Midshires Care Limited

Helping Hands North

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This was an announced inspection carried out on 05 May 2016. At the last inspection in June 2013 we found the provider was meeting the regulations we looked at.

Helping Hands North offers an hourly service and they cover live-in carer breaks as an hourly support service. Helping Hands North provides services for adults with a wide range of support needs including older people, adults with dementia, eating disorders, learning disabilities, mental health conditions, physical disabilities or sensory impairments.

At the time of this inspection the service had a registered manager. 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 registered provider did not have a mental capacity assessment in place for a person identified as not having capacity. Staff gave people choices where they were able to make their own decisions and people and relatives confirmed this happened.

Care plans were not always in place when a service commenced. Care plans required further detail to ensure they reflected person-centred care and support. Historical records of care plans were not retained which meant it was not possible to see how services had changed based on reviews and day-to-day changes.

The registered provider did not have a system of audits to monitor quality levels in the service and demonstrate continuous improvement.

People who used the service felt safe and staff were able to describe the signs which could indicate abuse. Staff were familiar with the process for reporting abuse and were confident appropriate action would be taken. The recruitment procedures we looked at were safe and showed appropriate checks had been carried out before staff commenced working at the service.

People spoke positively about the staff who provided their care and support. We saw examples of extra steps the service took to ensure people were safe and well cared for. Staff were able to demonstrate how they helped to protect people's privacy and dignity and people confirmed this happened.

The complaints we looked at had been responded to appropriately, although the service did not have systems in place to look for themes and trends.

People and relatives were satisfied they received a service which was provided as scheduled.
Most staff were satisfied they had sufficient time to travel between calls. People and relatives were not aware they could ask for a copy of their rota.

Training records we looked at showed most staff were up-to-date with their training programme. Some staff received supervisions and appraisals as part of their ongoing support. Staff were aware of the need to report concerns about changes in people's health to family members and the registered manager. People were supported by staff to have access to food and drink of their choice.

Staff administered medicines for some people who needed this assistance. Staff received training and competency checks for administering medicines. Medication administration records were not routinely reviewed by the service.

Staff were able to describe appropriate steps they would take in the event of an emergency. The service had an out of hours service and the registered manager was also available if needed. There was a positive culture amongst the staff team who felt welcome to visit the office and discuss any concerns. Staff spoke positively about the registered manager who they said they could approach with any concerns.

We found breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this 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

The service was not always safe

People who used the service felt safe. Staff knew how to report any safeguarding concerns.

Staff received training in administering medicines and had their competency checked. Medication administration records were not returned to the service.

The recruitment procedures we looked at were safe and showed appropriate checks had been carried out before staff commenced working at the service.

Is the service effective?

Requires Improvement

The service was not always effective

The service did not have a mental capacity assessment in place for one person who was identified as not having capacity.

Most staff were up to date with their training programme. Some supervisions and appraisals were being carried out.

People received support with meal preparation. Staff were encouraged to report changes in people's health.

Is the service caring?

Good

The service was caring

People who used the service spoke positively about the staff who provided care and support.

Staff knew how to protect people's privacy and dignity and people confirmed this happened.

Is the service responsive?

Requires Improvement

The service was not always responsive

Care plans needed to be strengthened with additional detail to

reflect person-centred care and support. It was not possible to evidence how care plans had changed.

The complaints we reviewed had been responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led

The registered provider did not have audit systems in place in order to demonstrate continuous improvement.

There was a positive culture amongst the staff team who enjoyed their jobs. Staff spoke positively about the registered manager.

Helping Hands North

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.

This inspection took place on 05 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of one adult social care inspector who visited the provider's premises.

At the time of our inspection there were 38 people using the service. We spoke on the telephone with three people who used the service and four relatives. We spoke with six members of staff, a field care supervisor and the registered manager. We spent time looking at documents and records that related to people's care and the management of the service. We looked at four people's care and support plans.

Before our inspection, we reviewed all the information we held about this service, including previous inspection reports. We contacted the local authority and Healthwatch. Both the local authority and Healthwatch stated they had no comments or concerns about this service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We sometimes ask providers to complete a Provider Information Return (PIR). This 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. On this occasion we did not ask the provider to compete a PIR.

Requires Improvement

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe. One person told us, "Oh Lord, yes. Absolutely no problems."

Staff we spoke with told us they would report any concerns regarding the protection of vulnerable adults to the registered manager. Staff were familiar with the registered provider's whistleblowing policy. Whistleblowing is when a worker reports suspected wrongdoing at work. Most staff were familiar with the processes for reporting safeguarding concerns outside the service.

Staff told us they had completed safeguarding training and the training records we reviewed confirmed this. The training they completed was included in the induction training that must be completed before staff worked with people who used the service. The registered manager told us there were no open or completed safeguarding cases at the time of our inspection.

On the day of our inspection we overheard a telephone conversation between a care worker and a member of staff in the office. The care worker had called the office to advise the person was not at home. We saw the member of staff take appropriate action by alerting their family member. This meant information of concern was shared with family members to ensure people were safe.

Rotas were sent to staff via email on a weekly basis. Staff received a text alert to confirm this information had been sent. The registered manager told us where people wanted a copy of the rota, they would send this out to them or family members via email, by post, or staff would drop it off. People and relatives who we spoke with were not aware they could have a copy of their rota. We discussed this with the registered manager who assured us if people or relatives wanted a copy of their rota, they would make this available.

Rotas were set up based on geographical areas. The system was able to identify when staff were on holiday and flagged up where alternative arrangements needed to be made. People and relatives were generally satisfied with the consistency of the staff team who provided their care and support.

People spoke positively about staff arriving on time and staying for the full duration of the scheduled visit. One person told us, "They're coming at a regular time. Yes." One relative commented, "To be fair, I don't think I've had a problem." People and relatives we spoke with said they did not have any concerns regarding calls being missed. They also said staff accurately recorded the details of their visits and where possible, they signed to confirm. Staff generally felt they had sufficient time to travel between their calls. The registered manager told us they were trialling the use of electronic call monitoring to see whether this would benefit people and the service.

All recruitment practices we looked at in three staff files were found to be safely managed. We saw evidence of references taken, confirmation of identity and checks made with the disclosure and barring service (DBS). The DBS is a national agency that holds information about criminal records. These actions helped to ensure people who used the service were protected from individuals who had been identified as unsuitable to work

with vulnerable people.

We found staff received medication training as part of their induction and their competency was assessed as part of the shadowing period during the induction. The registered manager told us they checked staff competency in this area during spot checks and we saw this was covered as part of spot checks.

The registered manager told us the service had very recently taken on formal responsibility for administering some medicines. Prior to this, people had either been able to self-administer their medicines or family members were responsible for this. We spoke with staff who told us they had been involved in the administration of medicines for some people, including completing medication administration records (MAR) and had been doing so for some time.

At the time of our inspection, the registered provider was not routinely gathering medication administration records (MAR) from people's homes to check these were accurate and fully completed. This meant we were unable to check whether people safely received their medicines. Staff told us where they were involved in administering medicines, they always completed the MAR. Care plans we looked at contained a list of people's medicines. One relative told us staff who applied creams for their family member routinely recorded this in daily notes when and whereabouts on the person they had applied this. The registered manager told us they had already planned to begin collecting MAR charts for people where staff were responsible for administering their medicines.

Care plans contained environmental risk assessments to ensure people and staff were in a safe environment. Medication risk assessments were used to record the level of assistance people needed, including whether they were able to self-administer, along with any associated risks. Moving and handling risk assessments were in place to ensure staff were aware of the equipment and support people needed. The registered manager told us they updated risk assessments at the same time they reviewed people's care plans.

The registered provider had an emergency response system in place which staff could use to discreetly alert the office if they were in danger. Staff were able to describe appropriate action they would take in the event of an emergency.

The registered manager told us they did not have an exact definition of a missed call, but said staff had a 15 minute window either side of the scheduled call time. People and relatives we spoke with were overall satisfied with their call times. The registered manager told us they gave their own contact details to new staff and people so they could reach them in an emergency. Staff were also given contact details for the out of hours service which was operated by staff who worked in the office. Staff we spoke with confirmed the on call system was effective.

Requires Improvement

Is the service effective?

Our findings

Staff completed Mental Capacity Act 2005 (MCA) training. 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.

We looked at one person's care plan who we were told by the registered manager and field care supervisor did not have mental capacity. This person did not have a mental capacity assessment on file. We discussed this with the registered manager who told us they would look at this.

The training records we looked at showed the majority of staff had received MCA training. When we spoke with staff we found they had an understanding of MCA and were able to identify when it would be appropriate to raise concerns if people who did not have capacity wanted to make an unwise decision. The registered provider had a nationally appointed Dementia champion whose role was to design and deliver Dementia training to staff. We saw the service had arranged workshops for families of people with Dementia who received a service from Helping Hands North. The registered manager was attending a three day training course in Dementia over a three month period.

Staff told us they supported people to make decisions by offering them choices, including what they wanted to eat. One person said, "They always ask. They ask if I want a drink." One staff member said, "It's not fair to assume. Just because you're caring for them you shouldn't assume and make a decision." All staff said if a person was refusing or indicating they were unhappy with the care provided they would share this with the registered manager.

We looked at the support staff received through supervisions and appraisals. The registered manager told us the frequency of supervisions had recently changed from every six months to every three months. During the inspection we asked for a copy of the supervision and appraisal policy, although this was not provided. The registered manager told us, "I don't believe anything should be left until supervision. Let's deal with it now." We asked staff about supervision. One staff member said, "They ask if you're happy or if you need anything else from the company."

We found some staff who joined the service over three months ago were overdue a formal supervision session, although some staff we spoke with confirmed they had recently received supervision. In March 2016 'Branch Board Report Information' we saw the service had three 'supervision/appraisals' to complete. We looked at the recording of supervisions and found they were two way discussions.

As part of their induction, staff received three days of training and completed the Care Certificate within 12 weeks of joining. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff were also required to complete a minimum of six hours of shadowing before they commenced lone working. Staff we spoke with were mostly satisfied with the quality

of their induction.

One person we spoke with said, "Some of them are not familiar with the stand aid." Another person said, "The training for the carers seems to be excellent."

We looked at the training matrix and found most staff had received up-to-date training. One staff member told us during their appraisal it had been identified they required refresher training. They told us this training was subsequently provided. The registered manager told us, "We do have people who fail training." They told us where this occurred; they provided additional training and support for the staff member.

Staff told us they were encouraged to report any changes in people's health. They said they would look for signs of people not being 'their usual self', being drowsy or having a temperature. They told us they would communicate this to the person's relative and would also discuss this with the registered manager. In the event of an emergency staff told us they would contact 999 to request assistance.

People felt supported by staff who helped prepare their meals. One person said, "Yes, she writes down what I've eaten. The staff and my husband do the meal together."

Care plans contained a section called, 'My nutritional needs' where any special dietary requirements were recorded. Where it was part of their duties, staff helped people create lists of items they needed to buy and supported people to go shopping. People and relatives told us staff also helped prepare meals they had already purchased. Staff told us they give people different options and ask them what they wanted. One staff member said, "Some people get you to make something from scratch. I make a casserole for one lady."

Good

Is the service caring?

Our findings

People spoke positively about the staff who provided their care and support. One person said, "After she has been, I always feel so much better. My hair looks good, I feel cleaner. I thoroughly enjoy the experience." Another person commented, "Although she's a new carer, she's very good." A third person said, "I've had about eight different ones. They've all been brilliant. All the carers have been exceptionally caring." A fourth person told us, "You can have a laugh with them."

Relatives were also positive about the staff. Comments included; "We have two or three different ones. That does help. They know exactly where everything is, what they need to do and you're comfortable with them. I think some of them are marvellous" and, "I'm quite happy with the service. I'd be lost without it." The same relative described the staff as, "Very kind and caring."

During our inspection we overheard a conversation between a member of staff and a relative of a person who lived on their own. The staff member called the relative to make them aware of individuals who were repeatedly 'cold calling' their family member as part of a financial scam. This meant the relative could take appropriate action to protect their family member as the service had thought to share this information.

We asked people whether staff provided care and support which was unhurried. One person told us, "I don't think anyone goes too quick." Another person said, "Yes, very much so."

Staff we spoke with were able to describe how they respected people's privacy and dignity. One staff member told us, "I always cover people with a towel where possible and close doors." We spoke with one person who confirmed, "They keep me covered with a towel." Other people and relatives we spoke with confirmed staff respected their privacy and dignity. Another staff member talked about visiting a person who had difficulties with their memory. They said, "I knock on his door and introduce myself."

During our conversations with staff we found they were able to tell us about people and their care and support preferences. One person told us, "They know me well." A relative we spoke with said, "She's got to understand him."

The registered manager told us they wanted to impress on people who used the service, "I'm here to take your lead." We found staff were proud to work for Helping Hands North. One staff member said, "It's great, I love it. They actually care about the clients."

One staff member told us they had supported a person who lived alone when their phone line went down. They told us whilst repairs were being arranged, members of staff contacted the relative to confirm each call was taking place as they lived far away and had no means of checking on their family member.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with confirmed they had been involved in setting up their care plan. One person told us, "It was very much led by us."

We were made aware of two occasions when services had commenced where a formal care plan was not in place. We discussed this with the registered manager who told us they were sometimes asked to commence a service at very short notice. They told us they ensured staff were contacted with details of the care and support they were required to carry out. They told us if any medicines or other clinical involvement was required they would not commence the care package until a care plan was in place.

The registered manager told us one person needed a call to prompt and encourage them to attend an appointment. Staff were expected to be responsible for arranging for an agency to call the person as part of their visit, although we found there was no reference to this in the person's care plan. The registered manager made us aware of a person who was sometimes resistant to receiving care which had meant a recent call had to be ended early. We looked at their care plan and found there was no reference to this behaviour and how staff were expected to respond.

We looked at the daily notes for another person and found call times did not match those listed in the care plan. The registered manager told us these had been changed in agreement with the person, although this had not been recorded in the care plan.

One person's care plan recorded the preferred gender of staff the person wanted to be cared and supported by and we found detailed information about this person's health. However, in the moving and handling section there was limited recording. For example, there was no reference to the types of slings staff needed to use when hoisting the person.

The registered provider used software which transferred handwritten notes at the assessment stage into an electronic record. We were not always able to find evidence of people or their relatives having signed to agree to their care plans.

'My life, my story' forms were completed as part of the assessment process. This identified people's likes, dislikes, work history, family and interests. The registered manager told us the clinical lead attended the assessment where people had specialist health needs. Care plans contained sections including; 'What is important to me?', call days and times, key contacts, how people like to be known, religious beliefs, health needs, life history and planned routines. One person's care plan stated, 'I need encouraging to wash/shower and do some laundry and cleaning of the property'.

We identified a need for care plans to be strengthened with further detail using the knowledge of staff, field care supervisors and the registered manager who clearly knew the people. The registered manager acknowledged this and told us they would look at this.

We looked at notes in people's care plans which recorded details of frequent contacts with people and relatives. We found there was detailed recording of these conversations and the action taken in response.

The registered manager told us care plans were reviewed every 12 months or sooner if required. They said professionals such as occupational therapists, social workers and family were invited to attend reviews. The records we looked at indicated recent reviews had taken place, although it was not possible for us to see how the review had been conducted as the registered manager did not use a review form and instead updated the care plan directly. They did not retain old versions of electronic care plans which meant we could not see how people's needs had been reviewed to evidence any changes and whether this had been updated in their care plan.

We concluded this was a breach of Regulation 9, (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the importance of being able to evidence this with the registered manager who showed us a 'visit record' form they planned to introduce to formally capture this information. They also planned to delegate more responsibility for care plans and reviews to the field care supervisors who would ensure this was more clearly recorded.

We asked people whether they knew how to complain if they were dissatisfied with the service they received. One person told us they had made a complaint and commented, "I didn't find my issues were resolved so quickly." Most people we spoke with were aware of how to complain and were able to identify the registered manager.

We looked at the systems used by the service to record, investigate and respond to complaints. Complaints were recorded against individual records of people who used the service which meant it was difficult to identify where the service had received and responded to complaints. We looked at one complaint recorded against the person's electronic care record. We found the registered manager had investigated the person's concerns and responded to them promptly.

Requires Improvement

Is the service well-led?

Our findings

We found there was a lack of quality management systems in the service. For example, systems were not in place to audit the effectiveness of care plans and daily notes. The service did not have an effective process for recording complaints and safeguarding incidents which meant it was not possible to see how themes and trends were identified. We found the service was unable to assure itself through a system of auditing that people had received their medicines safely.

We asked whether the area manager carried out any audits and were shown evidence of regular visits which looked at reasons for care packages ending and staff leaving as well as any outstanding staff supervisions. However, these visits did not look at quality management which meant the service was unable to demonstrate continuous improvement in these areas. The registered manager told us they would look to introduce these systems.

The registered manager told us staff meetings were scheduled to take place every three months. We looked at the record of the last staff meeting which we found had taken place in May 2015. The registered manager told us they regularly took the opportunity to meet with small groups of staff in the office to discuss key issues, although these discussions were not documented. They told us it had been difficult to bring the staff team together. One staff member told us, "She does do little staff meetings." Once a month, staff were sent an email which provided key updates.

The registered provider did not routinely carry out satisfaction surveys for people who used the service. The registered manager told us satisfaction calls took place to ensure people and relatives were satisfied with the service. We saw a 'customer contact' with one person in November 2015. The registered manager told us not all satisfaction calls were recorded.

We saw staff had been asked to complete a staff survey in November 2015 and noted eight responses were received. However, feedback from staff had been grouped with other services run by the registered provider. This meant we were unable to see whether feedback from staff regarding Helping Hands North had been listened to.

We concluded this was a breach of Regulation 17, (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw evidence of staff spot checks taking place to ensure the care provided to people met the required standards. However, one staff file did not contain any evidence of spot checks since September 2015. Spot checks were used to look at, for example, communication, recording details of the visit, infection control, whether the person was given choices and staff administering medicines.

At the time of our inspection the manager was registered with the CQC. The registered manager was supported in the office by two field care supervisors. The area manager provided regular support to the registered manager who said, "She's a great source of support to me. She's a sounding board." The

registered manager told us staff were given contact details for their manager, so staff could approach them if they felt it necessary. A regional trainer and clinical nurse specialist regularly visited the office to provide support.

One staff member told us, "[Name of registered manager] is really approachable. You can go to her with anything. She's full of knowledge." Another staff member said, "Her door's always open." "She's absolutely lovely. She does listen." A third staff member said, "She's really nice, you can go to her with problems."

We found there was a positive culture amongst the staff team. The registered manager encouraged staff to regularly visit their offices to access support. They said, "We try to make it a family atmosphere." One staff member said, "We have a good team here. I came as a stepping stone and enjoyed it that much that I stayed." Another staff member commented, "It's really good. You can actually look forward to going into the office. You're not spoken down to, you're spoken to."

The registered provider recognised high quality care through a national award entitled, 'Excellence every time' We were told a staff member for Helping Hands North had been recognised for their achievements and had won this award. We saw evidence of a compliment received by the service which said, 'We would like to thank you for the excellent quality of care provided by your staff'.

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 9 HSCA RA Regulations 2014 Person-centred care Care plans were not sufficiently person-centred and did not reflect people's preferences

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not monitor the quality and safety of the service provided