Midshires Care Limited

Helping Hands Guildford and Godalming

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

We inspected this Helping Hands service on 29 and 30 May 2018. The inspection was announced. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, including people living with dementia and people needing care at the end of their life.

Not everyone using Helping Hands Guildford and Godalming receives a regulated activity. The Care Quality Commission (CQC) only inspects services received by people provided with personal care and help with tasks related to personal hygiene and eating.

At the time of the inspection, 16 people were receiving personal care and support from this service.

There was a registered manager in post. 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.

People were safe and supported by staff who knew how to recognise and report potential abuse.

Risks to people's safety were assessed and managed in a thorough way. Staff had clear information available to them to be able to support people safely. Staff demonstrated a good understanding of the risks they may encounter when working in people's own homes, and how to respond.

There was enough staff available to provide people with the agreed level of care and support. There were systems in place to ensure people's needs were met in case of staff sickness or an emergency. Recruitment checks were made to ensure staff suitability to work in social care.

People were supported to receive their medicines safely. There were clear procedures in place and the administration of people's medicines were audited monthly.

People were cared for by staff who knew about and practiced infection control measures.

There was a low reporting of incidents due to the size of the service. The registered manager ensured that staff meetings were used to discuss possible incidents so that staff were aware of the need to report. Learning from the wider organisation was shared and discussed with staff.

People had their needs assessed prior to receiving care from the service. The assessment tool was comprehensive and took into account the person's view of their physical and psychological needs. risk factors, environmental risks and possible risks to staff.

People were cared for by staff who were well trained and supervised. Staff had access to best practice guidance and policies that support them in providing safe and appropriate care. Staff training was in line with people's care and support needs.

Staff worked together to meet people's needs. Staff understood that communication was important for people's care.

People were support to mainitain good health and and referred for appropriate health care when needed. Where people were being supported with meals, care was taken to ensure they had a balanced and health diet.

People's rights were protected, as staff understood the principles of consent and how to apply the Mental Capacity Act 2005. Staff asked for people's consent prior to giving care.

People told us they were cared for by kind and caring staff. Observations during our inspection told us that staff had developed good, close relationships with people.

Staff had the time they needed to complete care tasks. Staff displayed compassion when people needed reassurance and respected people's individual wishes and choices. People felt involved in decisions about their care.

People received care in a personalised way that responded to their assessed and day-to-day needs. Care was provided at the times when people wanted it.

People knew how to complain and were confident in giving feedback. The service had good procedures in place for receiving, investigating and learning from complaints.

The service had cared for people at the end of their life and proactively supported them to achieve their final wishes.

The positive culture of the service and strong values were evident. The registered manager was well respected by people receiving care, relatives and the staff. Staff were well supported and valued. Their good care was recognised and rewarded.

The service benefitted from having good governance arrangements in place, supported by a quality assurance team. Quality monitoring was robust, and when concerns were identified, action had been taken to drive improvements.

The views of the people who used the service and the staff were sought and used to make positive changes. Positive feedback was celebrated and any concerns were addressed promptly.

The service had developed a strong community presence and was known for providing a good and responsive service.

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 felt safe and staff understood how to recognise and report potential abuse.

Individual risks to people were recorded and managed in a safe way.

There was enough staff available to meet people's needs.

People received their medicines as prescribed.

People were protected from the spread of infection.

Learning from incidents across the organisation was encouraged.

Is the service effective?

Good

The service was effective.

People had their needs assessed prior to receiving a care service.

People were cared for by staff who were well trained and supervised.

Staff worked together to meet people's needs.

People were supported to main good health, and referred for the appropriate health care when needed .

People's rights were protected, as staff understood the principles of consent and how to apply the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People told us they were cared for by kind and caring staff.

Staff had the time they needed to complete care tasks. People

were involved in decisions about their care.

People's home and their wishes were respected.

Is the service responsive?

Good

The service was responsive.

People received care in a way that responded to their assessed and day-to-day needs.

People knew how to complain. The service had procedures in place for receiving, investigating and learning from complaints.

The service had cared for people at the end of their life and supported them with their final wishes.

Is the service well-led?

Good

The service was well led.

The registered manager was well respected by people receiving care, relatives and the staff.

Staff were well supported, and good care was recognised and rewarded.

Quality monitoring was robust, and when concerns were identified and
action had been taken to drive improvements.

The views of the people who used the service and the staff were sought and used to make positive changes.

The service had developed a strong community presence.

Helping Hands Guildford and Godalming

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 29 and 30 May 2018 and was announced. The provider was given 48 hours' notice of the inspection because we needed them to get people's consent for us us to visit, and telephone, those who received regulated care.

The inspection was carried out by two inspectors. This was the first time the service had been inspected since registering with CQC in 2017.

Before the inspection we checked the information we held about the service and the provider. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We used this information to plan our inspection. The service had sent a Provider Information Return (PIR) to us in August 2017. 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.
At the inspection, we checked how the service had developed since completing their PIR.

During the inspection, we visited four people and their relatives in their own homes. We spoke to three people and one relative by phone. We asked about their experience of the care they received. We also spoke with six members of staff; the registered manager, a regional manager, a quality assurance lead and three of the care staff.

We looked at four people's care records in their homes and the office including their medication

administration records and risk assessments. We also reviewed a range of documents about how the service was managed, including internal audits, complaints, accident and incident records, staff training records, policies and procedures and four staff recruitment files.

Good

Is the service safe?

Our findings

People felt safe with the care they received. One person said, "I trust the carers in my house."
A person who lived alone said of the care staff," I am safe, I have no worries about that. If they said anything wrong, I'd stand up for myself, but this has never occurred." The relatives of a person told us the staff were, "Completely trustworthy." This meant they trusted the carer to let themselves into the home. A member of staff told us when they use a key safe they, "Always call out (to the person) when entering the home and make sure the door is completely secure when I leave."

Staff knew how to recognise and report any abuse or concerns. They were aware of their responsibilities should they suspect abuse was taking place. One member of staff said, "This was covered well in our initial training, and I would report it immediately if I heard or saw any concerns about a person's care or their safety." A safeguarding policy dated January 2018 was in place and reviewed every six months. Staff received refresher training in safeguarding each year. We saw that safeguarding was also discussed at all team meetings to give staff a reminder of things to be aware of and reporting procedures. One safeguarding incident had been recorded in the past year. This was about potential financial abuse of a person living with dementia, who received a service. It had been correctly reported to the police and the local authority, and actions had been taken to protect the person.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. We saw this was clearly documented in people's care plans in their home. One person's mobility was poor. The risk of mobilising and getting the person out of bed was assessed. The person told us, "Its hard work getting me up The carers follow through on everything in the plan."
Where a person had a ceiling track hoist in place, the instructions for staff were very detailed and clear, covering each point to ensure the correct process and slings were used. A member of staff told us how they had received training and shadowed another experienced carer a few times before they used the hoist themselves. They said when they first started they consulted their manager rather than take any risks. As a result, the person said of the staff, "They are "100 per cent confident and competent. I have never felt at risk."

Staff demonstrated a good understanding of the additional risks they may encounter when working in people's own homes. One staff member said, "I respect that it is their choice, but have to politely say that I'm not allowed to do it like that." Where there were concerns for a person's safety, for example when mobilising, these were reported to the registered manager to take action. For example, an occupational therapist had informed staff that a new step had been put in place to help a person get into their shower. The registered manager went to assess and changed the care plan to ensure the person and staff were safe. In care plans, a risk assessment of the home environment was also completed. For example, the location of gas meters, fuse box, electric meter and water mains were listed to ensure staff could access if required. Instructions on how to leave the house or building in the event of fire was also recorded.

There was enough staff available to provide people with the agreed level of care and support safely. The registered manager explained that they would like to expand their services but were struggling to recruit

additional good staff in the area. They were therefore careful to agree care packages that they could fulfil safely. The registered manager said, "We don't say yes to everything. We don't want to overstretch ourselves and end up letting people down." People told us that the staff always stayed for the time they needed. One person said the only time their carer could not get to them when there was bad snow. The office had spoken with them to ensure that they had family with them and were safe.

There is a system in place to ensure people receive safe care in accordance to their needs. The service has a 'on call' system. In office hours, people's calls go through to head office where a range of issues can be addressed. If the call is affecting care being received that day, for example a carer is unwell or delayed for more than 10 minutes, this will be passed to the local service and their 'on call' staff member. Outside of office hours, all such calls are dealt with directly by the local service 'on call' staff. A member of staff who works 'on call', told us, "If a carer goes off sick they will cover, or they can draw in additional help or occasionally may need to prioritise the care. When replacing a carer, they always try to ensure people receive their care from someone they know wherever possible."

There was a contingency plan and system in place to ensure that people would continue to receive a safe service in the event of an emergency. This had been used during the snow and bad weather this year. Visits that were essential were 'flagged' up based on risks to people who lived alone or were isolated. There was access to a four by four vehicle to reach rural locations. Where it was safe to do so, some calls were dropped, in consultation with people, and their families. This meant all the urgent visits were covered. We saw that bad weather planning was discussed within the team meeting so staff were prepared. In case of other emergencies, or if staff experienced car problems, there was an insured branch car they could use to ensure the care calls continued.

Staff had been recruited using safe practice and fulfilling any legal requirements. This mean the staff were suitable to work with people in their homes. We saw four staff files that contained evidence that the provider had obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with people who use this type of service.

There were safe medicines administration systems in place and people received their medicines as prescribed. The service has a clear policy and procedure for ensuring that people take their medicines as prescribed. The policy had been updated to reflect national guidance for adults receiving care in the community, including support for over the counter and 'as required' (PRN) medicines. Staff told us they had medicines training when they started and they had to be compliant before they could support a person. Three people were being supported with their medicines. Their care plans were updated with the support each person needed. People's medicines administration records (MAR) were kept in the home and checked at the office every month to ensure medicines were given, including any PRN. We saw that last month the checks identified that one person's MAR chart had some gaps. However, the daily notes in the person's care plan said the medicines had been taken as prescribed each day. The importance of accurate recording on the MAR chart was raised at the team meeting with all staff. No other issues had been found.

People were cared for by staff who knew about, and practiced, safe hygiene and infection control measures. One relative explained that they worked with staff to minimise risk of cross-contamination in the home, saying, "They're very thorough with cleanliness." Another person said that, "Gloves and aprons are used as standard," by staff when giving personal care. This was important as we read that this person's immune system was low due to their illness. Staff said that each person's care plan reminded them what to use in the home and they always had a good supply of the Personal Protective Equipment they needed. Training had been provided as part of the induction and a clear policy was in place. The registered manager or the care

co-ordinator carried out regular spot checks of staff practice in a person's home.

People involved in accidents and incidents were supported to stay safe, and action had been taken to prevent further injury or harm. All accidents and falls occurring in the person's home were monitored at a national level. The quality assurance lead told us that they are reviewing the categories used in order to improve the level of analysis and mitigate risks. The provider also sent out "Learning Lessons" briefings, that highlighted to their staff learning from incidents and near miss reports, wherever they had occurred. For example, following an incident where a person was not safe using the shower, guidance was provided for staff on checking risk assessments and proper use of equipment. One staff member told us, "I always check the care plan every time I visit now, as people's needs can change and we need to know how to respond." The registered manager said that they send out all the guidance to staff and check at team meetings that staff have seen and understood what it meant for them.

Good

Is the service effective?

Our findings

People had their needs assessed prior to receiving a care service to ensure staff could provide the care they needed. The initial assessment was carried out with the registered manager or the care co-ordinator. One person told us, "She was very thorough." Another person told us, "They came to ask what I needed." The assessments were agreed with the person, and their partner or relatives. The assessment tool was comprehensive and took into account the person's view of their physical and psychological needs, personal interests, medicines, nutrition, risk factors, environmental risks and possible risks to staff.

The service made use of an electronic assessment and care plans that can be completed with the person in the home, signed by them, and then uploaded back in the office. Staff visits were electronically scheduled on a system. Staff were required to log in and out of care visits using this method. There is allocated travel time between visits. The system was also used to remind staff about actions they should take. For example, in the cold weather an alert was sent to make sure staff helped people to have access to hot drinks, blankets and their heating before they left the home.

The staff have best practice guidance and policies that support them in providing care. There is an online portal of resources available to all Helping Hands staff. Equal access to the service is promoted and a desire to meet the needs of all people, regardless of disability, social and communication needs. There is a dementia specialist and a registered nurse available to the team to provide advice and support with people's clinical needs. The registered manager has been developing staff knowledge about people living with dementia in the community. The branch also took part in Nutrition and Hydration Week this year, and focused on improving people's awareness of the need to stay hydrated and nourished.

People were cared for by staff who were competent and well trained to do their job. One person said, "Carers are skilled to do the care and I have no concern." Another person said, "They respond quickly to any instruction, there is a good calibre of staff." Staff received an induction and training that helped them to support people. One member of staff told us about their induction that was, "Very insightful, and incredible training." This person had not worked in social care before. They said, "After my induction I shadowed an experienced carer, and had very good support until I was confident in the role." The induction covered expectations and the role of a carer, people living with dementia, moving and handling (theory and practical), medicines, food hygiene, basic first aid, safeguarding and the Mental Capacity Act. Another staff member said they had received additional clinical training in catheter and bowel care. The provider's in house training department had been accredited as a centre of excellence by Skills for Care. Skills for Care is the strategic body for workforce development in adult social care in England.

The registered manager told us that all new starters complete the Care Certificate within their first 12 weeks. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours that should enable them to provide people with safe, effective, compassionate and high quality care. The registered manager kept records of when staff completed their initial training and when they would need to be updated with mandatory learning, such as moving and handling and infection control. They also encouraged and helped staff to complete further training and

develop, for example, one staff member was completing a vocational diploma in Health and Social Care.

Staff were receiving one to one supervision from the registered manager. The records we saw documented that the well-being of the carer, training needs, communication and reporting, organisational values and overall performance were discussed. Observation of their practice was being done, on average, every three to four months. This looked at whether the carer arrived on time, wore a uniform, engaged well with people using the service, practiced safe entry and exit, moving and handling, and cleanliness. Staff received written feedback on positive observations and any areas of improvement.

Staff worked together to meet people's needs. The daily care logs were seen as important and supported continuity of care. We saw that these were always completed in the care plans. One person told us how they sign these each time. "I know they are checked because I hadn't signed them all and the carer was spoken to about it." Another person praised staff, "Their recording is good and they do detailed and good handovers." The notes were very clear, and it was easy to see what actions had been taken. They also often included a comment on how the person was feeling that day. Staff also recognised the importance of seeking advice to support people. One person told us, "The staff are very good at feeding back any problems to the office and they get everything sorted."

Staff understood that communication was important for people's care. One person had another agency also supporting them in their home. The registered manager was in contact with this agency to ensure communication about the person's care could be improved. For example, all staff would agree to write notes in the same care record so each service understood what the other had done with the person.

People were supported to maintain good health and access the right health care when they needed it. People told us how much they appreciated the care taken by staff. For example, one person said her carer noticed a pressure sore developing. They said, "She (the carer) was very careful to help me get this treated and got the nurse involved." Another person told us that she had a problem with her feet. "An appointment with a foot specialist was organised and it's all sorted now." Feedback from one relative said that their carer, "Supports and empowers my husband to be more independent than we could hope for." They went on to say, "…Liaising with health professionals and ensuring that everyone is acting in his best interests."

We learnt from the registered manager that one person's care plan was currently being reviewed after their carer identified a risk. The person was not their usual self and their behaviour had changed. The service had requested health checks from the GP. This identified that the person had not been taking their medicines. The service worked with district nurses and the person's family to support this person with their medicines daily. The registered manager said, "This is why it's important for people to have regular carers, so they can notice these things."

Where people were being supported with meals, care was taken to ensure they were eating and drinking enough. For example, there had been previous concerns raised about what one person, who was living with dementia, was eating. Staff were instructed to sit with her during meals and have a drink as it made the person feel more comfortable. The person was likely to refuse any breakfast, but if two options given the person would choose one.

Staff had received training and understood the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so or 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.

We saw that guidance on consent and principles of the MCA was covered at a team meeting with staff. Staff were reminded to ask for people's consent to any care and to enable them to sign the daily notes. Currently, no one using the service lacked the mental capacity to agree to any care given. Where a Deputyship had been made by the Court of Protection, the service had asked for evidence of this. An internal audit had highlighted where relatives had been making decisions for the person without authorisation. The registered manager was in contact with the local authority and the family about the situation to ensure the legal requirements were met.

Good

Is the service caring?

Our findings

People praised staff for their considerate and kind manner. One person, who had different carers said, "There's not one who isn't pleasant and polite." Another person said, "Nothing is too much trouble." A third person said that care staff were, "Extremely kind."

People were treated with kindness and compassion. We noticed how the registered manager, talked to a person on the phone who was confused about which day it was, and when the carers would come. They took time to speak with him in a kind way and showed interest in the person and their plans. They demonstrated patience and understanding of their needs, and made suggestions to help the person remember when the carers would come.

Staff went out of their way to get to know people they cared for. A staff member told us that a person they cared for enjoyed a good conversation about politics. They made time for this, and found items in the news to talk about with this person. The registered manager told us how they tried to match people with staff they would get on well with, wherever possible. For example, all staff had to complete a profile, which told the person a bit about themselves, their experience, their personality and why they chose the role. These are taken to initial assessments to discuss with people. One person said "I feel comfortable with the carers."

People who received care felt they were involved in the decision making process One person said, "Yes, they agreed it all with me at the start." Another person said that the carers, "Always ask me before doing anything." Relatives and partners were involved too. One partner told us how the carers worked well with them and respected their knowledge. Where people needed care delivered in a specific way, there were guidance for staff in the care plans. For example, a person living with dementia liked their lunch to be prepared freshly and served with the table laid nicely. It was also important for the morning care staff to know that the person did not like to get up too quickly. The guidance said, "Staff to say 'good morning' but get on with other tasks whilst (the person) comes round."

Staff had the time they needed to complete care tasks. One person said the carers had a lot to do each morning, but "They never rush me to do anything. Anything I need they will do it and before they leave they always ask me if I have what I need." Another person said, "Carers stay the whole time they are supposed to." A person told us how important it was that time was made for the extra tasks. They appreciated that the carer "Tidies up the bathroom and makes my bed." The service tried to ensure that sufficient time for travel was included in staff rotas.

The organisation has set high standards for good quality care and respect. One of their values is, "Focus on People", which meant that staff were expected to always put the needs and wishes of the person first. We also saw that one staff member had been rewarded for demonstrating the value of "Listening and Understanding" with a person living with dementia, taking time to find out what the person most enjoyed and enabling them to do these things.

People's views and wishes were always respected. One person told us, "Very much so. They seem very

genuine and appear to be interested in what you want. They remember where things are and what you want." Another person told us, "They show respect" and were "not bossy." The person's relative said that staff had asked them at the outset how they wanted to be addressed. Staff respected that they were in the person's home. We were told they could be trusted to, "Walk about the house and leave things as they were." One staff member told us, "People's homes are all different, and we have to respect their choices and their home."

People living with dementia were helped to be independent. A relative told us what the carers did for their family member "They always encourage her to walk with the frame to the bathroom. They help her to choose her clothes and it works well." The person, added, "They are all lovely."

Good

Is the service responsive?

Our findings

People received care in a way that responded to their assessed and day to day needs.
We saw how all the care plans were written in the first person, reflecting each individual. It was easy to understand what people needed as well as their preferences and personality. There were headings such as, 'My life history and expectations' and 'My interests and hobbies'" and 'What is most important to me.' Their care needs were covered in detail under different times of the day.
One staff member said, "I always check the care plan, as they get updated when things change." We saw details about the person's life, previous work history and their interests, as well as how they wished to receive their care. One person had said, "I like to chat and I enjoy listening to music". Their relative confirmed that this helped the person to relax. Another relative said, "The care is arranged around him, as it should be. He has to go to hospital sometimes and the care is reorganised. He likes having a male carer, but all the carers are good."

People's views and concerns were listened to, and used to improve the quality of care provided.
One person had specifically asked for an early morning call. The service responded and, although it meant a change of carer, the timing was important to the person. The registered manager said they always ask people for their time preference at assessment. If this cannot be provided initially, they are asked if they would accept the nearest time to this. As soon as possible, their ideal time will be provided. One person told us that the service, "responded well, and didn't make an issue of it," when they asked if they could change a carer who they were not getting on with. They are now happy with their regular carers. One staff member told us, "I complete a feedback sheet with the person to say how they and the care have been that week. These go to the registered manager who will review it for any changes that need a response." The registered manager said, "It is all about everyone having individual care."

People knew how to complain and details of the process were provided in every person's care file in their home. The policy covered the responsibilities and roles within the organisation, outlined examples of concerns and complaints, and gave timescales for responses and actions if the complaint had not been resolved. The details of the ombudsman were also included. One person said, "If I needed to complain I'd know what to do. I'd just pick up the phone." Only one formal complaint had been received since registering with CQC in 2017. The response was comprehensive and transparent. It gave a full description and an apology. There was a complaints investigation analysis tool, which gave guidance to follow when investigating any complaint. This covered the background; evidence gathered, key concerns, if all processes had been followed and if it could have been prevented. An action plan was used to ensure lessons were learnt.

The service provided end of life care, which was delivered sensitively, and in line with people's needs and preferences. Staff had experience of working closely with the local hospice to provide personalised care. The registered manager spoke passionately about why it was so important to get the right care in place at the end of someone's life. People's wishes for their end of life care were recorded where appropriate. One person told us, "I wish to die at home and have every confidence in the service that this would happen." Recently the service cared for someone who was dying. They told the staff of their wish to see their artwork,

which was displayed locally, one last time. The person was too ill to leave their home. However, some of the staff went to the college and took pictures of their work, which they enlarged and shared with the person at home. This went beyond their role and brought joy to the person before they died.

Good

Is the service well-led?

Our findings

People told us they had faith in the organisation of the service. The management was well respected by people receiving care, relatives and by the staff. One of the relatives we spoke to said of the management, "The office are very understanding, with staff as well as their clients, which I think is important. It comes from the top."

The organisational culture and values of Helping Hands were made clear and discussed with staff at their induction and during staff supervision. One staff member said, "The organisation puts people first." The registered manager told us, "We are passionate about providing the right care for people when they need it. We work to instil a positive attitude with our staff." They went on to say, "We focus on people, and on finding solutions." There was an open approach to problem solving. The registered manager had recently introduced new peer-to-peer sessions where the staff could share experiences and discuss what different approaches worked with people or in challenging situations.

The service believes in rewarding staff and recognising good care. Four care staff from this branch had been recently shortlisted for a national Helping Hands Values Award that is given each year. The regional manager told us "The staff who get this award are personally contacted by the chief executive and recognised for the quality of their work and care of people." There is also a Carer of the Month award scheme in operation at this local branch. One member of the team is chosen by the registered manager, based solely on feedback from people using the service.

Staff told us how they felt valued and supported. They had access to good management. One said of the registered manager that they were "Very approachable, and I can ask her when I have been unsure of anything." In turn, the registered manager said they felt supported by the wider organisation, "You don't feel as though you're on your own. There's always someone to go to for support." The registered manager said that retention and care of their staff was a very important part of their job. They told us, "Your staff are your business," and they saw a direct relationship between satisfied staff and the quality of care that could be provided. The registered manager made sure that staff were congratulated, for example, when they completed their initial training or went beyond what was asked, giving a special card and acknowledgement. They had also arranged staff events, for example an Easter egg hunt for the families.

Helping Hands, as an organisation, was recently placed at 22 in the national Glassdoor Employees' Choice Awards, being the only social care company to appear in the top 100. The awards are gained based entirely on feedback from employees over the past year. This demonstrated that the staff who responded recognised the organisation as one who values them and puts their values into practice. Staff understood the expectations of the organisation to deliver good care to the people they visit and support.

Quality assurance systems were in place to monitor the quality and running of the service being delivered. The regional Head of Home Care told us the organisation had recently employed four new area managers. The aim was to ensure that the quality of the local service was maintained as services grew and developed. The service was also supported by a member of the regional Quality Assurance Team who undertook

internal audits and ensured good governance were in place.

We saw that a robust system for auditing and analysing information were in place and maintained. Currently, people's care records, including the daily care logs, financial transactions and medicines were audited monthly. Staffing compliance, for example, recruitment practice, new starter checks, and supervisions were audited six monthly. Yearly audits were in place at branch level for health and safety checks, fire risk assessments and complaints to look for any trends or patterns. An action plan was put in place following the monthly audits. The most recent action plan had a reminder about staff responsibilities for identifying, recording and reporting any falls or incidents in the person's home. Where there were good person-centred plans and outcomes had been well documented by staff, these were also noted in the audits.

The registered manager demonstrated they wanted to improve the service, based on feedback from people who use the service. We heard mostly positive feedback from people and relatives. However, one person did say that, "Communication between the office and us could be better sometimes." Another person told us that when the carer is running late they are not informed right away and this made them anxious, not knowing if the carer was coming. We talked to the manager about this and they were keen to follow this up. In both situations, the care needs of the people may have been causing them anxiety about timings. The registered manager said they could make some care calls 'time critical'. This meant the time of call was prioritised ahead of others, where a negative effect on person's needs and well-being was shown. The registered manager said they would look into this. Some improvements with the communication system with the head office had already been made, after the last quality audit. Now the branch receives an email from the head office, detailing every call about people's care and any action taken. The service can then ensure people are also informed of any changes.

Staff were supported to be involved in the running of the service. Minutes of team meetings recorded that the registered manager had used these to discuss important topics with staff. Staff were given any organisational updates and on local performance. At the last meeting, as well as practice issues and learning from audits, the staff were asked for their ideas about recruitment and community involvement. One staff member said, "Working for a family company means you always have a voice; innovations and positive changes are welcome and can be implemented relatively quickly." An employee survey at the branch was undertaken in February 2018. Any suggestions and issues raised by staff were considered and the actions taken by the management were agreed. One action was that managers looked at the benefits of increasing the mileage pay for travel. They found evidence that it was better to increase the carer hourly pay rate and this has been done. Other improvements were that all the staff rotas were reviewed to check staff are happy with their workload.

People who use the service and their relatives were encouraged to provide feedback via different methods. The organisation encouraged feedback via social media and a home care website. We saw five positive reviews from this branch were on the internet in the last two months. The maximum of five stars had been given each time. Some people who we spoke to had fed back concerns, when their care first started. They said they had a quick response and that action was taken to get things right for them. One relative told us, "The office staff are always helpful. They're friendly and approachable."

Currently, the organisation carried out their customer surveys across all their services in the country. We saw very positive results, especially on the way people said they are treated and whether they felt safe from harm. 100 per cent of respondents said they 'strongly agree.' However, these results were not analysed to give results for each local service. A new role has been created to ensure that results would be collated and available for individual branches in the future.

The service has developed a strong community presence, and known for their role in social care. The registered manager had recently organised a dementia workshop working with Dementia Action Alliance. This high profile event was attended by members of the public, local health and care professionals, representatives from Borough and County Councils, the Mayor and the Minister for Health and Social Care. The idea came after the town had been awarded 'dementia friendly' status. The service highlighted their role as a dementia champion, raising awareness of the needs of people with dementia and the work their staff can do. At the event, some of the Helping Hands training module on dementia was used to give people a sensory experience of how it felt to be living with dementia.

The service and the staff worked with other agencies that ensured people received joined up care, and support. For example, staff have good working relationships with the hospice and the acute hospital. Some care had been funded by the Continuing Care NHS Team. The Head of Home Care told us how they stay in touch with current practice and innovations. Some staff will be attending the Alzheimer's Show to represent the organisation. Earlier in the year, they attended a UK Home Care Event that focused on "Being Well Led" and shared their aspiration to be outstanding leaders and managers.