

Helmar Care and Community Services Limited

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Inspection report

Room 20 United Reformed Church
Eden Street
Kingston Upon Thames
Surrey
KT1 1HZ

Tel: 02085461671
Website: www.helmarcare.org.uk

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16 August 2022

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Helmar Care and Community Services Limited is a domiciliary care agency that provides personal care and support to people living in their own homes and flats. At the time of our inspection, 36 people were receiving personal care and support.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The majority of the feedback we received was positive about staff's punctuality to calls. People received safe care. Sufficient numbers of staff were deployed and met people's needs. Staff knew how to protect people from the risk of avoidable harm. Comments included, "[Person] feels very safe with them as she recognises them." Staff understood their responsibility to identify and report potential abuse to keep people safe. Risk assessment and management enabled staff to minimise harm to people.

People's medicines were managed. Staff practiced safe infection control and prevention procedures to reduce the spread of infection.

Safe recruitment practices and robust induction ensured new staff were suitable to provide care. Staff were trained and received support and supervision which enabled them to undertake their caring roles and to meet people's needs.

People enjoyed positive and meaningful caring relationships with staff who provided their care. They told us, "She feels safe with them because they are regular carers" and "She has the same carers Monday to Friday and two different carers on Saturday and Sunday. They know her well."

Staff respected people's privacy, dignity and confidentiality. People were encouraged to live as independently as possible and to make choices about their daily living.

People's needs were assessed and regularly reviewed to ensure staff delivered appropriate care to them. Staff supported people to access healthcare services when required. People felt confident to raise concerns about their care and knew the process about how to make a complaint.

Regular checks and audits were carried out on the quality of care and improvements made when needed. People, staff and relatives were given opportunities to share their views of the service and felt the registered manager valued their ideas. People received appropriate care due to the partnership working of the provider with other agencies, health and social care professionals and external organisations.

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.

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

Rating at last inspection

The last rating for the service under the previous provider was good, published on 29 August 2019.

Why we inspected?

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Helmar Care and Community Services Limited

Detailed findings

Background to this inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection team consisted of one inspector and two Experts 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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 provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of monitoring activity that took place in June 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke with 15 people who used the service, 13 relatives and five members of staff including the registered manager.

We reviewed a range of records. This included six people's care records and various staff records. We looked at and reviewed multiple documents submitted by the provider. These included policies and other information relevant to the running of the service.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Inspection activity started on 28 June 2022 and ended on 8 July 2022.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported in a manner that minimised the risk of abuse. Comments we received included, "I feel very safe, there is no shouting, no" and "I am happy with the staff. I feel safe."
- Staff were trained in safeguarding of vulnerable adults and knew how to identify abuse. They understood their responsibility to report concerns to ensure people were safe. Staff followed the providers safeguarding procedures to have concerns investigated and resolved.
- The registered manager reported safeguarding concerns to relevant authorities to be investigated and resolved. There were no current safeguarding concerns at the time of our inspection.

Staffing and recruitment

- People received care when needed because the provider ensured there were sufficient staffing levels. One person told us, "Most times they come before time and stop longer." Records confirmed staff were in the majority punctual on their calls. Rotas were planned well and staff told us they knew in advance where they would be working. Sickness and absences were managed which ensured people received care when needed.
- A regular team of staff were assigned to each person which ensured staff got to understand their needs and provide support safely.
- People were cared for by staff who underwent safe recruitment procedures that included obtaining employment history, references and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- People received safe care because risks to their health were assessed, reviewed and managed appropriately.
- Staff followed guidance on managing risks to people such as maintaining personal hygiene, a safe environment managing finances, medicines and eating and drinking

Using medicines safely

- People received the support they required to manage and take their medicines when required in line with best practice and the provider's procedures.
- Checks and audits were carried out on Medicines Administration Records (MAR) to identify and resolve concerns in a timely manner.
- Staff were trained in medicines management and accessed the provider's medicines policy and

procedures for guidance when required.

Preventing and controlling infection

- People's care delivery was in line with infection prevention and control (IPC) guidance which enabled staff to reduce the risk of infection. A relative told us, "[Carers] still wear, gloves and aprons."
- Staff were trained in IPC procedures including those related to COVID-19 and applied good hygiene practices. The provider ensured staff wore Personal Protective Equipment (PPE) such as aprons and gloves when undertaking tasks to minimise contamination and spread of disease. The registered manager ensured regular spot checks, staff meetings and communication ensured staff consistently and correctly used PPE.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- People benefitted from the review of incidents and staff's practices when things went wrong in care delivery.
- The registered manager ensured staff recorded and reported accidents and incidents which they monitored to identify patterns and trends. Staff told us and records showed incidents were discussed at team meetings to support their learning and to minimise the chances of similar events from happening again.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People received care that met their needs and preferences. Comments received included, "My relative has a care plan in place. I am involved with the discussions that take place approximately every six months in the review of the plan."
- Staff involved people and their relatives where appropriate to assess each person's health needs and to develop care and support plans.
- Care plans were reviewed and updated to reflect people's health and well-being needs and the support they required.
- People's records showed staff delivered care in line with the provider's procedures and followed best practice.

Staff support: induction, training, skills and experience

- People were supported by trained and competent staff. Comments included, "Very professional" and "They are well trained and they act on my suggestions too."
- Staff undertook induction and training which enabled them to deliver care effectively. Staff received training in safeguarding adults, infection control, Mental Capacity Act 2005, moving and handling and health and safety to enable them to deliver appropriate care.
- Staff told us they were supported in their roles. Supervision records showed a review of their performance and support provided.

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

- People's needs were met via the involvement of healthcare services when needed. A relative told us, "[Carers] let me know if she is feeling unwell." People told us staff worked closely with their relatives when their health changed. Where appropriate staff supported people with arranging appointments to their GP's appointments, hospital escorts and contacting healthcare professionals and other agencies which ensured people's needs were met.
- People received care in line with guidance provided by healthcare professionals which ensured their needs were met, such as encouraging fluid and food intake to prevent malnutrition.

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

- People had support to maintain a balanced diet by eating and drinking in sufficient amounts and to include fresh food, vegetables and fruit. One relative told us, "[Carers] cook his food for him." Staff supported people in planning and preparing meals when needed and undertook shopping tasks when needed to

ensure they had enough food and drink.

- People received food of their choosing and staff ensured they served meals and drinks in line with people's preferences. For example, staff prepared a full breakfast on the days a person requested and made hot beverages such as coffee without milk or sugar as one person required.

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 MCA 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.

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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were asked for their consent to receive the care they required. One relative told us, "[Carers] always offer choices on food and dressing."
- Staff received training in MCA and understood their responsibility to provide care to people in a manner that respected their rights when delivering care.
- Staff supported people appropriately in line with the principles of MCA in areas they required support such as making decisions about receiving personal care, meal preparation, eating and drinking, managing their medicines and finances. Best interests' meetings were held when a person lacked capacity to make specific decisions in any aspect of their care.
- The provider's procedures about MCA were clear and staff told us they had sufficient guidance on how support people to make decisions about their care and to uphold their rights.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported in a compassionate and caring manner. Comments included, "[Carers] are very patient with [person] and keep her dignity as far as I know. I would describe them as very caring" and "Oh, [person] is very happy, [carers] are respectful and kind and genuinely love my mother. I've heard them!"
- People enjoyed caring relationships that had developed with staff who cared for them.
- Staff understood how people wished to be cared for and ensured they respected each person's preferences. People were asked about their life histories, likes, dislikes and preferences which enabled staff to provide appropriate care. Care records showed staff supported people without discriminating against their diverse needs which included different cultural backgrounds and heritage such as choices on food, dressing and religion.
- People accessed services they required, the community and enjoyed aspects of daily living because of the support they received from staff. This ensured they were not discriminated against through accessing services like everyone else in the community.

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

- People were given opportunities to express their views and to make decisions about the care they wished to receive.
- People using the service and relatives where appropriate were involved to plan and develop their care and support plans. Records confirmed staff delivered care in line with people's wishes and preferences and being flexible to their preferred routines when needed.
- Staff supported people by advocating on their behalf when required for example, when a person did not have family for support to enable them to access various services they required.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected by the staff who cared for them. Comments included, "[Carers] are very patient with [person] and keep her dignity as far as I know" and "I would describe [carers] as very caring".
- Staff supported people to live independent lives as far as practicable. One relative told us, "[Carers] encourage her to do her own bits and pieces." Care plans detailed the tasks each person could undertake in their daily living and the support they required. Staff used this information to support people to develop or to maintain existing abilities required for independent living.
- People undertook tasks and activities they were able to do for themselves such as some aspects of their personal care, meal preparation, housekeeping and managing their finances and medicines.

- Staff supported people to take positive risks to enhance their independence, for example arranging outings to reduce social isolation and loneliness.
- People's right to privacy and confidentiality meant that staff shared information with other health and social care professionals when appropriate.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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 received care planned to meet their individual needs and preferences. A relative told us, "Calls started at three times a day but it's now four as its been upped as her needs are becoming more dependant." People and their relatives made positive comments about the care provided by staff.
- Staff ensured they obtained information about people's choices and allowed them to have control by involving them in planning for their care and support. People complimented staff for providing care suitable for their needs, daily routines and preferences.
- Staff nurtured positive relationships with people they supported and knew how to provide appropriate care
- People's care and support underwent reviews and updates regularly to highlight their needs and the level of support they required. This enabled staff to provide personalised care to meet people's needs.

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 were provided with information that met their sensory needs and preferences. Assessments identified people's communication needs and support plans contained guidance for staff about how to communicate effectively with people.
- People and their relatives felt staff communicated with them well and understood how they wished their care to be delivered.
- The provider met their AIS responsibility by ensuring people's support plans, care records and questionnaires were available in easy read, pictorial format and large font when needed.

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

- People at risk of social isolation and loneliness received support to take part in activities of their choosing and to lead fulfilling lives.
- Staff understood aspects important aspects in people's lives such as activities they enjoyed and cultural and social preferences.
- People were supported to develop meaningful links with people important to them, the local communities for example taking part in social events and or attending functions such as religious festivals or key events in the community.

Improving care quality in response to complaints or concerns

- People using the service and their relatives knew how to make a complaint and felt confident any issues would be addressed. Comments we received told us, "I am confident in contacting the care company if I am concerned over anything at all" and "If [person] is upset about anything, the manageress was on it straight away and apologised."
- People and their relatives told us the registered manager and office staff responded in a timely manner, investigated and resolved their concerns.
- People and their relatives received a complaints policy and procedure to enable them to raise concerns and to understand the process in resolving issues.

End of life care and support

- People were supported to make arrangements, or their views known about their end of life wishes. Records were maintained and updated to show people's wishes. At the time of this inspection, there was no one receiving end of life care and support.
- The provider's policy on end of life care showed other health and social care professionals and agencies would be involved as appropriate to ensure people received appropriate care at the end of their lives.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People, their relatives and staff were complimentary about the running of the service. Comments included, "I do find the [registered manager] approachable"; "The service is pretty good" and "They also contact me by text, phone and e-mail. Excellent communications." People told us the registered manager involved them in making decisions about their care delivery and took into account their individual needs and preferences.
- Staff were kept informed about any changes to people's needs, preferences and routines and support plans which ensured they received person centred care.

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;

- People and their relatives commended the provider and registered manager for being open and honest when things went wrong. They told us the registered manager, office and care staff were happy to discuss issues that affected care delivery and resolve any concerns.
- Staff told us the registered manager encouraged them to own up when things went wrong and discussed with them on how to improve their practice.

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

- People received care in line with statutory and regulatory requirements. The provider submitted notifications to CQC and the local authority safeguarding teams about significant events in line with their legal responsibilities.
- The registered manager monitored the quality of care and undertook regular audit to ensure people were supported effectively. Audits were carried out on various aspects of the service such as care plans, record keeping, management of medicines, staff training and supervisions. Shortfalls identified were addressed in a timely manner.
- Staff were provided with up to date policies and procedures which enabled them to adjust their practices to meet current regulatory functions, for example guidance on how to deliver care during the COVID-19 pandemic and in line with national guidance.
- Staff were clear about their roles and responsibilities as described in their job descriptions. They understood the provider's expectations on them about how to provide care and when to get support to improve their practice.

- Staff told us relationships amongst themselves, and with management were good and felt supported in their roles by the registered manager. Staff attended regular supervisions and received feedback and updates from the registered manager about people using the service which enabled them to develop their practice. Team meetings provided opportunities for staff to discuss people's needs, risk management, policies and procedures, and any concerns staff had.

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

- People and their relatives and staff spoke positively about their involvement with the service. Comments included, "I have nothing negative to say. She is really happy with this[carer] overall, very friendly and interactive" and "I'd recommend Helmar as they are responsive and easy to get hold of."
- People told us the registered manager provided them with opportunities to feedback and share their views about the quality of care. One person told us, "I have the managers number and know her name. She is very approachable."
- People and their relatives completed questionnaires, undertook care reviews and received updates from the registered manager and staff through daily interaction or contact with the office.
- Staff told us they enjoyed good communication and information sharing with the registered manager which happened through regular interaction via catch up calls, meetings and handovers where they discussed changes to people's needs and the support they required.
- The provider ensured staff had opportunities to develop their practice and progress within the organisation.

Continuous learning and improving care.

- People benefitted from the provider's culture of continuous learning to improve care. Accidents and incidents reviews enabled the registered manager to identify gaps in staff's performance. Issues found were discussed in individual staff supervisions and group meetings to develop the team's practice and to ensure they learnt from events.
- Staff told us they received information about people's conditions and changes regularly and discussed new ways of working as learning opportunities to improve on care delivery. The registered manager sought staff's views and valued their ideas to make the necessary changes to the service.
- People and their relatives told us their feedback ensured improvements were made when required. They told us they enjoyed direct and frank communication with the registered manager and staff service which enabled staff to provide improved services.

Working in partnership with others

- People's care delivery involved the input of various health and social care professionals and other agencies. For example, staff worked closely with district and community nurses to support people with complex health needs.
- The registered manager made referrals to other agencies about resources of services people may require for their health which helped them to lead improved and more fulfilling lives.