

HH Care Ltd

Helping Hands Homecare Services

Inspection report

8 Cross Street
Oadby
Leicester
LE2 4DD

Tel: 01162835698

Date of inspection visit:
04 November 2019
05 November 2019

Date of publication:
24 December 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Helping Hands is a domiciliary care service providing live-in care to people living in their own homes. At the time of the inspection there were three people using the service.

People's experience of using this service and what we found

People valued their close relationships with staff and felt they often went 'the extra mile' which made them feel valued and cared for. Staff treated people with extreme kindness, compassion and respect. Staff were highly motivated and expressed determination to overcome any obstacles so that people could achieve exceptional outcomes.

People were fully supported to express their views and be totally involved in making decisions about their care.

The staff were exceptional at helping people to express their views and they used a variety of tools to communicate with people according to their needs.

Respect for people's privacy and dignity was at the heart of the service's culture and values. People and staff felt respected and listened to. The service provided a high standard of care to people with palliative and end of life care needs. They supported families through difficult conversations and offered support to bereaved families.

People received safe care and were protected against avoidable harm, neglect and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce the risks.

People received support from staff who had undergone a robust recruitment process. They were supported by regular live-in staff who knew them and their needs well, which promoted continuity of care. Where the provider took on the responsibility, people's medicines were safely managed. Systems were in place to control and prevent the spread of infection.

People's needs, and choices were fully assessed before they received a care package. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

Where the provider took on the responsibility, people were supported to eat and drink enough to meet their dietary needs. Staff supported people to live healthier lives and supported them to access healthcare services when required.

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

People and their families were fully involved in the care planning and reviews of their care. The provider had a complaints procedure which was accessible to people using the service. This was used effectively when complaints were received.

The management and staff team demonstrated they were passionate about providing good quality care and worked tirelessly to ensure people were cared for not only emotionally but physically.

The service had good governance systems in place to ensure all aspects of the service and peoples care were continuously assessed and monitored. The service worked in partnership with outside agencies.

Rating at last inspection.

The last rating for this service was Good (published 22 June 2017)

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Helping Hands Leicester on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Outstanding ☆

The service was exceptionally 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 Homecare Services

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. Staff provided live-in care with people they were providing personal care to.

The service had a manager who was going through the process of registering with the Care Quality Commission. This meant that the provider was legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 4 November 2019 and ended on 5 November 2019 , after we visited the registered office.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed all the information we had received about the service since the last inspection. This included statutory notifications and safeguarding concerns about incidents and events the provider must notify us about. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five relatives of people who were or who had previously used the service about their experience of the care provided. We spoke with the area manager, the branch manager, team leader and two residential support workers. We reviewed a range of records. This included two people's care records and their medication records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including quality assurance records and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at key policies and procedures and training information.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who cared for them and trusted them. One relative told us, "My [family member] is definitely safe with the carers. They know exactly what to do to keep them safe from harm." Another relative commented, "I think the staff are well chosen and well trained which means my [family member] is kept safe."
- Staff had received training in how to keep people safe from potential harm and recognised signs that might indicate a person was being abused. Staff were clear on how to report concerns both to the management team and external agencies.
- Records showed the provider had worked with the local safeguarding authority when concerns were raised, and action was taken to keep people safe.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals or as their needs changed. We saw that risk management plans covered a range of known risks such as use of equipment, mobility, moving and handling and skin integrity. Care and risk support plans informed staff how to provide care that reduced known risks.
- Risk were monitored, reviewed regularly, and care plans were updated as people's needs changed.

Staffing and recruitment

- The provider followed robust recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.
- People were supported by regular, reliable staff. A relative said, "We have the same team of carers who provide the care for [family member]. It's important for [family member] to have familiar people and most important that they get to know each other."
- Staff lived-in with people they were providing care to. This could be for a period of two to six weeks at a time. The staff rotas were planned so that people received their care from regular staff who were matched to their care needs and personalities. Arrangements were in place to provide cover in an emergency. For example, if a staff member went off sick, office staff were available to cover the care package.

Using medicines safely

- Medicine systems were organised, and people were receiving their medicines as prescribed. One relative told us, "[Family member] gets their tablets on time. I don't have any worries about [family members] medication."

- The provider was following safe protocols for the administration and recording of medicines. Staff had received training in safe handling of medicines and their competencies were tested regularly.
- Medicines administration practices were regularly checked, and audits were in place to ensure compliance. Any discrepancies identified in audits were followed up with staff to improve practice.

Preventing and controlling infection

- Staff received infection control training and there was an infection control policy that provided guidance for staff to follow.
- Protective Personal Equipment (PPE), such as aprons and gloves, were available to staff to use when supporting people with personal care.
- People using the service confirmed staff followed infection control systems when providing personal care and when handling food. One relative said, "The carers always wear gloves and always use hand gel."

Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns in relation to health and safety and near misses.
- Lessons were learnt when things went wrong, and actions taken to reduce the risk. Accidents and incidents were recorded and reviewed by the provider.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Senior staff carried out thorough assessments of people's needs before they began to use the service and regularly reviewed them to ensure people's needs could be fully met.
- The assessment documentation showed that all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as people's religious and cultural needs.

Staff support: induction, training, skills and experience

- People received support from staff that were competent and had the skills and knowledge to care for their individual needs. One relative said, "The carers are very well trained. I don't know how they do it, but they get excellent staff. I can't sing their praises highly enough."
- Staff told us, and records confirmed they completed an induction and regular ongoing training that was relevant to their role. One staff member said, "The training is very good. We get a lot of training which is always updated."
- Staff told us, and records confirmed that staff received support through one to one supervision and staff had received spot checks of their practice to ensure they were providing care in line with people's needs and best practice.

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

- Where the provider took on the responsibility, staff supported people to eat and drink enough. One relative said, "The carers cook meals from fresh. Our main carer is a very good cook. We can't fault the meals they provide."
- Care plans documented people's preferences and any special requirements they had with food and drink. One staff member told us, "We support people by preparing their meals and helping them to eat if they need that support. I did food hygiene training, so I know how to prepare food safely."

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

- The service worked in partnership with other agencies and health and social care professionals to maintain people's health. For example, other care providers, people's GP's and district nurses.
- Staff were aware of people's health conditions and knew what action to take when someone was unwell. One told us, "I know [name of person] very well. I can tell by their body language if they are not well. I would always call the doctor if I was concerned they were unwell."
- People's care records contained information about people's medical history, their current needs, and the

healthcare professionals to contact should relatives or staff have any concerns about people's deteriorating health.

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. We checked whether the service was working within the principles of the MCA.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The registered manager confirmed no people using the service were currently subject to any restrictions under the Court of Protection.
- Staff understood the importance of supporting people to make choices and maintain their independence, and people we spoke with told us their consent was always gained from staff before carrying out any care.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to Outstanding: This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Staff had developed meaningful and very caring relationships with people. One relative told us, "Exceptional care. The carers are just fantastic. We cannot fault them as a company. They have managed to get it just right." Another said, "They are like our family. We struck gold when we found this agency. [Family member] gets the best care and we have peace of mind."
- People and relatives valued their relationships with the staff team and felt they often went 'the extra mile' for them which made them feel valued. For example, one person using the service was a big fan of cricket and wanted to attend a live game. The director of the service organised this with the persons main staff member and the family. They collected the person from their home and took them to watch the cricket at the county ground, this meant the person achieved one of their outcomes they wanted to fulfil.
- Two staff were supporting the same person but worked opposite weeks. They demonstrated a passion and determination to support the person to achieve their goal of attending their place of worship independently. The staff worked with the district nurses and the occupational therapist and commenced a robust regime of exercises and healthy eating. They ensured this was completed regularly and the person improved so much they progressed to sitting in a chair and then their wheelchair. This resulted in them being able to attend a restaurant with their family for a birthday meal. From there they had been able to use their mobility aid which meant they had been able to attend their place of worship independently and achieve their goal.
- We saw compliments received from people's relatives who had used the service. One read, 'I would like to take this opportunity to say how much we appreciate [staff name] excellent care of [family member]. They have formed a good relationship and get on well together which is important to the family's' peace of mind.' Another read, 'We wanted to thank you sincerely for your over and above call of duty help that you have given [family member] and us, and your willingness to step in when needs must. We know that you have made every effort to listen to and help [family member] and you have been so patient and kind all the way along the road. It's a shame there are not more [staff name] in the world.'
- There were effective ways of reflecting people's personal histories and cultural backgrounds, and how these were used to match staff with people using the service. For example, at the initial assessment people and their families were asked questions about relationships and hobbies, their cultural and religious preferences including preferred language and dietary requirements linked to culture or beliefs. There was a 'pool' of carers with varied backgrounds and skills and the provider ensured staff were selected to match people's preferences. The service had also specifically advertised for staff with specific skills sets that were required for more complex individual packages of care.
- Staff provided a very high standard of care to people with palliative and end of life care needs. They

supported families through difficult conversations and offered support to bereaved families. We saw numerous examples of how people were supported at the end of their life with extreme empathy, compassion and emotional support.

- We spoke with one person whose family member had received end of life care from this service. They told us, "The staff were very professional and very caring. Their priority was treating [family member] with dignity. I've told people since, it was a bad situation but a good time. We were involved as a family and it was a positive experience. At the memorial service I praised and thanked the carers several times. I wanted them to be recognised."

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

- People were fully supported to express their views, preferences, wishes and choices and staff used a variety of tools to communicate with people according to their needs. For example, one person had used a manual board with letters on to communicate with staff. When this person's condition deteriorated they were only able to communicate by blinking. Staff quickly changed their approach and would only ask closed questions to enable the person to communicate effectively.
- Where people's first language was not English, staff had used a web-based translation service to enable the person to understand them. Another person who staff worked with was not able to communicate verbally, so the staff devised a book to enable them to choose different types of food and activities. The area manager also informed us they were looking to introduce Makaton (signs and symbols to help people communicate) as part of their training to further enable all staff to communicate with people.
- Staff lived-in with the person they provide care to and their families, so close bonds were formed quickly. The area manager informed us there needed to be honesty and transparency at all times. People and their families were regularly asked for feedback about the staff that had been provided. The management team acted swiftly upon the feedback and if a person was not happy with the staff member they would work with the person and their family to find a suitable replacement.
- Continuity of care was extremely important for people so when their main staff member had time off, they went back to the same person upon their return. The management team believed keeping the same team in place helped with the relationships people had with staff, their families and other significant people in their lives.
- The provider sent out a quarterly newsletter that was shared with all staff, people and their families where they celebrated the achievements that people and staff had achieved, including a 'carer of the quarter' award. Staff from all areas of the company were encouraged to contribute to the newsletter.
- The service was dynamically responsive to any changes to a person's care needs. Staff asked people daily about their wellbeing, health concerns and any requests or changes they needed to their care package.
- Staff encouraged and welcomed the use of advocates. Information was made available to people about using an independent advocate if this support was needed. An independent advocate helps people have a stronger voice and to have as much control as possible over their own lives.
- The management team ensured staff respected people's diversity. Staff were supportive of people of all faiths. Where people expressed a faith, staff supported them to attend their chosen place of worship. The service had systems in place to ensure people were protected against discrimination.
- People were encouraged to be as independent as possible and participate in specialist groups like the Multiple Sclerosis Society, Parkinson's groups and Dementia Cafes, where they could become involved with people who had the same conditions and enhance their social life.
- People received a weekly call from the office staff member to check they were happy with the care. People regularly spoke with the management team who also delivered care to people.

Respecting and promoting people's privacy, dignity and independence

- People's rights to privacy and dignity was always promoted and embedded into staff practice. A relative

told us their family member did not feel uncomfortable or embarrassed when personal care was undertaken. They said, "The carers make sure that [family member] is always treated with total respect." A staff member said, "I always cover people up, make sure the door and curtains are closed." This showed staff continued to respect and maintain people's privacy and dignity.

- Care plans fully described people's individual needs, daily routines, cultural needs and preferences such as the gender of staff. Where possible staff encouraged people to be as independent as possible maintaining their dignity and pride and encouraging them to maintain relationships outside the family and the home.
- There was a core thread throughout the organisation from the owner/directors through to the newest staff member that everyone, without exception, was treated with respect and dignity. Throughout the care plans there was information about how people wanted to be treated and what was important to them regarding their dignity and privacy.
- A confidentiality policy was in place. The management team understood their responsibility and ensured all records were stored securely. Staff had an excellent understanding about confidentiality and confirmed they would never share any information except those that needed to know.

Is the service responsive?

Our findings

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People continued to receive person centred care from regular, reliable and consistent staff, which helped to build trust and support. People and their family members were involved in the care planning process as much as possible to ensure their individual needs were identified and could be met. One relative told us, "The staff really are exceptional. They know exactly how to care for [family member]. The care is just what we want. They [meaning staff] will always talk to me about [family members] care if something is not working."
- Care plans were detailed and personalised and reflected individual preferences, cultural and religious beliefs and interests. This helped to ensure people were not at risk of being discriminated against. There was information about people's personal bathing routines, how they liked to dress and preferred meals.
- Staff provided continuity of care, they monitored and identified any changes to people's needs. A relative told us the daily notes completed by the staff were detailed and showed their family member received the care as per the care plan. Records showed people and where appropriate their relative had been involved in the review and updating of their care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered as part of their pre-assessment and their care plans described how people communicated and the best way for staff to offer choices and support.
- Staff understood how people expressed their needs and wishes. A relative confirmed staff appropriately responded to their family member's body language and verbal communication.
- The area manager had made information available in formats people could easily understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff had good insight about people's family, hobbies and interests. Staff found the information documented in their care plans useful topics of conversation when providing care and support to people.
- Staff worked flexibly to enable people to maintain links with family, friends and the wider community.

Improving care quality in response to complaints or concerns

- People and relatives did not have any complaints and knew how to contact the office or the registered manager. One relative told us, "I have no complaints about this company. I can't think of any improvements needed. I really can't recommend them highly enough."

- People were given a copy of the provider's complaints procedure which included the contact details for advocacy services and the local government ombudsman. The provider had received no complaints since the last inspection.

End of life care and support

- People had the opportunity to discuss their end of life care. Care plans had been developed to ensure individual wishes and any cultural needs were identified when people felt they were ready to make such decisions.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At the time of our inspection there was a manager in place who was going through the process of registering with the Care Quality Commission. They were also the registered manager of the Northampton branch of Helping Hands. They were well supported by an area manager and a team leader who all demonstrated the same core values that placed people at the centre of the service, enabling them to make choices about their lives as much as possible.
- Relatives told us the managers and senior staff knew people well and were available to them. One relative said, "[Branch manager] and [area manager] know us as a family very well. They provide my [family member] with excellent care. I can talk with them about anything."
- The management team worked closely with people and staff, leading by example, and ensuring people had a say in all aspects of their care.
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support systems to staff. A member of staff said, "There is regular communication and we are always kept up to date with any changes."
- People and their relatives had developed good relationships with the management team. One relative said, "It's an excellent company; very caring staff and they deliver the care [family member] needs."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team ensured there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- The management team were committed to promoting person centred care. They told us they led by example by providing the care and support that people needed and often worked alongside staff. This helped them to gather people's views about the service and any shortfalls could be addressed promptly.
- The management team recognised the importance of recruiting and retaining staff who shared the same values as the provider which was to 'enable people to live in their own homes for as long as they wish'. Staff

were able to tell us how they implemented these values in their day to day work of providing care and support.

- There was a systematic approach to the quality monitoring of the service. Audits and checks were carried out on people's care and their care records. Staff were supervised, trained and their practices were checked. A staff member said, "Unannounced spot checks are done by [manager] and she sometimes works with us." These checks assured people and the provider that people's care needs were met safely and as agreed.
- Policies and procedures were reviewed and updated regularly. The provider ensured staff understood these and discussed them in training and communications to keep staff up-to-date with any changes.
- The management team notified CQC and other agencies of any incidents which took place that affected people who used the service.

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

- People's feedback about the service was captured through regular contact with people and their relatives. A relative said, "We get regular calls to check how things are. I know I can always call the office anytime if I need to talk about anything." Another said, "We have reviews of [family members] care package. We all contribute to make sure [family member] gets the best."
- Staff felt supported by the management team and were confident that any concerns raised would be resolved. A staff member said, "We have regular one to one meetings where we can discuss any worries or new ideas."
- Staff told us they felt valued and appreciated by the management team, people who used the service and their relatives. The service had received compliments, cards and letters of thanks from people, relatives and professionals, which had been shared with the staff team.
- Staff were employed to live-in with the person they were providing care to. This meant it was not possible to get staff together for staff meetings. However, the management team called each staff member weekly to check on their wellbeing and the provider sent out a quarterly newsletter to keep people, relatives and staff up to date with any changes.
- The area manager told us that service satisfaction surveys were due to be sent out to people at the end of the month. This was another forum where people could provide their views and opinions about their care and how the service was run.

Continuous learning and improving care

- The provider had developed their training provision to ensure it fully met people's and staff needs. Staff spoke positively about the training they received. One member of staff said, "The training is very good. If we feel we need any different training, we only have to ask."
- The management team ensured that information from audits, complaints, feedback, care plan reviews and accidents and incidents were used to inform changes and improvements to the quality of care people received.
- Records showed the involvement of a variety of health and social care professionals were regularly involved in planning and reviewing people's care.

Working in partnership with others

- The management and staff team worked in partnership with other professionals and agencies such as the GP, community nurses, palliative care team and the local authority to ensure people received joined up care.
- Where changes in care were made we saw staff had good communication systems in place to share information about people's needs.

