

Helping Hand Care Company Limited

# Helping Hand Care Company Ltd

## Inspection report

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20 June 2019

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## Ratings

Overall rating for this service

Good ●

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

### About the service

The Helping Hand Care Company Ltd is a domiciliary care agency providing care to 69 people in their own homes. Of these, 50 people were receiving personal care.

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

People were supported by kind and compassionate staff who knew them well. People and their loved ones told us having consistent and caring staff helped maintain their dignity. People and their loved ones were encouraged to plan their own care and support.

People's support was personalised, and people told us staff supported them in their preferred way. End of life care plans were in place and a new care plan for the small details was being introduced. Complaints were responded to well and action was taken to reduce reoccurrence.

People were encouraged to stay safe and staff knew how to report any concerns. People were supported to understand risks and involved in planning ways to minimise them. People's medicines were managed safely, and infection control measures were in place. Staff were recruited safely and there were enough staff to cover all visits to people.

People were supported to stay healthy. Staff supported them to have enough to eat and drink and contacted health professionals when appropriate. Staff worked with other agencies flexibly to improve people's care and support. 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.

There was a clear vision which all staff shared, focussed on people receiving personalised and quality care. People and staff told us the provider and manager were open and listened to any concerns or ideas. People completed annual surveys the outcome of which was shared with people and staff. Regular audits were completed to monitor the quality of the service, these were used for learning and to drive improvement. Staff worked with other professionals and community groups to meet people's health and social needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (last report published 19 June 2018.)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

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.

# Helping Hand Care Company Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. An application had been submitted to CQC and was being processed.

#### 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.

Inspection activity started on 17 June 2019 and ended on 20 June 2019. We visited the office location on 17 June 2019.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with five people who use the service and two relatives about their experience of the service. We spoke with the provider, manager, one co-ordinator, and three care staff.

We reviewed a range of records. This included five people's care records and associated records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including surveys and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same 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 by staff who understood their responsibilities in relation to safeguarding. Staff could name the types of abuse they may see, the signs to look for and who they would report concerns to.
- The provider and manager had discussed any safeguarding concerns with the local authority safeguarding team and had taken actions to keep people safe.
- One person could forget to check the identification of people before they entered their home. Staff agreed with them to put up a prompt by the entrance and now the person always checked before allowing them to come in.

Assessing risk, safety monitoring and management

- Risks to people and their environment had been assessed. Plans were in place to give staff guidance about how to reduce risks.
- Staff discussed risk with people and their loved ones and supported them to manage them in their preferred way. For example, one person's loved one chose not to use mobility equipment. Staff accepted this and the loved one supported the person to move whilst staff supported with other care.
- Staff informed the manager and office staff if there was an increase in risks relating to people or a deterioration in their condition. Office staff then reviewed risk assessments and completed additional guidance if required.

Staffing and recruitment

- New care packages were only accepted if they could be covered by staff already employed at the service and fit around other people's packages. There were enough staff to meet people's needs and cover sickness and annual leave.
- Staff were recruited safely; relevant checks had been completed to ensure staff were suitable for their role.

Using medicines safely

- People's care plans detailed the support they required with their medicines and their preferences.
- When people were supported with medicines, this was carried out by staff who were trained and had their competency checked.
- Medicines records were fully completed and reviewed monthly by the manager and provider.

Preventing and controlling infection

- Staff had access to personal protective equipment such as gloves and aprons.
- People told us staff used gloves when appropriate and always had some with them.

#### Learning lessons when things go wrong

- Accidents and incidents were reviewed for learning and action was taken to minimise reoccurrence, such as referrals to local falls team or other health professionals.
- Calls to people were monitored by an app which staff had on their phones which was used to log in and out. Following an incident where the app had not highlighted a missed call, the manager and provider spoke to the app developers and reviewed how the management team monitored the information received.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same 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's needs were assessed prior to receiving support from the service. Assessments included nationally recognised tools to assess risks to people's skin integrity and eating and drinking.
- Assessments also covered protected characteristics under the Equality Act (2010) such as people's religion or sexuality.

Staff support: induction, training, skills and experience

- People and their loved ones told us staff were well trained. One person said, "They certainly know what they are doing, I never have to worry."
- Staff had an induction which included basic training and working alongside experienced staff.
- There was an ongoing training schedule, including training related to people's specific needs such as stoma care. A stoma is an opening in the abdomen which has a bag attached to collect waste.
- Regular spot checks were completed and feedback given to staff about their performance in one to one meetings.

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

- When people were supported to eat or drink there was clear guidance about their needs and preferences.
- Some people had guidance from speech and language therapists about the consistency of their food or how they should be supported to eat. Staff were aware of the guidance and daily records showed they were followed.
- If people began to eat less or lost weight referrals were made to the relevant professionals.

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

- Staff used effective communication systems to meet people's needs.
- One person was being supported by staff to move on regular basis. The person's pain relief was being managed by the district nursing team. Staff recognised the pain relief did not have time to be effective by the time of their call, so spoke to the nurse involved and co-ordinated the visits so they would be more comfortable when they were moved.
- When people were living with long term health conditions, care plans detailed the condition and how it affected the person.

- People's health care plans had guidance for staff relating to when to seek advice or call for a health professional.

#### Ensuring consent to care and treatment in line with law and guidance

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

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to understand and make specific decisions had been assessed and recorded.
- When people lacked capacity and had a lasting power of attorney in place, this was clearly recorded in their care plan. Along with evidence of the legal documentation.
- No one supported by the service was being deprived of their liberty.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same 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 and their loved ones told us they were supported by kind and compassionate staff.
- People had consistent staff, some for many years. They told us this meant they had built strong relationships over time. One person said, "They are an extension of my family, we care about each other and I know they are there for me."
- Staff knew people well and had built positive relationships with people's loved ones. They used their knowledge of people to reassure them and distract them when they were distressed.
- One person was unable to attend their local church due to a decline in their health which upset them. Staff contacted the clergy at the church and arranged for the person to have communion at home.

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

- People and their loved ones were encouraged to be involved in planning their care.
- One person told us, "I explained exactly what I need and they do it as I want it." This comment was echoed by everyone we spoke to.
- Staff followed people's wishes even after they passed away. One person had a cat and when they died, staff visited their home for a week to find the cat and take it to the person's preferred rescue.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and privacy. One relative told us, "The staff know it can be embarrassing for my loved one, but the way they support them has made them feel so much better about needing support."
- People were encouraged to maintain or regain their independence. Staff encouraged people to do as much as possible for themselves, for example one person could prepare most of their own meals but could not take things in and out of the oven. Daily notes showed staff would complete this one section of the task and chat to the person whilst they completed the rest.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At the last inspection improvements were needed to make people's care plans and end of life plans more personalised. These improvements had been made and at this inspection this key question has now improved 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's care plans were detailed and covered both the support needed and how they would like it done.
- The manager or provider met with people every six month to review their support. This was completed sooner if a person's needs changed or they had some time in hospital.
- People told us they could call the service if they needed help at short notice and they would usually be able to send staff.

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 could have their care plans adapted to meet their communication needs.
- For example, one person had their care plan in large print and another in their native language.

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

- Some people supported by the service reported to staff they were feeling lonely. They were supported to visit a local day service and now attend regularly.
- People were supported to maintain relationships; one person's spouse had moved into residential care and staff supported them to visit on a regular basis to share meals and spend time together.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people and their loved ones told us they knew how to complain.
- Only one complaint had been received since the last inspection. The provider had investigated it fully and took action to reduce the risk or reoccurrence. The complainant was satisfied with the outcome.

End of life care and support

- People's care plans contained information about their wishes for end of life care.

- A new care plan was being implemented which focussed on the small details around end of life care such as what smells or sounds comforted people.
- Staff worked closely with community nurses to ensure people were able to pass away in their preferred place.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At the last inspection, improvements were required to how complaints were dealt with. Improvements from the previous inspection had not been fully embedded into practice. These improvements had now been made and at this inspection this key question has now improved to 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; 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

- There was a clear vision and set of values at the service which was shared by all staff. This focused on people receiving personalised and high quality care.
- The provider was open and transparent about any incidents or complaints and shared learning with the staff team. They also discussed issues with the local safeguarding team if they felt there was a safeguarding element to the concern.
- Staff attended regular team meetings and told us they could contact the provider or manager at any time.

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

- The provider and manager were aware of their regulatory responsibilities and knew when they needed to inform CQC and other agencies about incidents.
- There is a legal responsibility for providers to display their rating. The rating was displayed in the office and on the provider's website.
- The provider and manager completed regular audits to monitor the quality of the care being delivered and action was taken to address any shortfalls identified.

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

- People and their relatives were asked their views on the service via annual surveys. The results were collated and shared with people along with any actions taken to address issues.
- One person had expressed an interest in being involved in staff interviews. The provider had then contacted everyone supported by the service to ask if they would like to be involved and to request ideas for questions which were important to ask. People had responded with ideas which were being pulled together at the time of the inspection.

Continuous learning and improving care

- There was a focus on continual learning and a drive for improvement. The provider and manager sought information from organisations such as Skills For Care to ensure they were up to date with the latest changes in legislation and good practice.
- Staff told us they could always raise ideas for ways to improve care and that these would be listened to.

#### Working in partnership with others

- Staff worked closely with other agencies such as district nurses and GPs in order to meet people's needs. Including specialist nurses providing training for staff.
- The service also linked to community groups such as day services or religious groups to enable people to expand their activities or meet their spiritual needs.