve the effectiveness of the services being delivered to people. The branch manager was in the process of registering with the Care Quality Commission (CQC). The branch manager told us they undertook a comprehensive induction before they started working at the service which helped them to understand their role expectations. We also found that the management team worked well together and shared responsibilities to monitor the service delivery. The branch manager had an on-going support from their managers such as the Head of Home Care and the area manager who helped them to investigate and action appropriately any safeguarding concerns and complaints received.

The service used an electronic system to record data about people and staff which was used to monitor the quality of the services provided for people. This system was used to hold information in relation to people's care needs review dates and health appointments which helped the managers to ensure that people were provided with the support when they needed it. A weekly report of the data collected on the system was run by the management team making sure that the necessary actions were taken in good time and to prevent any repeated incidents taking place. An action plan was put together to make improvement as necessary, for example where a staff member required a supervision meeting to be undertaken. There were monthly checks carried out by the provider to review the service's performance. This meant that systems were in place to monitor the care being delivered to people.

The staff team worked together and shared responsibility to ensure they provided effective care for people. Staff had the necessary support from the management team when they needed advice and guidance to support people safely. One staff member said, "I like my job, it is rewarding. The managers deal with all the concerns, I do not need to worry about my clients as they do everything that is needed." Another staff member told us, "[The managers] really care about their staff. [The managers] call to find out how is it going

and it helps." Systems were in place to praise staff for their good performance. Staff were awarded with a certificate for their dedication to people they supported. Records showed that staff had regular team meetings to share their experiences and concerns if they had any.

The management team told us they were in the process of building relationships with external agencies to support care provision. This included being in contact with the local authority and healthcare professionals to deliver joined-up care for people.