Helmar Care and Community Services Limited

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Inspection report

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Ratings

Overall rating for this service	Good
Is the service well-led?	Good

Overall summary

We carried out an announced comprehensive inspection of this service on 15 and 17 June 2015. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to not having effective systems or processes in place to assess, monitor and improve the quality and safety of the service provided.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for African Positive Outlook on our website at www.cqc.org.uk.

After our last inspection the provider changed their name from African Positive Outlook to Helmar Care and Community Services because they believed this would better reflect the service they offered to all members of the community.

The provider sent us an action plan and told us they would make the necessary improvements by the end of November 2015. We undertook an announced focused inspection on 26 November 2015 to check they had followed their plan, to confirm that they now met legal requirements and to review the rating of the service.

Helmar Care and Community Services is a registered charity established to provide information and advice for people of African descent living in the United Kingdom and Africa. It is also a domiciliary care agency that

Summary of findings

provides domestic and personal care services to older people of any ethnic background in their own home. At the time of our inspection 31 people were receiving a personal care service.

The service had a registered manager at the time of the inspection. 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.

At this inspection we found the changes the provider had made had helped to ensure the systems they had to monitor and improve the quality of the service were effective. This helped to ensure people received safe and appropriate care and treatment.

The manager explained referrals were made through the email system and the initial assessment and support plans were drafted by the commissioning provider.

The manager had developed a one page summary of a person's care needs with essential phone numbers. This was given to staff and kept at the person's home.

Staff completed a daily log of the support they provided to a person in a communications book.

These daily notes were checked, signed and dated by the manager as correct.

Care plans we saw had been recently updated and signed by the manager as correct.

Medicine Administration Records were checked, dated and signed by the manager as correct. Any errors were actioned in a timely manner and steps taken to help ensure the risk of errors were minimised in the future.

The provider undertook spot checks to observe care being given, talked to people receiving care and spoke to families and kept comprehensive notes of visits and phone calls. The office staff kept comprehensive notes of phone calls, both outgoing and incoming, these were accompanied by notes of actions needs and the outcomes.

We saw the provider had systems to monitor the training staff received. Records showed that staff were receiving specialist end of life training, this would help staff to deliver the care needed by people.

The changes the provider had made meant the manager had a good oversight of the service and the quality assurance systems were used effectively to identify areas for improvement and ensure that prompt remedial action was taken to make improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

Good

We found that action had been taken to improve the quality of the service received. The service was well-led.

Internal audits were used to identify areas for improvement so that prompt remedial action could be taken.

Systems used by the provider to assess the quality of service were effective and actions arising from these assessments were being followed through so the necessary improvements were made.

Because of the progress made by the provider under Well-Led we have been able to change the rating from requires improvement to good.

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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.

We undertook an announced focused inspection of Helmar Care and Community Services on 26 November 2015. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting care workers or visiting people who use the service. We needed to be sure that they would be in. This inspection was done to check that improvements we asked the provider to make in relation to the breach of regulations we found after our comprehensive inspection on 15 and 17 June 2015 had been made and to review the rating of the service.

This inspection was carried out by one inspector.

Before our inspection we reviewed all information we held about the service and the provider including looking at the previous inspection reports and reviewing these in line with the action plan the provider submitted to the Care Quality Commission (CQC).

During this inspection we looked at the care records for four people using the service. We reviewed four people's medicines records. We also looked at other records that related to how the service was managed including the quality assurance audits that the manager completed.

Good

Is the service well-led?

Our findings

The service was well-led. The provider had an effective quality assurance system to make sure people received safe and appropriate care and treatment.

On 15 and 17 June 2015 we inspected the service and identified a breach of the regulation in relation to quality assurance because the service was failing to protect people through an effective system to regularly assess and monitor the quality of services provided.

At this inspection we found the provider was meeting this legal requirement and was meeting the requirements of the regulations.

Since our last inspection the manager had successfully tendered for several contracts to deliver care through local authorities and Clinical Commissioning Groups (CCG). At the time of the inspection 31 people were using the service. The majority but not all of the people who used the service were receiving end of life care that may be for a few days or a few weeks.

The manager explained referrals were made through the email system because the care required needed an immediate start and was generally short term. The initial assessment and support plans were drafted by the commissioning provider. The manager would then contact the person or their family by phone to introduce themselves and arrange a suitable time to meet. During this first meeting the support plan would be checked for accuracy and any additional information added.

The manager had developed a one page summary of the person's care needs, and information about essential phone numbers. This was given to staff and kept at the person's home. The manager had put systems in place to check that people had comprehensive, up to date care plans.

Staff completed a daily log of the support they provided to a person in a communications book. This book was also completed by other healthcare professionals, such as the GP, district nurses and hospice nursing staff. The manager told us the use of a single book for all communications had eased communication between staff so that they were aware of the support people had received on different shifts. These daily notes were brought back to the office once completed to be checked by the manager. The manager also checked these books when they visited the person's home and signed and dated them to say they had been checked.

At our first inspection we saw the provider had not monitored or checked Medicine Administration Records (MAR) for errors in administration of medicines or in the recording process. At this inspection we saw MAR charts were completed by staff at the person's home and brought back to the office monthly. We saw these were checked, dated and signed by the manager as correct. Any errors were actioned in a timely manner and steps taken to help ensure the risk of errors were minimised in the future.

At our first inspection we saw the provider undertook spot checks to observe care being given, talked to people receiving care and spoke to families. However no records were made of these phone calls or visits. During this inspection we saw the provider kept comprehensive notes of visits and phone calls and was able to locate this information when asked. We saw during November 2015 five staff had received 'spot checks' where they worked. The notes we saw covered areas of care including staff using a person's preferred name, being polite, considering a person's capacity to decide on the support they received and whether staff were working in a person centre way. The office staff now kept comprehensive notes of phone calls, both outgoing and incoming, these were accompanied by notes of actions needs and the outcomes.

We saw the provider had systems to monitor the training staff were receiving. Records showed that staff were receiving specialist end of life training, this helped staff to deliver the care needed by people. Because of the nature of the new contracts and the short term care being given by staff, the manager ensured that staff were supported, if needed when a person died. The support required varied for each staff member, but office staff told us they were available to talk to staff and more specialist help was given by the staff team of the local hospice.

The changes the provider had made meant the manager had a good oversight of the service and the quality assurance systems were used effectively to identify areas for improvement and ensuring that prompt remedial action was taken to make improvements.