

Helpers Homecare Limited

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Inspection report

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10 May 2016

11 May 2016

12 May 2016

13 May 2016

16 May 2016

18 May 2016

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Ratings

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

Summary of findings

Overall summary

This inspection was carried out on 10 May 2016 and was announced. At their last inspection on 16 December 2013 they were found to be meeting the standards we inspected.

Helpers Homecare provides personal care to people living in their own homes. At the time of our inspection, 200 people were receiving support from the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. In this instance the registered manager was also the provider.

People received care and support that met their needs. There were individual care plans that gave guidance to staff to enable them to deliver this in a way that respected their choices, preferences and promoted their dignity.

People were supported by sufficient numbers of staff who had been recruited safely and had the appropriate skills for their role. Staff received regular support and supervision and the management team shared updates and lessons learned with them.

Staff knew how to identify abuse and risks to people and respond appropriately. People's medicines were managed safely. The management team were available for guidance and support should it be needed. Everyone we spoke with was positive about the management of the service and the ethos of the service. Staff knew what was expected of them and people told us that they were all very kind and caring.

There were systems in place to monitor the quality of the service and address any shortfalls. People's feedback was sought and this was responded to appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe using the service and staff knew how to identify and report abuse.

People were supported by staff who had been recruited safely and there were enough staff to meet their needs.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and supported appropriately.

People's consent was sought before providing care.

People were supported to maintain a healthy and balanced diet.

People were assisted to contact healthcare professionals if needed.

Is the service caring?

Good ●

The service was caring.

People told us that all staff were kind and caring.

People were involved in planning their care and felt respected.

Confidentiality was promoted and staff knew how to obtain an advocate for people if needed.

Is the service responsive?

Good ●

The service was responsive.

People's needs were met and care plans gave staff clear

guidance to deliver care or support safely and appropriately.

People were aware of how to make complaints if they needed to.

Is the service well-led?

Good ●

The service was well led.

People and staff were positive about the leadership and management of the service.

Staff were kept informed of changing policies, practice and lesson learnt through meetings and a newsletter.

There were systems in place to monitor the quality of the service and address any issues.

Helpers Homecare Limited

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a comprehensive inspection of Helpers Homecare Limited on 10 May 2016. Before our inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was undertaken by one inspector. We gave the service 48 hours' notice to ensure that the registered manager would be available to meet with us.

During the inspection we received feedback from 32 people who used the services, eight relatives, 14 staff members, the training and quality manager and the registered manager. We also received feedback from professionals involved in supporting people who used the service and reviewed the recent reports from service commissioners. We viewed information relating to five people's care and support. We also reviewed records relating to the management of the service.

Is the service safe?

Our findings

People felt safe using the service. One person said, "I feel very safe, it's the best one [service] there is." Another person said, "It makes me feel safe, someone coming in, and they are so reliable."

Staff were aware of how to identify and reports any concerns relating to the risk of abuse. Staff were familiar with how to report to agencies outside of the organisation. One staff member said, "I would certainly go to [Local authority safeguarding team]." Staff had received training in relation to safeguarding people from abuse. We also saw that reminders were given through a weekly newsletter. Information on how to report a concern was displayed in the office and there was a safeguarding people from abuse and whistleblowing policy available for staff to read.

People had their individual risks assessed and told us that staff worked in a way to mitigate those risks. One person said, "I feel safe and I can stay independent." We noted that changes to individual risks were shared with staff during meetings and the newsletter. We also noted when the layout of person's home increased the risk in relation to their mobility, this was discussed with the person. Accidents and incidents were logged and the quality manager told us that they reviewed these regularly to ensure all appropriate action had been taken and there were no themes emerging.

There were sufficient numbers of staff to meet people's needs. People told us that staff were on time and did not miss calls. One person said, "My visits are always on time." Another person said, "They always stay for the time I pay them for, they are really good, I don't have to worry." The registered manager told us, "We don't take on new contracts unless we can meet the needs of the person." They told us that this related not only to the dependency levels of people but also where they lived and if a staff member was available in that area. Staff told us that they felt there were enough of them to meet people's needs. We reviewed the rota and saw that all visits were allocated to staff members at set times. If visits were late, then an alert was sent to the care co-ordinator responsible for that area who immediately addressed it and ensured the call was carried out.

People were supported by staff that had been through a robust recruitment process. This included all appropriate pre-employment checks, such as references and a criminal records check. We spoke with a newer staff member who confirmed that all relevant checks had to be completed prior to them commencing work. We also saw, and staff confirmed, that they worked along experienced staff members before starting work on their own.

People's medicines were managed safely. One person told us, "They do my medication and they always make sure I take them and they give them to me at the right time." A relative told us, "[Person] has a locked box with [their] medications in, [staff] are very careful." We saw that staff had received appropriate training and competency assessments. Medicine audits were carried out by care co-ordinators and the medicine records were checked for accuracy when they were returned to the office.

Is the service effective?

Our findings

People told us that they felt staff had the appropriate skills and knowledge for their roles. One person said, "They are definitely skilled for their job." Another person said, "The [staff] are trained very well and they know what they are doing."

Staff told us that they felt well equipped for their role. One staff member said, "Everything is up to date and they're always offering us other courses." We spoke with a newer staff member about the training and support they had been given prior to and while starting employment at the service. They told us, "It's been brilliant the training is really good, I shadowed an experienced member of staff who was really informative and the office staff have been really supportive and helpful too." We noted that some staff were working through, or had just completed a vocational qualification. Staff also told us that they felt supported. One staff member said, "I feel well supported, they are always there if you need something." We saw that staff received one to one supervision, regular competency assessments and an annual appraisal.

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. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People who were supported by the service lived in their own homes therefore DoLS were not applicable in this setting.

People were supported to make their own decisions and consent was sought prior to care being delivered. One person said, "They always ask me 'shall we.....' or 'would you like to" A relative told us, "[Person] always has a choice, about whether to get up or not, about whether to go out or not." Staff told us that people they supported had capacity to make their own decisions. However, they were aware of the process to follow to support someone should they require an advocate if they became unable to make their own decisions.

People were given support to eat and drink sufficient amounts. Staff prepared meals and drinks for people and gave encouragement. One person told us, "I like to cook, I don't like microwave meals, so I cook and they dish up because my hands aren't so good." Another person said, "They help me with my food, it's always hot and they are good at sorting it all out." We saw from records that those at risk of not eating and drinking enough that staff maintained a log of what was offered and what was consumed. When staff had concerns about a person not eating and drinking enough, this was discussed with them and health professional was contacted.

Although people were in their own homes and generally independent in regards to health care appointments, they told us that support with this was offered when needed. For example, if when visiting someone they found that they were unwell, they would offer to call the GP.

Is the service caring?

Our findings

People told us that staff were very kind, friendly and caring. One person told us, "So caring, there is nothing [staff] wouldn't do, over and above what's expected." People also told us that staff spent time getting to know them and chatting. One person said, "I really look forward to them coming." Another person said, "They are very helpful and friendly, I look upon them as my friends."

People told us they were involved in planning their care and their choices were respected. They told us that they sat with a staff member and the plan was developed. One person said, "It couldn't be better, I was very involved." Another person said, "I know what care I want, the office will have a chat to me and make it all formal." We saw that people's care plans were written in a way that gave guidance to enable staff to support people in accordance with their preferences, choices and life histories. For example, what a person wants from a visit and their expectations. People supported by the service were able to make their own decisions and choices and were happy to depend on staff for their day to day needs. For example, we noted that a person needed a new piece of furniture and a staff member assisted them with ordering and the delivery of this. However, the management team were aware of their boundaries and when they needed to obtain an advocate for a person if the need arose, for example, if a person found themselves in need of support in the event of a medical or significant financial decision to be made.

People told us that staff listened to them and that their choices were respected. One person said, "I understand them and they understand me." Another person said, "They are so respectful always, they are just nice people." Some people told us they would prefer to meet their allocated staff members before they started receiving support from them but they always felt that the staff visiting were kind and considerate.

People's personal information was held securely. Most records were held electronically with certain aspects, such as financial information, being restricted to the staff that needed access.

Is the service responsive?

Our findings

People told us they received care and support that met their individual needs. One person said, "It couldn't be better." Another person said, "I came out of hospital and they sorted out all my visits very quickly." A relative told us, "I am extremely happy with the service provided by helpers home care they have enabled my [relative] to stay in [their] home and assist [them] as much as possible I'm consulted if they have any concerns and I feel reassured that [they are] being well cared for." We were told by one person that they would prefer a visit later in the evening to enable them to go to bed later but so far this has not been possible. The registered manager told us that they only take on people whose needs and preferred times they can meet. However, at times they will offer people alternative times until such time as visits at their preferred times become available. They told us, "It is offered as they want to use our service and we will try and accommodate the changes when we have availability."

People's individual care and support plans were written in a way that enabled staff to provide appropriate and safe care. These included assessments and plans in relation to moving and handling, continence, skin care and washing and dressing. We saw that they included specific details however, the quality manager told us they were still working on them to help make them more detailed and person centred. Plans and risk assessments were reviewed regularly and updated as people's needs changed. We saw that staff were allocated on the rota to times that suited people's needs and this stated that type of support that was to be offered and delivered.

People were aware of how to make a complaint should they need to. However, everyone told us that they were very happy with the service. One person said, "I wouldn't change this agency ever, they are excellent, no complaints and I've been with them a long time." Staff told us that they checked that people were happy with the service. One staff member told us, "Oh gosh, I've never had anyone complain." The registered manager and staff told us that they thought the reason that they did not receive many complaints was because the calls were normally on time. The registered manager told us, "If you can get the basics right, then the rest should be ok." A staff member told us, "It is important to people that we are there on time so I do that."

Is the service well-led?

Our findings

People told us that the service was well led and they felt listened to. One person said, "You just phone up and your requests are sorted." They went on to say, "I think it is an excellent service, I think it should be rated very highly." Another person told us, "They are always very efficient, and very helpful."

Staff were also positive about the management of the service and felt there was strong leadership. One staff member said, "The managers are very good, they communicate well." They went on to say that the leadership style, "Helps to make us better every day." We were told that all of the management team were approachable and staff felt comfortable going to them. Another staff member told us, "I love it, no problems at all, they treat us all [staff team] with respect."

The management team kept staff informed of any changes and lessons learned following an accidents or incidents. One staff member said, "We are kept informed of changes, loads of courses and updates." We saw that in addition to a regular meeting used to keep staff up to date, there was also a weekly newsletter that included information on changing needs of people, updates to policies and other key information.

The approach of the service was to put people first. The registered manager told us that the most important thing was to make sure calls were on time and not missed. They said this could then be built on to ensure the care people received was good. Staff were clear about what was expected of them and where to go for support or guidance if they needed to. Staff were positive about working for the service and felt that people received a good standard of care and service. When one staff member was asked about late or missed calls, they laughed and told us, "We wouldn't be allowed." Staff told us that although people's needs came first, the management team also supported them to work to the best of their abilities. This was done through training, meetings and hands on support.

There were systems in place to monitor the quality of the service. We saw that in addition to internal systems, local authorities that commissioned services from Helpers Homecare Limited also carried out monitoring checks and visits. We noted that the service scored in the 90% region and was rated as 'Good'. These checks were based on call times and punctuality, people's feedback and involvement. The registered manager told us that they use this information to review their performance. We saw that the quality manager and care co-ordinators carried out reviews of care plans and checked medicine administration to identify any issues. The results were discussed at supervisions and meetings. Any shortfalls were met with an action plan and follow up by the manager responsible to ensure it had been completed.

People told us that they were asked for their views about the quality of the service. One person said, "They come out and talk to me more than once a year and we have a questionnaire." The registered manager and quality manager told us that people were also asked for their feedback during care plan reviews. This helped to ensure that they provided a service that people were happy with.