

Helmar Care and Community Services Limited

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Inspection report

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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?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

Helmar Care and Community Services Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection 36 people were receiving a service.

A registered manager was 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.

The last inspection of Helmar Care and Community Services Limited took place in May 2017 when we found four breaches of Regulations relating to risk assessments, medicines management, quality assurance and recruitment checks. After the inspection, the provider wrote to us to say what they would do to meet the legal requirements.

At this inspection we found the provider had made improvements to meet the Regulations but further improvements were required to attain an overall good rating. Some people using the service continued to experience inconsistencies in the way the service was provided and work was on-going to improve the quality of care documentation kept by the service. This view was shared by commissioners of the service.

People using the service told us they felt safe and the majority of people spoken with said they were supported by familiar staff who knew their needs well. They said that they were treated with dignity, respect and kindness by staff.

Staff had access to training and supervision and were supported by the service. They received safeguarding training and understood how to help protect people from abuse. Safeguarding and whistleblowing policies also gave guidance to staff on how to identify and report concerns they might have about people's safety.

Staff were organised in geographical areas and staffing rotas showed that care staff were consistently allocated to the same people using the service. However we received mixed feedback from people and/or their relatives about the timekeeping of staff. The registered manager told us they were experiencing difficulties in recruiting suitable staff with the right skills and experience.

Improvements had been made to care documentation with new computerised assessment and care plan formats being introduced. This work was on-going.

The service helped to protect people from the risk and spread of infection. Staff told us that they were supplied with the personal protective equipment (PPE) they required and staff members were supplied with gloves, aprons and shoe covers.

Safe recruitment practices were in place to help protect people from the employment of unsuitable staff.

Staff had received training in the MCA (Mental Capacity Act 2005) and understood the importance of gaining people's consent before assisting them.

People and their relatives felt able to raise any concerns or complaints. There was a procedure in place for people to follow if they wanted to raise any issues.

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 ●

Some aspects of the service were not safe.

There were sometimes not sufficient numbers of staff to make sure people received a consistent and reliable service. Some people told us care staff were regularly late for their scheduled calls.

Improvements were on-going to help ensure any risks to individual safety and welfare were identified and managed appropriately.

Improvements had been made to help ensure people were supported to take their medicines safely.

Recruitment procedures were in place to help keep people safe.

Is the service effective?

Good ●

The service was effective.

Training and supervision was provided to staff to help them carry out their role and provide effective care.

Staff had an understanding of, and acted in line with, the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People and their relatives were happy with the care they received and felt staff respected their privacy and dignity.

Relationships between care staff and people using the service were positive.

Is the service responsive?

Requires Improvement ●

Some aspects of the service were not responsive.

Work was on-going to update people's care plans and risk

assessments.

The service had a complaints policy and procedure, so that people knew what to do if they had a complaint.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post.

Improvements had been made to the service following our last inspection and this work was on-going.

The service carried out regular checks to monitor the quality of the service and drive improvement.

Helmar Care and Community Services 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including a Provider Inspection Return (PIR) and any statutory notifications. Statutory notifications include information about important events which the provider is required to send us. A PIR is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

We gave the service notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. One inspector carried out this inspection.

Our inspection site visit activity started on 28 March 2018 with a visit to the agency office and ended on 27 April 2018 following telephone calls to people using the service and/or their relatives.

During our inspection we spoke with 10 people using the service, three relatives and three staff members. We also looked at records and electronic systems relating to the management of the service, including care records, staff schedules, spreadsheets to monitor staff training and supervision, field observation and findings from satisfaction surveys. We also looked at seven staff records including the recruitment information held. We received written feedback from service commissioners following our inspection.

Is the service safe?

Our findings

People and their relatives were uniformly positive about the care and support provided by Helmar Care and Community Services Limited. They told us they felt safe with staff and said the staff working with them were caring and thorough. One relative told us, "[Person's name] is safe. I feel I can go out and leave them to it."

Despite the feedback above we received mixed feedback from people and/or their relatives about the timekeeping of staff. Some people told us that their care staff were often late although many said they were now accustomed to this. One person said, "Mostly it does suit me. They always turn up." Another person told us, "Not all of them turn up on time. They just come." A third person commented, "Come on time? No that's a bad point. I just expect it [staff arriving late] – it's the buses." Comments from people were also mixed as to whether they were informed that their care staff would be arriving late. We recommend the provider reviews their system for staff allocation, monitoring visit times and communication when staff are running late, to ensure people receive care when they expect to.

People were kept safe and protected from neglect, abuse and discrimination. Staff had attended safeguarding training and knew what action to take if they suspected abuse. One staff member told us, "The safeguarding training is compulsory." Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information was available. The registered manager and senior staff were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Medicines were managed consistently with improved checks in place to make sure that people were supported to take their prescribed medicines safely. The agency policy was to only administer medicines from a blister pack with a medication administration record (MAR) in place. Field officers carried out spot checks to make sure people were receiving their medicines as prescribed. We saw one instance where contact had been made with a local pharmacy to check on the medicine the person was receiving.

Systems were in place to identify and reduce the risks to people using the service however these could still be improved. The initial assessments carried out for a new client by Helmar Care and Community Services Limited included a basic risk assessment looking at areas such as the person's home environment, their personal care needs and any medicines administration required. New more detailed management plans had been put in place for some people following our previous inspection addressing the risk of falls. These documents were kept under review and amended as necessary following any further falls. We recommend that the service seek further advice and guidance from a reputable source to develop their risk assessment and management framework.

There were systems for reporting and monitoring of incidents and accidents. Staff knew to contact the office or manager in the event of an accident or incident occurring. A written report was completed and care documentation reviewed to help prevent a reoccurrence. A senior staff member commented, "I cannot think of any care staff that do not report things. I think people are kept safe. We check on them."

Helmar Care and Community Services was working with an external organisation who had implemented a

Health and Safety management system to enable the organisation to promote and manage a safe working environment.

Staff protected people from the spread of infections. Staff had access to personal protective equipment (PPE) and they confirmed that PPE was worn when supporting people with their personal care. During observations of care workers practice the field supervisor checked staff were adhering to infection control procedures. One staff member told us that PPE was 'always' available when they needed it in the form of gloves, aprons and shoe covers.

Recruitment procedures made sure that the right staff were recruited to support people to stay safe. The files seen included references from previous employers and proof of identity documentation. Criminal Records checks had been completed. These important checks identify people who are barred from working with children and vulnerable adults and informs the service provider of any previous criminal convictions.

Is the service effective?

Our findings

People using the service and their relatives expressed confidence in the care staff. One person said, "They've [care staff] been very good. Always been very good." Another person commented, "They've been pretty good. They are quite thorough." A third person said, "They know what they are doing."

Assessments of people's needs were completed or obtained from commissioners before people began to receive a service. The expected outcomes for the person were identified and a care plan put in place to meet these.

Staff told us they were well supported by the registered manager and office staff and received appropriate training to carry out their roles. A dedicated trainer delivered in house training two days each week. They also organised external training when required and supervised and appraised staff. This continuity of supervision and discussions about personal development helped to ensure staff received the training they needed.

Staff completed a range of training courses that as part of their induction. Staff were encouraged and supported to complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Staff also completed refresher training courses, including safeguarding, infection control, moving and handling and food hygiene.

A field officer carried out documented spot checks of staff in people's home and these were kept on file. We discussed using these visits as an opportunity to obtain the persons view of the care they were receiving and documenting this feedback.

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

People and their relatives told us that staff asked for their consent before carrying out any care and support and respected their wishes. A relative told us, "They listen." One person commented, "Yes, they do the things I want."

Care staff provided people with support as required with meals and drinks. Daily records documented the support provided to people with their nutrition and hydration.

Helmar Care and Community Services Limited worked with the local authority to meet and assess people's

care needs following discharge from hospital. One person told us, "They got me through the worst." Some concerns were however highlighted by local authority partners regarding the quality of recording by care staff. We noted that further training was being arranged for staff including English where it was a second language.

Is the service caring?

Our findings

People using the service and their relatives were positive about the care staff who regularly visited them. Comments included, "Very caring, I have been really impressed", "They are very careful and very caring" and "I can't fault them."

People and their relatives said that staff had built caring relationships with them. Some of the care staff had worked for the service for an extended period so many people were supported by staff who knew them well and could respond in a person-centred way. One relative told us, "We are very pleased. They have a laugh and a joke. They chat with [family member]." A person using the service said, "We have a good time."

Most people told us that they had regular care staff and were happy with the communication from the agency. However some people said that they were not always informed as to who was coming on each call. One person said, "I have near enough the same carers." Other comments included, "We have roughly the same people" and "Generally the same apart from sickness and holidays."

The field officer told us they rang people early into the delivery of the care package to ensure they were happy with the staff providing them with care. We saw evidence of review assessments taking place to make sure that the right support was in place and the person was happy with the care staff visiting them.

Staff were caring and respected people's privacy, dignity and independence. One person said, "They are very good. Always polite." Another person commented, "Very caring. A relative told us, "Good as gold. Happy lovely people." A second relative said, "They are polite to you."

People said staff listened to them and allowed them time to do as much as they could for themselves. One relative told us that the care staff had recently stayed extra time to help their family member use new equipment and reported how patient they had been. Another relative told us about their regular staff saying, "I can't fault them. They have got patience."

People's care plans were being improved to include more detail about their preferences with a new format in place. New sections recorded more detail about areas such as the person's social interests and hobbies, their family involvement and dietary preferences. We saw examples where information obtained during the assessment had been added to the care plan to reflect the person's preferences. For example, their favourite cereal.

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. One person told us, "They do what I want. They listen to me." Another person said, "They do everything they should do. Very good." A third person commented, "They do their jobs well." People told us care staff provided person centred care which met their needs however some people's experience was adversely affected by care staff not always arriving at the correct time.

At our last inspection we found that the support files were not as comprehensive as they could be. At this inspection we found that improvements had been made with new computerised assessment documentation and care plan formats being introduced. Work was on-going to make sure these were in place for all of the people using the service with a new computer now provided for the field officers to help keep these up to date.

We saw that an initial assessment of needs was undertaken and written care plans were then developed to guide staff in meeting these. People's care needs were reviewed at regular intervals to ensure the care being delivered still met people's needs. If staff identified that people's needs had changed this was discussed with the local authority funding their care and the care package was adjusted accordingly. For example, the times of one person's call were adjusted to help prevent them falling when they tried to get themselves out of bed in the morning.

A complaints procedure was in place. This was included in the guide provided to people using the service and included contact details of commissioners, the ombudsman and CQC. People and their relatives told us they would ring the office to complain. One person told us, "I have no complaints." A relative told us, "When we started, a couple of staff weren't all that but it was sorted out." Another person said, "I can't think of any improvements." The registered manager told us and we saw records that showed complaints were dealt with in a timely manner in line with the stated process.

Is the service well-led?

Our findings

People and the relatives who we spoke with told us they thought the service was well managed. The registered manager was experienced and was one of the two providers of the agency.

There was a staffing structure in place which provided clear lines of accountability and responsibility. Senior staff had designated responsibilities including field officers and an in-house trainer monitoring and supporting staff as necessary. Full staff and management meetings were held with minutes recording updates provided to staff. Survey results from staff showed they were satisfied with the training and support provided to them.

One staff member told us, "You can talk to the managers. They will always take action." Out of hours arrangements were also in place. Another staff member said, "I call the registered manager or field officer. They help you."

There were some systems in place to review the quality of service delivery. There were regular visits from field officers to observe the quality of care delivery. There were also processes in place for the provider to monitor key service data, including complaints, incidents, missed visits and safeguarding concerns via commissioner monitoring returns. The registered manager received a handover each day from the seniors and kept a communication book updated with any outstanding issues or concerns.

The provider had carried out a satisfaction survey to obtain feedback from people using the service and/or their relatives. Recent feedback showed that people were generally happy with the quality of care they received. Comments included, "[carers name] is very observant, has excellent communication skills and a lovely personality", "Most of the staff are very friendly and cheerful which you really need if you have been alone all day" and "No problem in communicating. The carer takes her time."

The management team kept in regular contact with the local authority they worked with and we saw evidence that they had sought advice from them in order to improve the service. Service commissioners set their own key performance indicators the service needed to adhere to and regular returns had to be completed to ensure compliance with these targets.

The registered manager told us that they were working with external consultants to ensure they met both regulatory and other quality standards. For example, around health and safety, IT and human resources. The agency was ISO9001 certified meaning they had implemented quality management processes to set recognised standards.