Midshires Care Limited

Helping Hands Harrow

Inspection report

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Website: www.helpinghands.co.uk

Date of inspection visit:
17 August 2017

Date of publication:
03 October 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We undertook an announced inspection of Helping Hands Harrow on 17 August 2017. Helping Hands Harrow is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to people of all ages and different abilities. At the time of inspection the service provided care to 23 people, eight of whom received personal care. The inspection focused on the care received by the eight people who received personal care.

At the time of the inspection there was not 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. We discussed this with the head of service and she confirmed that the registered manager had left the service in April 2017 and a manager had been in post since April 2017. We were provided with evidence after the inspection to confirm that the manager had submitted their registered manager application on 18 August 2017.

The service was registered with the CQC in November 2016. This inspection on 17 August 2017 was the first inspection for the service.

People who used the service spoke positively about the care provided. They told us they felt safe around care workers and were happy with the care provided by care workers and management. This was confirmed by relatives we spoke with who told us that they were satisfied with the level of care and raised no concerns.

Individual risk assessments were completed for people. However, some assessments contained limited information and failed to identify areas of potential risks to people. We also found that some risk assessments were incomplete. This could result in people receiving unsafe care and we found a breach of regulation in respect of this.

We checked the medicines arrangements. Care workers received medicines training and policies and procedures were in place. We looked at a sample of Medicines Administration Records (MARs) and found that there were no unexplained gaps in these in the majority of these.

There were comprehensive and effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by staff who were unsuitable.

People told us their care workers mostly turned up on time and they received the same care worker on a regular basis and had consistency in the level of care they received. Management at the service explained that consistency of care was an important aspect of the care they provided.

Care workers had the necessary knowledge and skills they needed to carry out their roles and

responsibilities. Care workers were provided with an extensive induction which provided practical training. Care workers spoke positively about the training they had received.

Care workers were aware of the importance of treating people with respect and dignity. Feedback from people indicated that positive and close relationships had developed between people using the service and their care worker.

Care plans provided information about people's life history and medical background. There was a support plan outlining the support people needed with various aspects of their daily life such as personal care, continence, eating and drinking, communication, mobility, medicines, religious and cultural needs. Care plans detailed people's care preferences, daily routine likes and dislikes and people that were important to them.

Daily communication records were in place which recorded visit notes, daily outcomes achieved, meal log and medication support. The manager explained that these assisted the service to monitor people's progress.

A complaints procedure was in place. People and relatives spoke positively about the service and told us they thought it was well managed and raised no concerns.

There was a management structure in place with a team of care workers, office staff, the manager and head of service. The majority of care workers spoke positively about the management and culture of the service and told us the management were approachable if they needed to raise any concerns.

We spoke with management about the aims of the service. The head of service explained that the service was new and that the aim was for the service to grow in a responsible manner whilst also providing a high level of care.

The last staff meeting took place in February 2017 and this was confirmed by management. The provider aimed to carry out meetings on a monthly basis. The service acknowledged that they needed to ensure such meetings took place and explained that due to the change of manager this meeting had not taken place. The manager confirmed that the next staff meeting was scheduled for September 2017.

The service did not have an effective system in place to monitor the quality of the service being provided to people using the service and to manage risk effectively. The service had failed to effectively check essential aspects of the care provided in respect of risk assessments, MARs and punctuality. We found a breach of regulations in respect of this.

During the inspection, management explained to us that they would make the necessary improvements to aspects of the care. However we needed to be sure that these processes had been implemented consistently over a significant period of time.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

There was one aspect of the service that was not safe. Risk assessments did not clearly reflect all the potential risks to people which could mean risks not being appropriately managed and could result in people receiving unsafe care.

People told us they were safe and comfortable around care workers. This was confirmed by relatives we spoke with.

Appropriate employment checks were carried out before staff started working at the service.

Is the service effective?

Good

This service was effective. Staff had completed relevant training to enable them to care for people effectively. Staff were supervised.

People's health care needs and medical history were detailed in their care plans.

Care support plans included some information about people's mental health and their levels of mental capacity to make decisions and provide consent to their care.

Is the service caring?

Good

The service was caring. People told us that they were satisfied with the care and support provided by the service.

Staff were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care.

Care support plans were person centred, individualised and specific to each person's needs. They included information about people's preferences and their likes and dislikes.

Care workers were able to form positive relationships with people.

Is the service responsive?

Good

The service was responsive. Care plans included information about people's individual needs and choices.

The service had clear procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Requires Improvement

There was one aspect of the service that was not well led. The service did not have an effective system in place to monitor the quality of the service being provided to people using the service. The service had failed to effectively check medication administration records, risk assessments and monitor care staff punctuality.

The service had a management structure in place with a team of care workers, office staff, the manager and head of service.

Staff were supported by management and told us they felt able to have open and transparent discussions with them.

The quality of the service was monitored. Regular checks were carried out and there were systems in place to make necessary improvements.

Helping Hands Harrow

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, and to provide a rating for the service under the Care Act 2014.

One inspector carried out the announced inspection on 17 August 2017. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people. The service also completed a Provider Information Return (PIR). The PIR 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. The PIR also provides data about the organisation and service.

During our inspection we went to the provider's office. We reviewed four people's care records, three staff files, training records and records relating to the management of the service such as audits, policies and procedures.

We spoke with three people who used the service and three relatives. We also spoke with eight members of staff including four care workers, the quality assurance officer, manager, manager from another provider location and the head of service.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us that they felt safe and comfortable around care workers. When asked if they felt safe with care workers, one person told us, "I feel safe." Another person said, "Yes I am safe around them." Relatives we spoke with confirmed this and said that they had no concerns regarding people's safety when in the presence of care workers. One relative said, "Yes my [relative] is absolutely safe." Another relative told us, "My [relative] is 100% safe around carers. I have not got a bad thing to say. The carers are absolutely fantastic."

Some risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for some people which included a section for the environment and moving and handling. There were some risk assessments in place. However, we noted that some of the assessments were incomplete and contained limited information. For example, there was a moving and handling risk assessment for people. However, we found that this contained limited information about appropriate moving and handling techniques required by staff. We saw in one person's care plan it stated that the person had "difficulties with walking, bathing and showering" but the risk assessment did not provide further information about the difficulties and also did not detail whether the person required assistance with transfers. Another person's moving and handling and environmental risk assessment was incomplete and therefore it was not clear what the risks associated with this person were. We also noted that areas of potential risks to people had not been identified and included in the risk assessments. For example, one person's care records indicated that they were diabetic. However, there was no risk assessment in place to identify potential hazards and risks associated with this. We also found that one person's care plan stated that the person had a history of falls; however there was no risk assessment in place to address this.

We spoke with the manager and head of service about the risk assessments. They confirmed that the service was going to change the format of their risk assessments and showed us an example of this format. The head of service told us that they would review the risk assessments and ensure they were completed fully and contained more information about potential risks and measures in place to ensure risks were minimised for people using the service.

Although support that was required from care workers was detailed in people's care support plans, the risk assessments did not clearly reflect the potential risks to people which could mean risks not being appropriately managed which could result in people receiving unsafe care.

The above evidence demonstrates that the assessment of risks to the health and safety of people using the service was not being carried out appropriately. All potential risks were not being identified for people and their specific needs which meant risks were not being managed effectively and this could put people at risk of harm.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safeguarding policies and procedures were in place to help protect people and help minimise the risks of abuse to people. The policy referred to the local authority, police and the CQC. Care workers had received training in safeguarding people and training records confirmed this. Care workers were able to describe the process for identifying and reporting concerns. They told us that if they saw something of concern they would report it to the manager immediately. The service had a whistleblowing policy and contact numbers to report issues were available. Staff we spoke with were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

There were arrangements for the administration and recording of medicines. There was a comprehensive policy and procedure for the administration of medicines. Records indicated that staff had received training on the administration of medicines and had their competency to administer medicines assessed prior to them administering medicines and we saw documented evidence of this and care workers we spoke with confirmed this.

We looked at a sample of medicine administration records (MARs) for four people and saw that the majority of these were completed fully with no unexplained gaps which indicated that medicines had been administered as prescribed. However, we did note that in some instances on one person's MARs between July and August 2017 there were unexplained gaps. We raised this with the service and they confirmed that the medicines had been administered appropriately and this was recorded in people's daily records and provided us evidence of this. However, the MAR sheet had not been completed fully.

The service confirmed that in response to this, all carers and office staff would attend a refresher training session focusing on medicines recording and this would be completed by 8 September 2017.

We also noted that where people's medicines formed part of a blister pack, the names of the medicines contained in the pack were clearly listed on the blister pack and in care support plans. It was therefore evident what medicines formed part of the blister pack.

The head of service told us that they were safely able to meet people's needs with the current number of care workers they had. She explained that as the service expanded, they would recruit more care workers and there was flexibility in respect of this. Feedback we received from people and relatives was that people received care from the same care workers on a regular basis and there was consistency in the level of care they received. This was confirmed by relatives we spoke with.

We spoke with the head of service and manager about staff punctuality and they explained that care workers completed timesheets detailing what time they arrived and left people's homes. The manager confirmed that on the whole care workers were punctual for visits and if there was any delay, care workers were trained to contact the office and the office would inform people appropriately. People and relatives we spoke with told us that generally care workers arrived on time and they raised no major concerns about this. One person told us, "My carer is on time and I have had no missed visits." Another relative told us, "Punctuality is not an issue." Whilst people and relatives we spoke with did not raise concerns about care worker's punctuality, we noted that there was no evidence that demonstrated that management carried out regular checks in relation to care worker's attendance and timekeeping. We raised this with the service and they confirmed that they would immediately commence this.

Recruitment processes were in place to ensure required checks had been carried out before care workers started working with people who used the service. We looked at the recruitment records for three members of staff and found background checks for safer recruitment including, enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been

obtained. Written references had been obtained for care workers.

The service had an infection control policy which included guidance on the management of infectious diseases. Care workers were aware of infection control measures and had access to gloves, aprons and other protective clothing.

Good

Is the service effective?

Our findings

People who used the service told us that they had confidence in care workers and the service. One person said, "My carer is very nice. I am satisfied with the care." Another person told us, "I am very happy with the care." Relatives of people who used the service told us they were satisfied with the care provided. One relative said, "I am happy with the care. I am satisfied." Another relative told us, "The carer is really supportive. No complaints from me. Really, really good care."

During the inspection, we spoke with care workers and looked at staff files to assess how staff were supported to fulfil their role and responsibilities. Training records showed that care workers had completed an induction and received training in areas that helped them when supporting people. Training staff received covered safeguarding adults, moving and handling, basic life support, and medicines administration.

Records showed that care workers had undertaken an induction when they started work which was for three days. All care workers we spoke with told us that the induction and training they received was adequate and prepared them to do their job effectively. One care worker told us, "The induction was good. It was informative. I learned a lot." Another care worker said, "The induction was definitely intensive and it was practical training. It was very good." Care workers also confirmed that before they started providing care, they shadowed other members of staff and carried out a mandatory six hours of shadowing where they were provided with hands on training and were able to fully understand the needs of people they would be supporting.

Care workers were in the process of completing the 'Care Certificate'. The new 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work.

There was evidence that care workers had received regular supervision sessions. These sessions enabled care workers to discuss their personal development objectives and goals. The manager explained that the service monitored staff supervisions on an electronic system. The system identified when staff supervisions were due so that the manager could monitor this closely and ensure that all relevant supervisions took place. We noted that two care worker's supervisions were due and the manager confirmed that these were due to take place in September 2017. We observed that care workers had not yet worked at the service for a year and therefore an appraisal had not yet taken place. The manager confirmed that appraisals would be carried out when they were due.

People's healthcare needs were monitored by care workers where this was part of their care agreement. We noted that the care records contained important information regarding people's medical conditions and healthcare needs.

Some people were supported with their nutritional and hydration needs where their care plans detailed this. Care plans included information about people's dietary needs and requirements, personal likes and dislikes

and allergies. One relative explained that the care worker helped their relative to cook meals and supported them to be independent in the kitchen. The manager explained that that if care workers had concerns about people's weight they were trained to contact the office immediately and inform management about this. The service would then contact all relevant stakeholders, including the GP, social services, occupational therapist and next of kin. We saw evidence that people's nutrition and hydration details were recorded in the daily records so that the service could monitor people's progress.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had received training in the MCA as part of their induction training. Care workers were aware of the importance of ensuring people were able to make their own decisions as much as possible. They told us that they always ensured people were given a choice and were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

There were some arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans included some information about people's communication and levels of comprehension. However, we found that the level of detail was limited. We discussed this with the manager and she confirmed that the service would ensure further information was provided about people's mental capacity to make decisions. We noted that care plans had been signed by people or their representatives to indicate that they had been involved in their care and had agreed to it.

Good

Is the service caring?

Our findings

People we spoke with told us that they felt the service was caring and spoke positively about care workers. One person said, "My carer is very nice. She is caring and helpful." Another person told us, "My carer is very, very nice." Relatives we spoke with confirmed this. One relative told us, "The carers make [my relative] feel like a human and not a number and not an inconvenience. [My relative] has told me this herself." Another relative said, "Carers are respectful. They manage [my relative's] needs very well."

People's care plans included information about their background, life history, language spoken and their interests. This information was useful in enabling the service to understand people and provide suitable care workers who had similar interest. The manager explained that where possible, care workers would be matched to people with the same type of interest and background so that they can get on well.

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Care support plans included information about cultural and spiritual values. The service had a policy on ensuring equality and valuing diversity. Staff we spoke with demonstrated that they ensured they treated people with respect and dignity regardless of people's background and personal circumstances. They had a good understanding of ensuring they were caring, respectful and compassionate towards people using the service. They were aware of the importance of ensuring people were given a choice and promoting their independence. Care workers were also aware of the importance of respecting people's privacy and maintaining their dignity. One care worker told us, "I always put myself in the position of the person. I always explained what I am doing. I treat them in a dignified manner. I always ask people what they want. I encourage independence." Another care worker said, "I always encourage people to make decisions. It is important that they have choices."

The head of service explained that the service did not provide home visits of less than 30 minutes. This gave care workers an opportunity to spend time speaking and interacting with people and doing things at people's own pace, not rushing them. This enabled the service to focus on providing person centred care.

The service had a comprehensive service user guide which was provided to people who used the service and they confirmed this. The guide provided useful and important information regarding the service and highlighted important procedures and contact numbers. It also included information about the core values of care which was, "Our care will strive to preserve and maintain the privacy and dignity, the rights and independence and respect the choices of all our customers, and in so doing will be sensitive and responsive to the customer's individual and changing needs."

Good

Is the service responsive?

Our findings

People who used the service and relatives told us that they felt listened to by the service. They told us that they were satisfied with the care provided by the service and raised no concerns in respect of this. One relative said, "They adapt to what [my relative] wants. They do listen to our needs and act." Another relative told us, "I feel able to complain absolutely but don't have any complaints."

People's care plans provided information about people's life history and medical background. There was a support plan outlining the support people needed with various aspects of their daily life such as personal care, continence, eating and drinking, communication, mobility, medicines, religious and cultural needs. Care plans were person-centred and specific to each person and their needs. We saw that care plans detailed people's care preferences, daily routine likes and dislikes and people that were important to them. Care plans contained information about people's past, previous interests and occupations. We however noted that care plans varied in respect of their level of detail. Some care plans included more information than others and we discussed this with the manager. She confirmed that she would ensure that information was consistently documented in care plans.

We noted that care records included fact sheets which provided care workers with additional information about various medical conditions. For example, one person's care records included an information fact sheet covering diabetes.

The service monitored people's progress through daily records. These recorded daily visit notes, meal log and medication support. These were completed in detail and were up to date.

The service had clear procedures for receiving, handling and responding to comments and complaints. People and relatives we spoke with told us they did not have any complaints about the service but knew what to do if they needed to raise a complaint or concern. They also told us that they were confident that their concerns would be addressed. We noted that one formal complaint had been documented and discussed this with the head of service. She confirmed that the service had responded to the complaint and they were in the process of dealing with this appropriately.

The manager explained that the service had carried out a satisfaction survey in December 2016. The quality assurance officer explained that a satisfaction survey was scheduled to be carried out in December 2017.

Requires Improvement

Is the service well-led?

Our findings

People and relatives spoke positively about the management at the service. They told us that they thought it was well managed. One relative said, "The old management was not so great. There is a new manager. I have more confidence in the new manager." Another relative told us, "The service is very well organised. I have confidence in the new manager."

There was a management structure in place with a team of care workers, the manager, quality assurance officer and regional head of service. There had been changes to the management of the service in April 2017. The registered manager left the service in April 2017 and another manager was appointed and started in the role in June 2017. The new manager has applied to register with the CQC as the registered manager of the service.

There was a quality assurance policy which provided information on the systems in place for the provider to obtain feedback about the care provided at the service. We observed that the service had carried out some checks in respect of telephone monitoring of the standard of care. However, we did not see evidence that these were consistently carried out and were carried out for all people. We discussed this with management and they confirmed that they would ensure that this was carried and documented accordingly.

We found that the service had failed to effectively check various aspects of the care provided and had failed to identify their own failings in various aspects of care. For example, the service had failed to identify issues in respect of gaps in one person's MARs. We found that the audit detailed that "all entries had been signed" to indicate that the MAR had been completed correctly when this had not been done. We also found that there was no audit in place to identify the incomplete and lack of information in risk assessments and inconsistency of information in people's care records. The service did not have a system in place to check the punctuality and attendance of care workers.

The service did not have effective systems and processes in place to assess, monitor and improve the quality of the services provided. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed these issues with management and they confirmed that the service would immediately ensure necessary audits and checks were carried out correctly.
Some checks had been carried out by management in areas such as supervision sessions, training and policies and these were documented accordingly.

The majority of care workers we spoke with told us that they felt supported by their colleagues and management. They spoke positively about working at the service. One care worker told us, "The support is excellent. I can call the office and nine times out of ten, someone will always pick up. There is genuinely good support." Another care worker told us, "The support is good. I can always reach someone if I need guidance." However, another care worker told us, "The support is ok. It could be better. We could have more contact with management." Care workers told us that they felt confident about approaching management if

they had any queries or concerns. They felt matters would be taken seriously and management would seek to resolve the matter quickly.

We noted that the last staff meeting had taken place in February 2017 and that there had been no meeting since. We raised this with the head of service who confirmed that there had been a gap and this was due to the new management at the service. She confirmed that the next meeting was scheduled to take place in September 2017.

We spoke with head of service about the aims of the service particularly as the service was newly registered with the CQC. She told us that the service aimed to grow but in a responsible manner where people continue to receive a high standard of care.

The service had a system in place for recording accidents and incidents. This was documented electronically on the service system.

The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control, safeguarding and whistleblowing.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks were not consistently being identified for people and their specific needs which meant risks were not being managed effectively and this could put people at risk of receiving support that was not appropriate and unsafe.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have adequate scrutiny and quality monitoring of the service. This may put people at risk of harm or of not receiving appropriate care.