

RNL Limited

East Sussex Helping Hands

Inspection report

Archer House, Britland Estate
Northbourne Road
Eastbourne
East Sussex
BN22 8PW

Tel: 01323730020
Website: www.eshh.co.uk

Date of inspection visit:
05 September 2016
06 September 2016

Date of publication:
19 October 2016

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

The inspection of East Sussex Helping Hands domiciliary care agency took place on 5 and 6 September 2016 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available for the inspection. The inspection involved a visit to the agency's office and telephone conversations with people who used the service.

East Sussex Helping Hands is a domiciliary care agency based in Eastbourne. They provide support and care for 83 older people living in their own home in Eastbourne, Polegate, Pevensey, Westham and Hailsham. East Sussex Helping hands provides support for people who require a range of personal and care support related to personal hygiene, mobility, nutrition and continence. Some people were living with dementia and other long term health related conditions including anxiety and depression.

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.

People told us they felt safe receiving the care and support provided by East Sussex Helping Hands. Staff understood and could recognise the signs of potential abuse and knew what to do if they needed to raise a safeguarding concern. Training schedules confirmed staff had received training in safeguarding adults at risk.

Robust recruitment and selection procedures were in place and appropriate checks had been made before staff began work at East Sussex Helping Hands. There were sufficient levels of staff to protect people's health, safety and welfare consistently and reliably.

People said staff were caring and kind and their individual needs were met. One person told us, "They are my guardian angels." Another person said, "The staff are so polite." Staff knew people well and had a good understanding of their needs and choices.

Care plans and risk assessments reflected people's assessed level of care needs. People were encouraged to be as independent as possible. One person told us, "I can do most things myself, but if I need any further help I can just ask for it."

Staff felt supported by management, said they were well trained and understood what was expected of them. Staff were encouraged to provide feedback and report concerns to improve the service. A member of staff told us, "I love my job. We have a good team."

There was a complaints policy and information regarding the complaints procedure was available. Complaints were listened to and investigated in a timely manner and used to improve the service.

Regular audits were in place to measure and monitor the quality of care and service provided.

People and staff surveys were positive about East Sussex Helping Hands. One person commented, "We cannot fault our care." A member of staff told us, "It is a good company to work for."

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 ●

East Sussex Helping Hands was safe.

Risk to people had been assessed and managed. Staff understood how to support people to remain independent in a safe way.

Checks had been completed on staff to ensure they were suitable and safe to work with people at risk.

Staff understood how to keep people safe and what action to take if they were concerned that people were being abused.

There were enough staff to meet people's needs consistently and reliably.

Is the service effective?

Good ●

East Sussex Helping Hands was effective.

Staff had received training and regular supervisions to carry out their role.

Staff protected people from the risk of poor nutrition and dehydration.

Staff had an understanding of the Mental Capacity Act 2005.

People had their health needs met and were referred to healthcare professionals promptly when needed.

Is the service caring?

Good ●

East Sussex Helping Hands was caring.

Staff knew people very well and had a good understanding of people as individuals.

Staff had built rapport with people and treated them with kindness and respect.

People were consistently positive about the caring attitude of

staff.

People were proactively supported to express their views.

Is the service responsive?

Good ●

East Sussex Helping Hands was responsive.

People received consistent, personalised care and care plans were reviewed.

Concerns and complaints were responded to appropriately.

People had a choice about who provides their personal care.

People were involved in developing their care.

Is the service well-led?

Good ●

East Sussex Helping Hands was well-led.

There were systems in place to monitor the quality of the service.

People and staff told us the service was well managed and the registered manager was supportive and accessible.

People's feedback about the way the service is led described it as consistently good.

Regular audits took place to measure the quality and safety of the service provided.

East Sussex Helping Hands

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 5 and 6 September 2016. This was an announced inspection. The provider was given 48 hours' notice, because we wanted to make sure the manager and other appropriate staff were available at the agency's office. One inspector completed the inspection.

Due to technical problems a Provider Information Return (PIR) was not sent to this provider. 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. The provider had completed a PIR and made it available to us on the day of the inspection. We also reviewed information we received since the last inspection on 11 February 2014.

During our inspection we went to the office and spoke to the registered manager, two directors and five staff. We reviewed the care records of five people. We looked at five staff files, supervision and training records and systems for monitoring the quality and safety of the service.

After the inspection we made phone calls to five people to get their feedback about what it was like to receive care from the staff at East Sussex Helping Hands.

Is the service safe?

Our findings

People told us they felt safe receiving support from East Sussex Helping Hands. One person said, "The carers are very safety conscious. They open the windows for me in the morning but always make sure they are shut at night. I have no issues and they make me feel secure." A member of staff told us, "It is important when I leave a client to make sure they are comfortable, that doors are locked and everything is switched off."

People were protected from the risk of abuse because staff understood the different types of abuse and how to identify and protect them from the risk of abuse or harm. Staff told us all concerns would be reported to the registered manager. A safeguarding policy was in place and training records showed that all staff had attended safeguarding training annually. If concerns related to the registered manager they would report them to the appropriate local safeguarding authority. A staff member said, "It is really important to safeguard people from emotional or financial abuse." Another member of staff told us, "It is common sense and courtesy to make sure that there are no trip hazards, no blankets or clothes near fires, to make sure everything is locked up and that the telephone is within reach." Care workers were given a care plan overview of the person that they visited. A body map chart was attached to the plan for staff to identify any bruises or marks on the person since their last visit. If any bruises or marks were found, these would be reported to the registered manager immediately. There had been no safeguarding concerns related to East Sussex Helping Hands in the last 12 months.

East Sussex Helping Hands provides personal care and support seven days a week from 7am to 10pm with an out of hours telephone number for emergencies. In the event of an out of hours emergency an on-call team attended. The registered manager told us, "We rarely have emergency call outs and haven't had one for some time. Three coordinators and I are the team that cover out of hours but we are mainly needed to cover staff sickness." In addition the local authority had provided some people with a personal alarm, called a Lifeline pendant, if they required emergency support as a result of a fall or were unable to get to the telephone.

Staffing levels matched what was planned on the staff rota system. A staff member told us, "At the moment there are enough staff. I always have enough time with the clients." One person said, "My carer always arrives on time and they stay longer if I am not ready." Another person told us, "It is not often that my carer is late, but it is usually because of traffic." At the time of our inspection East Sussex Helping Hands used no agency staff and there were no live-in carers. There were enough staff to provide consistent and reliable care to people. During our inspection a carer had contacted the office and resigned. The two coordinators contacted other staff immediately and made sure that visits were covered and people were not adversely affected.

Staff files included relevant checks on staff suitability including two references, a driving licence check, employment history and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable adults. This meant people were protected, as far as possible, by a safe recruitment practice.

Care plans showed that each person had been assessed before care and support started. People's care documentation contained assessments such as health risks, mental health, moving and handling and sensory needs. One care plan stated that a person required two care workers to support them to move, that oral and nutritional intake should be maintained and to manage continence needs. This had been completed involving the person, a relative and the local GP. Food and drink charts were completed and any concerns were reported to the district nurse. The registered manager told us, "It is important to ensure that risk assessments are in place before any care package is agreed and starts. We need to make sure that the client is safe, that any equipment is safe and that our staff are safe going into the person's home. We do this by completing a thorough risk assessment which includes financial risk, medication risks and mobility risks. We check that the correct equipment is in place and that electrical equipment in the home is safe and if it isn't we will contact the occupational therapist and the family to get these things in place. Carers will report any changes to a person's needs such as mobility and we will then contact the occupational therapist and social services to complete a review of the care requirements." The care plans were reviewed annually or earlier if there were any changes in the person's care needs. Environmental risk assessments of people's homes were completed during the initial care assessment and an environmental risk assessment was completed every six months for the office.

Some people required support to take their medicines. One person said, "It is good to have a reminder of what I need to take and when to take it. Otherwise I am sure I would forget." The registered manager told us, "The majority of people self-medicate, some need to be prompted or reminded and there are some who cannot physically pop the tablets out of the blister pack. We support people to be as independent as possible but we also need to ensure that people receive their medicines as prescribed." People's medicine administration records (MAR) were accurate and clear. Staff told us they had attended training in assisting with medicines, they were aware of the provider's policy on medicines and that they should follow these. Training records confirmed that all staff received medication training annually and staff had a good understanding of why people needed their medicines and how to give them safely.

Accidents and incidents were recorded and the manager was informed if there had been any incidents. Staff told us they understood the process for reporting and dealing with accidents and incidents. If one occurred they would inform the manager and an accident form would be completed. We looked at the last two incidents in August 2015 and October 2015 which clearly stated what actions were taken and what preventative measures had been put in place to prevent a re-occurrence and protect the person from harm.

Is the service effective?

Our findings

People were happy with the care and support provided by East Sussex Helping Hands. One person told us, "The carers know what to do. You only have to tell them once and they know where everything goes. I admire what they do."

New staff completed a three day induction which included nine essential training sessions and completed the Care Certificate within 12 weeks of starting employment. We looked at a completed induction programme and spoke to a member of staff who was completing their Care Certificate workbook. The Care Certificate is a set of minimum standards that should be covered as part of induction for social and healthcare workers. A member of staff told us, "The induction was excellent. I cannot knock it at all. It wasn't just being talked at there was a lot of practical sessions including how to use the hoists and catheter care. It gave me what I need to do the job. It was a good experience for me. I have been really looked after."

Staff received training in health and safety, first aid and fire safety including annual refresher training in safeguarding, medication and moving and handling. Training records showed that refresher training in dementia awareness to support staff to deal with challenging behaviours and basic food hygiene were planned for all staff for the next 12 months. A member of staff said, "The in-house trainer is very knowledgeable and patient. If I need support or guidance on anything they will provide the answers. The other carers are also very helpful if I need additional support." One person told us, "The staff must have good training because they always know what they are doing."

Where people were supported with their meals, they said staff helped them in the way they needed, and showed a flexible approach. Some people had daily fluid and nutrition charts with guidance for staff to follow to ensure people's nutritional needs could be met. Staff said people chose what they wanted to eat and were assisted to prepare meals and drinks depending on their capabilities. One person told us, "I try and do what I can, but the carer always asks if they can do anything more for me."

Staff had received training in the Mental Capacity Act 2005 (MCA). 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. There were no Deprivation of Liberty Safeguard applications made at the time of our inspection. The in-house trainer told us, "I present the legislation with staff and make them aware of what affects capacity. We go through some scenarios to explain the five main principles and best interest decisions including powers of attorney and advocates." A staff member told us, "Some people can be challenging and aggressive, but I take my time, talk to them and reassure them. If someone refused the care I would call the office straight away." Staff had a good understanding of mental capacity and put this into practice to ensure people's rights were respected.

Staff received annual supervisions and appraisals to maintain levels of competency and to identify areas for development and improvement. In addition to this annual unannounced spot checks and field supervisions were completed on staff by one of the coordinators. The spot check covered whether they were on time, whether the member of staff was wearing their uniform, whether they stayed the required length of time and their performance. Comments on one of the spot check forms stated that the member of staff, 'demonstrated a good working relationship with the client' and a 'safe demonstration of moving and handling'. The field supervision which was completed with the consent and agreement of the person who used the service included whether the daily records were correctly completed, whether medication was correctly recorded and whether further training was required. The comments on one field supervision form stated that the carer had carried out their duties, 'professionally', that the member of staff 'had a pleasant manner' and 'used effective communication' with a person who had dementia. This demonstrated that the provider had a proactive approach to staff members' learning and development. It also highlighted areas where additional training may be needed to make improvements. One of the coordinators told us, "I completed a field supervision on a care worker but I felt that the daily notes that were being completed were not as detailed and thorough as we would like. This was identified as a training need and our in-house trainer provided the member of staff with some bespoke 'recording and writing' training.

The provider responded quickly if people's needs changed. The care plans included contact details of people's GP and relatives although appointments were usually made by people or their relatives. Staff said that any changes in a person's behaviour or if someone was ill when they arrived would be reported to the office immediately to obtain advice and support.

Is the service caring?

Our findings

People told us they had good relationships with the staff. One person said, "The staff are my guardian angels. They are absolutely marvellous." Another person told us, "My carer is a charming happy girl. She is like a daughter. The carers go far beyond the call of duty. We are delighted with the service."

Comments made by people who used the service from the last satisfaction survey in November 2015 included, "You are making a real difference to the comfort and well-being of my days" and "I've been totally bowled over and impressed by the consistent level of professionalism by all my support workers."

We saw staff speaking with people on the telephone during our inspection visit. The tone of staff was polite and caring. Staff in the office understood why it was important to interact with people in a caring manner and to ensure that people were informed of any changes to visit times or any delays. A member of staff said, "The clients trust us to keep them informed. We have to be patient with people and communicate with them effectively." The registered manager told us, "We now have more continuity. We try our hardest to keep to times and try to provide the same carers to people." A recent memo given to all staff in January 2016 stated, "We need to ensure you let the office staff know if you are running 20 minutes later than your rostered time, they can call ahead to let clients know if you are late." The registered manager said, "Staff being more than 20 minutes late only happens between half a dozen to ten times a week. It is usually because the traffic is bad or staff have an emergency. Our clients understand if their care worker is slightly late but it is important to let people know. We don't want them to worry."

Staff knew people well, they had a good understanding of people's needs, choices, likes and dislikes. Care plan overviews were given to staff which provided information on people's history, what they need assistance with and their preferences in terms of food, drink and activities. One care plan stated, "I need assistance to have a shower and to help me dress. I am not mobilising well so am a bit slow so cannot be rushed." Care worker spot checks confirmed that staff knew the people they were caring for and supporting. Comments from supervised spot checks included, "Good quality care demonstrated" and "Very nice manner and good working relationship with client."

Staff were given enough time to get to know people who were new to the service and read through their care plans and risk assessments. A member of staff told us, "I am starting to get to know people well and I am thoroughly enjoying it." Another member of staff told us, "It is important to take your time and not to rush people. People like things done in their own way." Staff told us although they knew what care people needed they continually asked people what they wanted.

Care plans showed that people had been involved in their care planning. Reviews were completed regularly and where people's needs or preferences had changed these were reflected in their records. One person told us, "They don't do very much for me at the moment as I can do most things myself but if I need more care or assistance with anything I know I can ask for it and agree a new care package."

People told us that they were treated with dignity and respect. One person said, "The carer always listens to

me and respects my home and my privacy." People said they felt comfortable with their care workers, and were treated like individuals. One person said, "We have a laugh and a joke and they are so kind and caring." Another person told us, "I think the carers love coming to see me."

People were provided with information about the provider, including who to contact with any questions they might have. People we spoke with confirmed they knew who to contact at the service if they had queries or changes to their care needs.

Is the service responsive?

Our findings

People were involved in decisions about the care and support provided and in reviewing care needs. One person said, "I can do most things myself. If I need any further help I can just ask for it." Another person said, "I cannot fault them in any shape or form. I am independent and I do as much as I can myself. If my needs change I will ask for more help."

People's needs had been assessed before they began using East Sussex Helping Hands and they felt the care plans reflected their support needs. The registered manager told us the assessments were carried out to ensure the agency could provide the support people needed and they were used as the basis for the care plans. The registered manager or a coordinator from the office visited the potential client in their home for an hour to assess the person's care needs and whether the agency would be able to provide the care and support the person needs. Additional environmental and health and safety checks were completed such as checking the security and safety of the property and electrical checks.

People's daily care notes were completed and returned to the office and provided clear details of the care and support provided for people. The daily records were kept in the person's home for a week before they were returned to the office so that care staff can look back at any concerns or issues and ensure that these are followed up. A member of staff said, "There is a log in the person's home of the times we are there and what we have done. The carer before me may have left a note of any concerns. Someone may have had a headache earlier in the week so I will always look back over the last few days even if it is to check that they have not had any further headaches."

The registered manager reviewed medicine administration records (MAR) and people's daily records when they were returned to the office. This was to identify if a review of care was needed and to check for any shortfalls in recording or documentation. When there were missing signatures from MAR charts these were picked up in the monthly business review and reported at staff meetings.

People were given the choice of which care workers they would prefer to provide care for them. One person told us, "I don't mind having a male care worker in the evening but I have females in the morning and lunchtime." A member of staff told us, "I usually see the same people as I visit mainly male clients. They get the choice and we will try to accommodate it if possible."

The provider had a system in place for staff to log in, for arrival and departure at a person's home by entering a four digit code through the person's phone so times could be checked if required. People said staff were sometimes late but had not experienced missed visits. One person told us, "If the care worker is late they always apologise and it is usually because their previous person needed more time."

Staff told us they felt supported by the office and by the information available in people's homes. One member of staff told us if they did not have sufficient information about a person's needs they would phone the office.

The registered manager told us that a care worker had found out that the person they provided care to liked drawing. They had encouraged them to attend a drawing class at the local Age Concern day centre. This person had written in their survey comments, "The carer helped me go to Age Concern and it has improved my life."

The registered manager encouraged feedback from people to make improvements. A client survey for the people who used the service was completed annually with the last survey completed in November 2015. The results of the survey showed that all those who responded were happy with the support they received, had no concerns or worries about the service they received and knew who to contact if their care needs changed.

People knew how to make a complaint and felt that they were listened to. The registered manager told us, "The information on how to make a complaint is held in the person's folder in their home. The person or family member can contact us directly if they have any issues." One person told us, "On no occasion have I felt the need to complain about any of them." Another person told us, "If I needed to complain I would just ring the office." Complaints records showed that complaints and concerns were addressed in a timely manner, this included meeting with complainants to make sure they were happy with the investigation and outcomes. The provider had received three complaints in the last 12 months. In two instances an investigation was carried out by the registered manager, the directors and the local authority with full written responses sent to the complainants. In one instance a person had complained because a care worker was late. The complainant had been sent a letter of apology and flowers were taken to the person by hand. Complaints were used to improve the service and to prevent similar issues from reoccurring.

Is the service well-led?

Our findings

People and relatives described the staff of East Sussex Helping Hands as professional and caring. An email from a relative dated July 2016 stated, "The combination of an effective management structure and carers who are both professional and compassionate provides an excellent and consistent delivery of care. I would like to thank all involved for the excellent standard that is set and maintained." One person told us, "The staff are so polite. I would recommend them definitely." A further compliment from a relative stated, "Staff members are lovely. It's a pleasure to have them and I am really impressed with the service."

There was an audit system in place to assess and monitor the quality of the service. Each month the registered manager completed a business review which monitored five key areas including hours allocated to clients and new business, staffing and recruitment, training, development of staff and quality monitoring. The review for August 2016 highlighted that palliative care training was being developed, that two compliments had been received, that there had been no missed visits and that recruitment was an ongoing issue. The business reviews showed that only four visits had been missed in 2016, one in January, two in March and one in July. The review noted key actions to resolve the issues found in the key areas.

Every six months the provider completed an internal self-audit quality monitoring form. This included the office environment, documentation, complaints and compliments, safeguarding adults, staff files, care plans and finance. We looked at the form completed in June 2016. The summary of recommendations identified that there was an ongoing review of policies, that palliative care training was to be implemented by September 2016 and that more staff were to be recruited in the next 12 months. The Provider Information Return stated, "We maintain regular reviews of services with clear lines of responsibility and accountability for service performance levels. Performances are monitored and reviewed in formal reviews with the senior management team to ensure services meet client expectations and the company's quality standards." Quality assurance arrangements were robust and the need to provide a quality service was fundamental and understood by the provider.

Staff said they liked working for the agency because of its friendly and supportive nature. One member of staff told us, "Managers and staff are great. The management are fair and there is no pressure to do additional work. You are asked politely." Another member of staff said, "I wouldn't work anywhere else. The managers are supportive. It is a good company to work for." The registered manager told us, "Many staff do above and beyond. They may do additional work for no more pay but we reward staff who help out. We get staff a bottle of wine or chocolates or may pay extra mileage just to say a big thank you."

Staff surveys were completed annually. The latest staff survey in November 2015 was completed by over 50% of the staff. All staff who responded felt that they had received adequate training, that they were supported by their line manager and would contact the office for any help or advice. Other comments made by staff included sufficient travelling time between visits and the need for introductions to new people who use the service. These issues were being addressed through staff meetings and discussions with the provider.

The registered manager told us, "I feel supported by the directors. There is always one of them available if I need them. We have a small turnover of staff but recruitment is hard. A member of staff's car broke down recently so the provider bought them another car and paid for any repairs so that we didn't lose them. The loan will be paid back interest free through their wages." A member of staff told us, "I think we have a good reputation because we provide good care. I have no complaints about the registered manager and the directors. They are always there if you need a chat or have a concern."

There was an open and positive culture which gave staff confidence to question practice and report concerns. The registered manager told us that staff meetings were held every three months. The minutes from the last meeting in March 2016 discussed security of client properties, medication sheets and lateness of calls. A memo was given to all staff which stated, "We want to continually improve and welcome suggestions and your feedback. Please either leave an anonymous note in the suggestion box or speak to the registered manager directly."

There was telephone contact made with people every week to check that they were happy with the care and service provided. The recent records of these calls were positive and included 'very happy with everything' and 'I find the carer very good and always working.'