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Helping Hand Domiciliary Care Service

Inspection report

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Date of inspection visit:
27 April 2017
02 May 2017

Date of publication:
10 July 2017

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

This comprehensive inspection took place on 27 April 2017 and 2 May 2017 and was announced. The provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure someone would be in at the office.

Helping Hand Domiciliary Care Service is a domiciliary care agency based in Chorley in the County of Lancashire offering a range of personal care services in people's homes, including people living with dementia, learning and physical disabilities and people with palliative care needs. Services provided include, domestic support, waking and sleep in night services, 24 hour care and respite care. At the time of inspection the registered provider was supporting 49 people and employed 29 members of staff.

The service is operated by an individual who also manages the service on a day-to-day basis. There was no requirement by the Commission to have a registered manager in place.

A comprehensive inspection of the service took place in October 2015. At that inspection issues were raised following concerns over the management of medicines. Staff were not always correctly recording the administration of medicines to people.. Concern was also raised about the measures the service had in place to improve and build on the improvements that were seen at that inspection.

At this inspection on 27 April 2017 and 2 May 2017 it was noted that improvements had been made to ensure prescribed medicines were suitably managed and recorded and that the service had continue to improve and had implemented systems to ensure that quality of care was monitored. It was seen that this had led to improvement in the quality of the care plans and risk assessments and to the service generally.

People told us that when they required assistance with their medicines, staff were reliable and knowledgeable and we observed that staff were completing accurate records for administering medicines.

People were protected from the risk of abuse. We noted care plans and risk assessments were reviewed and updated when people's health care needs changed or when new risks were identified. People who used the service told us their nutritional and health needs were met.

People spoke positively about the quality of service provided and spoke highly of the staff. People consistently told us improvements had been made within the service in the past 12 months. They said staff were reliable and turned up when expected most of the time. If they were running late, because of traffic or some other issue, the office contacted people to advise of a revised time for the call.

People who used the service told us they felt safe and secure. Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns.

People's healthcare needs were monitored. Care plans were developed and maintained for people who

used the service. Care plans covered support needs and personal wishes. Plans were reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the relevance to their work. We saw that mental capacity was routinely assessed and good practice guidelines were referred to when a person lacked capacity.

Training was provided for staff to enable them to carry out their tasks effectively. The service was working proactively to identify staff training needs. Staff praised the training on offer.

Suitable recruitment procedures meant staff were correctly checked before starting employment.

The provider had implemented a range of assurance systems to monitor quality and effectiveness of the service provided. We saw that audits were being carried out on a monthly basis by the management team and noted action had been taken when concerns were identified.

Systems were in place to seek feedback from all people who used the service as a means to develop and improve service delivery.

People who used the service praised the service and the transparent way of working. People said the provider and senior staff were approachable and they were confident if they had any concerns they would listen and take action.

People who used the service told us they were aware of the complaint's procedure and their rights to complain. People and relatives who had experiences of making complaints told us they were happy with the way in which their complaints were managed and the outcome of the complaint.

Staff were positive about ways in which the service was managed and the support received from the management team. They described a positive working environment.

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's medicines were managed safely.

People who used the service told us they felt safe.

Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding to abuse.

The service had recruitment procedures to assess the suitability of staff.

The provider ensured there were appropriate numbers of suitably qualified staff on duty to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people who used the service.

People's care files included assessments relating to their dietary needs and preferences.

The provider and staff had an understanding of the Mental Capacity Act 2005 (MCA) and the relevance to their work.

Is the service caring?

Good ●

The service was caring.

People who used the service were positive about the staff who worked for the service.

Staff had a good understanding of people in order to deliver person centred care.

People told us staff treated them with patience, warmth and

compassion and respected their rights to privacy, dignity and independence.

Is the service responsive?

Good ●

The service was responsive.

Records showed people were involved in making decisions about what was important to them.

People's care needs were kept under review and staff responded quickly when people's needs changed.

The service had a complaints system to ensure all complaints were addressed and investigated in a timely manner.

Is the service well-led?

Good ●

The service was well led.

The provider and managers had good working relationships with the staff.

The provider sought feedback from relevant parties to improve service delivery.

The provider and management team fostered an open and transparent way of working.

Helping Hand Domiciliary Care Service

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 27 April 2017 and 2 May 2017 and was announced.

One inspector and one expert by experience carried out the first day of the inspection. One inspector visited alone on the second day to complete the inspection visit. An expert by experience is a full member of the inspection team and a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience contacted people who used the service seeking feedback and the inspector interviewed staff, visited people who used the service in their homes and attended the office.

Before the inspection, we asked the provider 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made judgements in this report.

Information from a variety of sources was also gathered and analysed. We spoke with the Local Authorities and Clinical Commissioning Groups responsible for commissioning care to check if they had any concerns. We were made aware the service was currently working with one local authority to ensure improvements to the service delivery were being carried out.

We reviewed information held upon our database in regards to the service. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

Information was gathered from a variety of sources throughout the inspection process. We spoke with the provider and eight members of staff. This included the care and training managers and six members of staff who provided direct care.

We visited four people at their homes (with their consent) to seek their opinion of the service and spoke by telephone with five additional people who used the service. We also spoke with six relatives to obtain their views about service provision.

To gather information, we looked at a variety of records. This included care files relating to six people who used the service and medicine administration records relating to four people who received support from staff to administer their medicines.

We reviewed past and present staff rotas, focussing on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day. We looked at the continuity of support people received.

We viewed recruitment files of five staff members and other documentation, which was relevant to the management of the service including health and safety certification, training records, team meeting minutes and findings from monthly audits.

Is the service safe?

Our findings

At our comprehensive inspection in October 2015 we found that people's medicines were not always recorded correctly. This could have resulted in people not always receiving their medicines as prescribed by health care professionals. At this inspection on 27 April 2017 and 2 May 2017 we found improvements in the way in which medicines were managed and recorded.

We looked at four Medicines Administration Records (MAR) for people that had been completed by staff responsible for providing care from January 2017 to the end of April 2017. The records were complete and supported that medicines had been provided by staff as prescribed. We also considered the daily notes that carers completed immediately after providing care and support and in all of the cases these corresponding records supported that medicines had been given. When we spoke with people they said that staff always administered medicines as prescribed by health care professionals.

The provider completed monthly audits of people's MAR's and noted that at the time of the inspection 15 people were receiving assistance from carers with their medicine. Other people were either self-administering or were receiving help from family members. The provider checked every person's MAR and audited the entries against the amount of medicine that remained. Where there were errors, such as blank entries, it was noted that the provider investigated the issue and addressed any concerns with the member of staff. We looked at staff members' records who were authorised to administer medicines and noted they had all received medicines awareness training within the past 12 months and they had all been checked for their competency to safely administer medicines.

People and relatives said they felt safe when being supported by staff. One person said, "I am safe and look forward to the carers coming." And, "The staff make me feel safe and I am always reassured when they are around." One relative said, "We live a distance from our relative and it helps me to know that they are in good, safe hands."

The service had safeguarding and whistle-blowing policies in place and staff were required to complete safeguarding training as part of their induction. We saw records that supported that this training was regularly updated and refreshed. Staff we spoke with demonstrated a clear understanding of the types of abuse that could occur in a home setting and explained what they would do if they suspected abuse. A member of staff said, "I know what to look for and wouldn't hesitate at reporting concerns." The provider was the safeguarding lead for the service and demonstrated a clear understanding of the role and the support that should be given when allegations of abuse arose.

We looked at personnel files of five members of staff and saw that appropriate recruitment checks had taken place before they started work. Application forms had been completed documenting the qualification and experience of the applicant. There was documentation supporting an applicant's full employment history together with at least two references and a satisfactory explanation of any gaps in employment. There were completed identity and criminal records checks made before staff started work. All of these checks supported that the person was suitable to work for the service.

Staff and the provider said that there were always enough staff on duty to support people. We saw records that supported this and the use of technology to monitor times and duration of staff visits with people. This alerted staff in the office when a call was late or could have been missed and we saw those staff made enquiries with care staff to ensure that people were kept informed of any delays. We spoke to staff who told us that they realised the importance of the monitoring system and that it helped to ensure that people were seen at the right time and for the correct amount of time. One person who used the service said, "If they are going to be late they always ring me but it doesn't happen very often."

The provider said that the level and qualification of staff appointed to support people was arranged according to the needs of people using the service. If extra support was needed to support people whose condition changed or because of staff sickness, additional staff cover was arranged. A person said, "I always see two carers and nearly always the same main carer." Another said, "There are always enough carers. Sometimes I get a different carer because I need two but the staff always see me in pairs."

People who used the service could access support in an emergency. People had access to a carer who could escalate a concern to a senior member if required and a contact for out of hours concerns. We saw records that supported that the provider and senior staff visited people out of office hours in situations where people were concerned such as to collect medicines. One person said, "The carers always come. Even at weekends and nights. They go above and beyond and regularly do things after office hours."

We looked at care plans relating to six people who used the service. We noted risks were assessed by a senior member of staff and checked by the provider before care and support commenced. People who used the service and relatives were consulted to discuss potential risks prior to a service being offered. These assessments included checks on mobility and included information for staff about action to be taken to minimise the chance of risks occurring. We also saw up to date risk assessments had been carried out in people's homes relating to health and safety and the environment.

We noted that people and, where appropriate, their relatives were shown the care plan and risk assessment to verify they were happy with the information collated to ensure information obtained was correct. The provider reviewed the assessments every month and ensured that when a person's needs changed, such as when a health care professional prescribed a different medicine their care plan was updated. This meant that information about people's needs was updated, reviewed and the care provided remained appropriate and safe.

The service had a system for reporting accidents and incidents. Records were detailed, concise and up to date. The provider said they reviewed incidents to check for trends so improvements could be made to service delivery. In one of the records dealing with an emergency situation that carers came across in a home, a relative said, "The carers acted quickly and advised us to contact the emergency services and stayed until the ambulance arrived. They deserve real praise for their actions."

Is the service effective?

Our findings

People who used the service and relatives praised the knowledge and competence of the staff team. Feedback included, "The staff are good and organised. They knew what they were doing and were prepared before they started." And, "The staff are knowledgeable. They know all about my condition and how to care and support me."

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.

We were told by the provider and staff that if the service had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests'. On person's relative said, "My relative's mental capacity varies from day to day and they can get confused. We have an agreement with the carers that they don't do what they think is best but contact me to discuss. They are very considerate and understanding."

We spoke with staff to assess their working knowledge of the MCA. Staff we spoke with were aware of the need to consider capacity and what to do when people lacked capacity. This meant that the service acted in line with the MCA and associated Code of Practice.

We looked at staff training to check staff were given the opportunity to develop skills to enable them to give effective care. The training manager told us that staff new to the service had to complete an induction that involved three weeks of training, shadowing senior staff and competency checks. Only after passing these checks was the member of staff allowed to care for people and after a further supervision period of three months, the carer was allowed to care for people alone. The training manager said, "Learning is covered as part of induction training of new care workers. It includes essential competencies in safeguarding, first aid, fire safety, mental health awareness and moving and handling amongst other skills. Learning doesn't end there and there is a regime of training that I monitor monthly." We noted that after induction staff had to complete nationally recognised qualifications in health and social care and that the service funded these additional courses.

We spoke with a member of staff who had been recently employed to work within the service. They told us they undertook an induction period at the commencement of their employment. They said that this involved time in the office, completing training that the service classed as mandatory and learning about the organisation and its procedures. They said they had been provided with regular supervision sessions since they started work. The staff member said, "Even though I had limited experience I was prepared for the role."

The induction was thorough and I received good support."

There was a focus on providing on-going training for staff. Staff told us they were required to undertake some necessary training courses on a frequent basis as a means to keep their knowledge updated. Staff praised the training on offer. One staff member said, "If I have any concerns I can ring up and say I need extra training and they will put it on for me." Staff confirmed they received regular supervision and that provider and managers were approachable and they were confident in discussing any concerns they may have in between supervision sessions.

The training manager showed us a training and development plan that highlighted what they had deemed as compulsory training for all staff and additional training. The training manager regularly reviewed the training needs of staff and ensured on-going support was provided. The service had an electronic system that flagged up when people's training was out of date. Training courses were planned for the next six months so training could be pre-booked in advance. This showed us the service was proactive at ensuring staff were fully trained within their role.

We asked the provider how they supported workers. They told us staff received supervision both formally and through competency checks. Staff were observed in practice by the care manager or provider to ensure their competency. Following observations taking place, there was a discussion about their practice. This conversation was recorded. We noted when improvements were required they were openly discussed and recorded. Supervisions also took place by face-to-face meetings at the office and the provider carried out supervision audits to ensure they were taking place.

People who used the service and their relatives were happy with the way in which people's health needs were addressed and monitored. One person said staff were supporting them to rehabilitate following serious illness. They said, "I am recovering and the staff provide care and attention to get me back to normal. I can't thank them enough."

Individual care records showed health care needs were monitored and action taken to ensure health was maintained. A variety of assessments were used to assess people's safety, mental and physical health. Assessments were reviewed regularly. Changes in assessed needs were recorded within a person's care plan. There was evidence of partnership working with other health professionals when people had additional health needs. For example, we were shown evidence of multi-disciplinary working with a local GP for one person.

We asked staff how they supported people to maintain good health. Staff said they monitored the health of people and would seek advice and guidance from other professionals if they were concerned. Staff said they had enough time on their visits to get to know the people they were visiting. This allowed them to assess each person and identify any concerns in a timely manner. One staff member said they had noted one person health deteriorating, so they reported the concerns to the care manager. The care manager sought advice from healthcare professionals and this resulted in an additional assessment by a doctor specialist and a review of prescribed medicines.

People's nutritional needs were met. It was noted that people's care plans included details of their food preferences and any concerns about amounts of food and fluids that were consumed." People who required special diets had this detailed within the care plan and records clearly documented people's likes and dislikes and preferred foods. We noted one person had a health condition which meant that they could only eat certain foods. This information was clearly detailed within the care plan. A person who used the service said, "They always encourage me to drink and stay healthy. Recently there was an issue with the drinking

water and the service came out and provided all their clients with bottled water."

Is the service caring?

Our findings

People and their relatives praised the caring attitude of staff and the positive relationships between staff and people who used the service. One person said, "They know me really well. They really care about me." Another person told us, "I have had the same carer for years now. They never mind doing any extra jobs and they are very good at spotting things around the house that need looking at. They really care." One relative said, "The staff always treat my relative with kindness and care. They spend time talking to her. They are lovely."

People were treated with dignity and respect. One person said, "The staff respect my privacy and are friendly and respectful." Another said, "When the carer arrives in the morning, they always knock on my door and wait. They are very respectful."

Staff said they knew people's preferences and routines. One told us that they listened to people and gave them choices. In conclusion they said, "I will always include the person in making decisions about care I give them and things like what clothes they would like to wear." Another member of staff told us that they listened to people and gave them choices. For example one person requested that a visit be delayed because they were being taken out to a family function.

Staff said that they read care plans and worked with people including health care professionals to deliver good care. All staff told us they recorded the care delivered in the daily log and we saw good examples of the recording of daily care in the records that we saw in people's homes. People said they had been consulted about their care and support needs. One person said, "They established my needs and I was involved throughout the process. I have a copy of the care plan and any updates that are made." A relative said, "My relative has limited mental capacity and I'm fully involved with their care. I am happy with the service."

Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. They addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks.

We saw there were arrangements in place for people to be involved in making decisions about their end of life care. People and, where appropriate, relatives had been consulted and had expressed their views that were clearly documented on the records.

We saw that people's personal documentation including care plans and medicine's records were locked away in the office and this meant that only authorised staff accessed people's records.

Is the service responsive?

Our findings

People told us they received care that met their own individual needs. One person who used the service said, "My carers know me well and they do things the way I like." A relative said, "The carers do a great job and look after my relative in an individualised way."

Each person had been involved in an assessment of their individual needs and had a care plan in place. These assessments covered, for example, moving and handling, mobility, nutrition, medicines support, communication and continence. Assessments also included their personal history, diet, hobbies and interests and religious needs. We looked at the care records of six people who used the service. They were accessible for staff to reference and were well organised and easy to follow. Care plans were developed outlining how people's needs were to be met and included detailed information and guidance for staff about how each person should be supported. The records showed that people who used the service and their relatives, where appropriate, had been fully consulted about their needs. A family member said, "My relative has a care plan that we were all involved in setting it up."

The care plans were reviewed regularly and kept up to date to make sure they met people's changing needs. All of the care plans and risk assessments we looked at had been reviewed on a monthly basis or more frequently if required.

The provider told us that staff were allocated to support people with the experience, skills and training to meet the needs of people. Staff told us they would not be expected to support people with specific medical conditions unless they had received the appropriate training. One member of staff said, "Sometimes I am paired with other staff if there is a specific requirement for two carers or if there is something that is complex." This meant that the service was responsive to people's needs and had a person centred approach to support.

The staff we spoke with knew people well and were able to describe how they met people's individual needs. A member of staff said, "It's quite a small service and I think that because of this we get to know our clients well. This helps in supporting them in a personal way." A person said, "I always look forward to my carer coming. We sometimes watch TV programs together."

People had access to health care professionals when they needed them. One person told us, "My carer is dealing with my issues and working with the nurses to improve my health." We also noted that the service referred matters to specialists when required. The care manager said, "I regularly contact health care professionals when there are issues with equipment or we are concerned about someone's health." A health care professional said, "They seem to refer matters to us appropriately and carers have followed my instructions and as a result the patient's health has improved."

We saw that on occasions the service supported people to access the community and assisted people to attend health professional appointments. A relative said, "We thank the service for taking our relative to their day centre every day. We are blessed." A person who used the service said, "They are really good and

take me to appointments."

We saw that copies of the service's complaints procedure were sent out to people when they started using the service. People we spoke with said they had no complaints about the way the service provided care and support. They said they would tell staff or the provider if they were not happy or if they needed to make a complaint. One person said, "We got a pack when I started the service that had all the details about complaints. We haven't had to use it." Another said, "If I had any concerns I wouldn't hesitate to contact the office and am sure action would be taken." People said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary.

The provider showed us a complaints file. The service had received 10 complaints since the last inspection in October 2015. The file included a copy of the complaint's procedure and forms for recording and responding to complaints. We noted that the complaints had been responded to in a timely fashion, the complainant had been kept abreast of developments during the investigation and had been involved in resolving matters at the conclusion of the process. A relative said, "The complaint process looks clear and simple but I haven't had the need to use it."

Is the service well-led?

Our findings

At our comprehensive inspection in October 2015 we found that the service was improving. However we also received mixed feedback about some of the support provided to people and how the provider acted on feedback from people and issues they found at audit. At this inspection on 27 April 2017 and 2 May 2017 we found improvements in these areas.

We saw examples of the provider acting on errors by staff. In one example a person's medicine had been given too soon and advice was sought from the pharmacist who had advised delaying the next dose. People told us that they had seen improvements in the way in which the service was managed and the organisation of the care that was provided to people. They also said that the management staff were open and accessible. Feedback included, "There seems to have been a change at the office and the service is better organised" and, "I like the provider and their staff, they are easy to get on with."

The provider told us that they recognised the importance of regularly monitoring the quality of the service provided to people. The provider showed us records of audits and spot checks including observations by the provider and care manager of staff in the workplace to make sure they supported people in line with their care plans. These checks also included training needs of staff and care and support plan checks. It was noted that in one of these audits the training manager had noted lapses in training and had booked refresher courses for staff. A member of staff said, "They check staff to see if they are doing their job properly and I can always rely on them to help with any issue I come across that I am unsure about."

The provider told us that concerns in the service and changing needs of people were discussed with staff when the issues arose and if necessary at formal team meetings that took place every two months. In minutes from a recent meeting it was seen that carers were free to talk about issues relating to the care of people and we noted that the care manager provided guidance and practical advice on the care and support of people.

The service used an electronic monitoring system to make sure that staff attended call outs at the correct time and stayed for the allotted time periods agreed in people's care contracts. We saw office staff monitoring the system during the course of our inspection, making sure people received care when they were supposed to and for the correct amount of time. Office staff were also observed contacting people to advise of when their carer would be visiting.

Staff said that the provider and managers did listen to their feedback. A member of staff said, "We have regular meetings but there is always an opportunity here to raise things at any time. They are all very supportive and approachable." The provider told us that team meetings were used to raise concerns and issues and that these were an opportunity to reflect and learn from any mistakes and to reduce the likelihood of these happening again. They said, "I have a small and well established group of carers and we all know each other well. We deal with issues as they happen and I record these events either formally or in my daily diary." The provider also took on board staff members' comments at meetings and we saw that following a recent meeting the provider had contacted a health care professional following feedback from a

member of staff about unsuitable equipment at a person's home.

Staff said they enjoyed working at the service and they received good support from the provider, care manager and office staff. A member of staff said, "It's really good. I'm happy with the support I get. There is an open door policy and I can raise any issue at any time." Another said, "It's never a trouble to raise concerns or issues. I enjoy working here."

The provider took into account the views of people who used the service and staff through the conduct of surveys. It was noted that there was good participation in these and people were contacted by mail and by phone. The provider showed us user feedback forms that were completed by people and their relatives and these were generally positive. Where issues were raised we saw that the provider contacted the person and took steps to resolve the matter. We noted that the last survey was in December 2016. One person said, "Carers are fantastic. Caring, practical, attentive and well humoured. They always keep me positive."