

Midshires Care Limited

Helping Hands Fareham

Inspection report

Trinity Court
2-4 West Street
Fareham
Hampshire
PO16 0BH

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Website: www.helpinghands.co.uk

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 inspection took place on 3 and 4 July 2017. The inspection was announced.

Helping Hands Fareham provides personal care services to people in their own homes. At the time of our inspection there were 67 people receiving personal care from the service. They were supported by 43 care staff, two field care supervisors, two care co-ordinators a registered manager, head of care and a compliance and risk officer.

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 were protected from harm and potential abuse. Risks to people had been identified and managed. Safe recruitment and medicines practices were followed and there were enough staff to meet people's needs and keep them safe.

Staff had the skills and knowledge to support people and meet their needs. People consented to their care and were supported to eat and drink when required and have access to external health and social care professionals.

People received a service which was kind, caring and compassionate and respected their privacy, dignity and independence. People felt listened to when making decisions relating to their care.

People received a service which met their needs. Care plans in place were up to date and contained all the detail staff needed to provide care to people. Care plans were individualised and contained people's preferences and how they would like their care to be provided. Complaints had been received and dealt with in line with the provider policy.

People and staff were positive about the overall service, the registered manager and staff. Staff felt well supported and confident to question practice. Core values were implemented into service delivery and audits and systems were in place to assess the overall quality and safety of the service and notifications had been received.

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 were safe and risks were assessed.

Safe recruitment and medicines practices were followed.

There were enough staff.

Is the service effective?

Good ●

The service was effective.

Staff were well trained, inducted and supported.

People consented to their care.

People were supported with food and fluids and supported to access external health and social care services.

Is the service caring?

Good ●

The service was caring.

People received a service which was kind, caring and compassionate and respected their independence, dignity and privacy.

People made decisions about their care and felt listened to.

Is the service responsive?

Good ●

The service was responsive.

People received care which was up to date and met their needs.

Complaints had been received and dealt with.

Is the service well-led?

Good ●

The service was well-led

Core values were embedded into practice.

People and staff were positive about the registered manager and staff felt supported and able to question practice.

Audits and systems were in place to assess the overall quality and safety of the service.

Notifications had been sent to the Commission.

Helping Hands Fareham

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 3 and 4 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed 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. We reviewed the PIR and previous inspection reports, safeguarding records and other information received about the service. We reviewed notifications which had been sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with 19 people who used the service and three relatives. We also spoke with 10 care staff, the head of care, compliance and risk officer and registered manager.

We reviewed a range of records about people's care and how the service was managed. We looked at plans of care for five people which included specific records relating to people's capacity to make decisions, health, choices, medicines and risk assessments. We looked at daily reports of care, incident and safeguarding logs, compliments, complaints and service quality audits. We looked at the training plan for 43 care workers and recruitment, supervision and training records for six staff members.

We asked the provider to send us further information after the visit. This information was sent.

Is the service safe?

Our findings

People and their relatives did not express any concerns about the service and confirmed they felt safe when receiving personal care. We received comments such as, "Yes very safe. I just feel confident with them. I know they are going to do a good job." "Yes I do. The carers are really interested in me and want to help me as best they can." "They just take really good care of me." "Yes I really do. I have no problems with anything they do."

Prior to the inspection we received some concerns that there were not always enough staff to meet people's needs and keep them safe. Both the registered manager and head of care acknowledged they had been experiencing difficulties with staffing levels as a result of unplanned absences. However the registered manager and head of care demonstrated they had a good system in place to ensure people received safe care. Staff confirmed there had been some concerns with staffing levels but this did not impact on people. People did not express any concerns with staffing levels and confirmed they always received care that met their needs and kept them safe. We received comments such as, "Yes I am very lucky that way. Some days someone might be sick and there might be different one that comes around." "Yes it is always the same two carers that comes around." "They will always do everything I need them to." "Always come on time and they always stay for the full time."

Staff knew how to keep people safe from harm and did not express any concerns about the safety of people receiving the service. Staff felt people received a safe service and knew what to do if they considered people to be at risk of harm. One staff member said, "Yes, I would be straight onto the office if I didn't think they were [safe]." Another staff member said, "Yes, it's a safe service."

One safeguarding concern had been received into the service; the registered manager and records confirmed this. Records showed the safeguarding concern had been reported and investigated in line with the provider's policy and the appropriate external professionals had been notified.

Risk assessments were completed for people which identified risks to them or their environment. Manual handling risk assessments had been completed in detail for people who required support with transfers or equipment and this information was included in people's support plan in detail. One person who was supported with transfers and other complex care tasks told us, "On all counts [care] was excellent." Staff received training in manual handling and confirmed they felt confident to support people safely with the knowledge they had gained from attending this training.

Safe recruitment practices were followed. We looked at six staff members' recruitment files and saw the appropriate steps had been taken to help ensure staff were suitable to work with people. All necessary checks, such as Disclosure and Barring Service checks (DBS), work references and fitness to work had been undertaken. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Systems were in place to discuss concerns with applicants and risk assess the applicant's suitability for the care worker role prior to starting employment.

There were clear procedures for supporting people with their medicines. Medicine assessment records clearly demonstrated whether people required support with their medicines. Where support was required; the level of support people needed with their medicines was documented. People and care workers did not express any concerns with the management of people's medicines.

Is the service effective?

Our findings

People and their relatives confirmed care staff had the skills and knowledge to carry out their roles effectively. We received comments such as, "Definitely. Very skilled they know what they are doing." "Yes I do. They know just what to do and you can ask them any question and they will be able to answer you." "Yes they seem very experienced. They know what to do and when to do it." One compliment email received from a relative expressed thanks for an "outstanding" service and went on to compliment the service for staff's "competence, compassion and skill" in the care which had been given to their relative.

Staff received an induction programme in line with The Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The manager confirmed staff would receive a three day classroom based induction in which new staff would complete an induction workbook which included the 15 standards of the care certificate. Records and documents confirmed this. The registered manager stated that following the three day classroom based induction programme staff would shadow experienced care workers and their competencies would be reviewed by a field care supervisor and checked by the registered manager. Records and staff confirmed this practice. One care worker said, "I attended training and did some shadowing. Care co-ordinators followed me around." Another care worker said, "I had to do so many hours of shadowing before going out alone. I met the clients first. I felt happy that I knew enough."

There was a training plan in place which demonstrated staff had received training and refresher training in required subjects. Staff confirmed they received regular training updates to help them care for people effectively and meet their needs. One care worker said, "I had refresher [training] in May [2017] which was one day. It covered everything, first aid, safeguarding, health and safety, moving and handling."

Staff received training in specialist subjects such as supporting people with Percutaneous Endoscopic Gastrostomy (PEG), Stoma Care; convene support relating to catheter care and glucose blood sugar monitoring. Staff were trained and supported by a team of five clinical nurses who were employed by the provider to provide specialist training to care staff alongside external health care professionals. Records demonstrated staff had received training in these specialist subjects when required to support people with specific complex health needs.

Staff received regular supervision, direct observations and appraisals if they had been at service long enough. A direct observation is an unannounced observation made without warning on a randomly selected staff member. Probationary meetings were also completed for new staff to assess their competencies and readiness to become a permanent staff member. Staff confirmed they felt well supported.

People were supported to consent to their care in line with the Mental Capacity Act 2005 (the Act) and its codes of practice. The Act provides a legal framework for acting on behalf of people who lack capacity to

make decisions. For example, the manager and staff confirmed that people could consent to decisions concerning their day to day support. People were helped to make decisions by care staff who used different methods of communication. Consent forms agreeing with care plans had been signed by people and when people were unable to sign; reasons for this were provided.

People and their relatives did not express any concerns about nutrition or hydration. Where people required specialist support with their food and fluids this information was detailed within their care plans. Those that required support to have meals or drinks prepared by care staff were supported to have sufficient food and fluids. One person said, "If I asked them to they will stick something in the microwave or make me a cup of tea." Another said, "They will offer me a cup of tea or a glass of water as the weather has changed now." Staff said they would ensure people were provided with sufficient fluids during hot weather and they would always follow the care plan when required to support people with their food and fluids. One care worker said, "We prompt people. We make sure they've got more drink when we leave or leave a jug on their table."

People were supported to contact external health and social care professionals when needed, such as Occupational Therapist's (OT), Physiotherapist's, District Nurses', Older Persons Mental Health services and GP's.

Is the service caring?

Our findings

People and their relatives were positive about the care and support received from staff. We received comments such as, "They come in so cheerful and make sure I am alright and they put the shower on to make sure it's hot. They would not complain about anything and they are always smiling." "Yes absolutely [kind and caring] they are always happy when they come around." "They are always nice and talk to you in a friendly way." "The staff are amazing. When they come around they always have a smile on their face and they really do seem to enjoy their work." "Yes [kind and caring] they are really friendly with me."

Twenty five compliments had been received by the service in the past 12 months from people and their relatives thanking them for the care provided. The compliments came in the form of emails, letters and thank you cards. Examples of compliments received were, "Many thanks to [carer name] for [their] patience, consideration, empathy and great support provided to [person's name]. [Their] kind assistance was very much appreciated." "We have appreciated [care staff] kindness and help." "Very pleasant [care worker] very helpful." "We really appreciate the care and attention you give."

People felt involved in making decisions about their care. One person said, "I can say what I want to have done and they will help me with it." Another person told us how they had been involved in the development of their care plan alongside their relative. Care plans described when people wanted to be involved in their care. For example, one person's care plan clearly stated they would specify at each visit what support they wanted to receive from the care worker. This could be a full body wash or for specific area's to be washed. Care workers confirmed they would always ensure people were involved in decisions relating to their care. One care worker said. "Offering of choice. You have to be a caring person yourself; you do it naturally. Everyone is asked their opinion we say how can we help you?."

Care plans demonstrated people's preferences were taken into consideration when the care plan was written and people's care plans were written in a way which promoted people's independence. For example, one person's care plan said, "Ask what order I would like my personal care to take place. I will wash my face and brush my teeth but I will need the carer to pass me the flannel and prepare my toothbrush. People confirmed staff promoted their independence when providing care to them.

People's privacy and dignity was respected and promoted. People were positive the care they received maintained their dignity and respected their privacy. We received comments such as, "Yes, its just the little things like shutting the door when they help me get changed or the way they talk to me and call me Ms. [person's surname]." "Absolutely, they are ever so good." "Yes definitely." "Yes they do. When I am having a shower they will cover up parts of my body and wash me as they go on."

One compliment had been received into the service which acknowledged how staff had supported a person whilst respecting their dignity. It said, "Each and every one of your carers treated my [relative] with such skill, compassion and dignity."

Staff respecting people's dignity and privacy was embedded within people's care plans. For example, One

person's care plan said, "Maintaining my dignity I will require a pad change." Staff demonstrated good knowledge of how they ensured people's privacy and dignity was respected.

Is the service responsive?

Our findings

People's needs had been assessed and reviewed by the field care supervisors or registered manager. Relatives were only involved in the assessment of people's needs if the person requested their involvement and this information was detailed on people's assessment record. Staff confirmed people's care plans were up to date and regularly reviewed. One said, "The care plans are pretty good and they are forever updating them. They do keep on top of them."

Prior to the inspection we received some concerns that communication between office staff and care staff was not effective and as a result information about people's care was not passed on to the appropriate staff member. We spoke with the registered manager and head of care who acknowledged this concern and they had taken action to address these concerns. At the inspection we received a mixed response; however most staff felt the communication had improved and felt people who received care had not been affected by these concerns. One staff member said, "They are all very nice in the office; the management, the coordinators. If there's a problem, it gets dealt with. If a customer needs something, it gets done." People did not express any concerns with communication between the office and themselves. This meant that although communication was not always effective people received a service which responded to their needs.

People had individual care folders which contained a care needs assessment, care plan, risk assessments and completed daily logs. People's care plans were very detailed and included their likes and dislikes, personal histories, such as medical conditions, cultural needs and how they would like to be supported. People's care plans included what was important to the person when receiving their care. One person's care plan said, "Maintain my independence as much as I am able." Another said, "To receive support to help me go home from hospital."

Care plans were written from the person's perspective and support described always started with "I". For example, "I would like", "I am able" and "I will". The title of each document was headed My care plan or my manual handling risk assessment. People's care plans detailed how the person liked to have their support at each visit and detailed what the person liked to do for themselves and what support they required from the care staff.

People were involved in their care planning, they confirmed they had a care plan and had choice and control over their care planning. People living with dementia were involved in their care planning as the manager and provider confirmed they were able to understand the care planning process when given time to process the information. Care staff confirmed there was always a care plan available in the person's home which was up to date and detailed.

Complaints had been received into the service and had been dealt with in line with the provider's policy, which had been reviewed and updated regularly. People told us they had not made any complaints but knew who to go to if they had any complaints. We saw an email from a relative thank the registered manager for dealing with their complaint and the email demonstrated the relative was happy with the outcome. Staff

said they would support people to make a complaint if needed.

Is the service well-led?

Our findings

When we asked people and their relatives what they liked about the service we received the following comments. "I am very happy and very pleased that we have found them." "Everything is really good here and it must come from the top. So they are good in my eyes." "It is a good service and they help me." "They do everything right. I really like it here." "It is not one thing, they do a lot of things that are really good and I am really happy here." "I would say the staff. Everyone I have spoken to is really helpful, kind and they will help you with anything." "I think I like everything here. The carers are always on time and they will try and do anything for you." "The service is running really well."

People and their relatives shared positive comments about the registered manager, such as, "I have met [them] and [they] sorted out all the care and [they are] very good at [their] job. I think it takes a special person to do this job." "I think they are open they will tell me what is going on and I trust them." Care staff confirmed they felt well supported by the registered manager and confirmed the registered manager was open, approachable and available whenever they needed to speak with them. One said, "I can tap on the manager's door and walk in. No problem there." The registered manager said they liked to be available to staff and always happy to listen to their concerns. We found the registered manager was very knowledgeable about people and the care they received.

Staff were supported to question practice and were confident that if they raised any concerns they would be dealt with by management. Staff demonstrated an understanding of what they would need to do if they felt their concerns were not being listened to by management.

The service had a set of four core values which were embedded into the service. They were focused on people, excellence every time, listening and understanding and building on our success. Staff were provided with a career pathway booklet at the induction process which contained these four core values. Staff followed these values when they were providing care to people and this is evident in the feedback and comments received from people during the inspection.

Systems and audits were in place to review the quality and safety of the service. Data trends were reviewed every two months by the compliance and risk officer. The data trend reviewed incidents and accidents, complaints, concerns and safeguarding information. This information was sent to the clinical governance board who analysed the information to identify trends and discuss how lessons could be learnt to help minimise the risk of reoccurrence.

Incidents and accidents had been reported. Records demonstrated that the incidents and accidents had been dealt with and actions had been identified to mitigate the risk to people. Fact sheets and memos had been developed about particular concerns such as carbon monoxide and falls and this information had been passed onto staff for consideration and prevention of reoccurrence.

People and staff had provided feedback about the quality of the service in January 2017. Documents showed this information had been collated and the results and actions taken had been placed in a "You

said, We did" fact sheet and sent to people and staff.

There were systems in place for the checking and auditing of medicine administration records and daily communication log books. A training spreadsheet and supervision and appraisal spreadsheet was in place and used by the manager as a tool to audit staff training and performance and identify when staff had completed the required training or had been provided with a supervision or appraisal. The head of care monitored this information on a weekly basis alongside the registered manager.

Notifications had been sent to the Commission. A notification is information about important events which the provider is required to tell us about by law.