

Help at Hand Care Limited

Help at Hand Care Services

Inspection report

Unit 5
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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

About the service

Help at Hand Care Services is a domiciliary care agency (DCA). The service provides personal care services to people in their own homes or people in supported living arrangements. At the time of our inspection 21 people received personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People and their relatives were positive about the service and the care provided. People were cared for by staff who knew how to keep them safe and protect them from avoidable harm.

People received their medicines as planned and systems were in place for the safe management of medicines. People's dignity, confidentiality and privacy were respected, and their independence was promoted.

Incidents and accidents were investigated, and actions were taken to prevent recurrence. Enough staff were available to meet people's needs and people told us when they needed assistance, staff responded promptly. Training records confirmed, and people told us, staff followed infection prevention and control procedures.

Care was delivered by staff who were well trained and knowledgeable about people's care and support needs. People's needs were assessed, and care was planned and delivered to meet legislation and good practice guidance. People were encouraged to maintain good diet and access health services when required. People's rights to make their own decisions were upheld.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for this service was requires improvement (published 17 February 2021) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

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.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below

Help at Hand Care Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by an Inspector and an Assistant Inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service also provides care and support for two people living in a single 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 July 2021 and ended on 22 July 2021. We visited the office location on 15 July 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who used the service and seven relatives about their experience of the care provided. We spoke with four members of staff including the provider, registered manager, senior care workers and care workers.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed in line with best practice. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- Medicines were managed safely, people received their medicines as prescribed. One person told us, "They do all my medication. They have had no trouble with it and been helpful with my medication."
- Staff had completed training in medicines administration and management. Staff competencies were assessed to ensure medicines were administered safely and in line with best practice guidance.
- People with occasional use medicines, such as 'when required' medicines, had guidance within their care records to support staff to safely administer the medicine or refer to the GP when necessary.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe.
- People's risk assessments included areas such as mobility, pressure care and falls. Staff were familiar with and followed people's risk management plans. Appropriate action had been taken where necessary.
- Presenting risks were regularly reviewed to ensure people were safely supported. People were supported by regular staff who understood their needs and could respond appropriately as and when the person's needs and risks changed.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe. One person said, "More than happy, more than kind and caring. I have not been feeling so good this week, but I feel so safe and secure when they are here. They mean so much to me. I would not change them for the world. No matter what the traffic is, they always turn up on time. I could almost set my watch by them."
- People were cared for by staff that knew how to raise and report safeguarding concerns. One staff member described the different types of abuse they may come across and what action they would take as a result.
- The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and reported any concerns promptly. Staff knew how to report concerns externally. One staff member said, "If someone is in immediate risk then I would go to the police. I can also

go to social services or CQC (Care Quality Commission)."

Staffing and recruitment

- People told us there were enough staff to meet their needs and they did not experience missed or excessively late visits. The staffing rotas confirmed there were sufficient staff to meet people's needs.
- The service used an electronic monitoring system that alerted the office if staff were running late. The system also evidenced there were no missed visits recorded.
- People were protected against the employment of unsuitable staff because the provider followed safe recruitment practices. We saw examples of how the provider used social media internet searches to support their safe recruitment decisions.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was using PPE effectively and safely.

Learning lessons when things go wrong

- All accidents, incidents and near misses were recorded, and staff told us they knew the process of reporting an incident.
- Learning from incidents was used to improve the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was not rated. At this inspection this key question has now been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them receiving personal care. The registered manager ensured that people were supported in line with good practice guidance.
- Assessments were used to develop person centred care plans that respected people's diversity. This included identifying and respecting people's life histories.
- Care interventions were carried out consistently and in line with nationally recognised best practice, for example medicines administration was based on national best practice.

Staff support: induction, training, skills and experience

- Staff received ongoing training relevant to their roles, and specific to people's needs.
- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. One staff member told us "I find the training very informative."
- Staff were supported through regular supervisions and an annual appraisal. One member of staff told us, "I had my supervision last week. I find them useful, we talk about how I am getting on and if I have any concerns."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The service had clear systems and processes for referring people to external services. These were applied consistently to maintain continuity of care and support. Where referrals were needed, this was done in a timely manner.
- People were supported to live healthier lives through regular access to health care professionals such as their district nurses, GP's and speech and language therapists.
- Guidance and advice from healthcare professionals was incorporated into people's care plans and risk assessments. Guidance was followed by staff.

Ensuring consent to care and treatment in line with law and guidance

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 checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider and staff had a good understanding of the Mental Capacity Act (MCA). Staff worked within the principles of the act.
- People's rights to make their own decisions were respected and people were in control of their support.
- We saw one example of when a person's ability to make a specific decision changed frequently or occasionally, staff were observant to the patterns of this. They used their understanding of this to help better support and empower the person at the right times, to make decisions about their life.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was not rated. At this inspection this key question has now been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The diverse needs of people using the service were met. This included individual needs relating to disability, gender and ethnicity.
- People were positive about the care they received and told us staff were very caring. One person said, "I am very happy with what they do. Everybody is kind and considerate and they understand my needs".
- Staff talked about people with real consideration and kindness and emphasised their desire to be kind and compassionate in the support they provided. One staff member said, "I really enjoying supporting our customers, it's in my nature. I love the feeling of making a positive difference."

Supporting people to express their views and be involved in making decisions about their care

- Care plans were developed with people and their relatives, where appropriate. Relevant health and social care professionals and the staff team who knew people well, also contributed to care plans.
- People and their relatives were asked for their views of the service regularly. For example, regular quality monitoring phone calls took place between the service and people and their relatives to ensure high quality care. One relative commented, "I come from a big family and we are all involved and we are all so pleased with the care."

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people were fully involved with their care, promoting independence whenever possible. They understood people's independence was an extremely important aspect of their lives.
- People were treated with respect. People told us their dignity was preserved at all times. Staff told us they would ensure doors and curtains were closed when carrying out personal care.
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was not rated. At this inspection this key question has now been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support specific to their needs, preferences and routines. People's care plans reflected individual needs with clear guidance for staff to follow to ensure they delivered person centred care. People's care plans were regularly updated to reflect people's changing needs.
- People's care records held information on their current health and support needs in all areas of daily living. This included information and guidance for staff on how best to support people and meet their needs.
- The leadership team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through forums such as staff meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's initial assessments captured people's communication and sensory difficulties.
- Care plans were regularly reviewed to ensure these remained current. Reasonable adjustments were made where appropriate that ensured the service identified, recorded, shared and met the communication needs of people with a disability or sensory loss.
- Staff were knowledgeable about people's communication needs and ensured people were supported in a way that maximised their communication. This ensured people were able to express themselves in a way that suited them.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records reflected any issues received, these were recorded, fully investigated and responded to as per the provider's policy.
- People told us they knew how to make a complaint. Complaints had been dealt with in line with the providers policies and procedures. A relative we spoke with told us, "I would contact (registered manager. If I needed to".

End of life care and support

- Currently, no one was being supported with end of life care and palliative care needs.
- The provider had systems and procedures in place to identify people's wishes and choices regarding their end-of-life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, continuous learning and improving care

At our last inspection the provider had failed to ensure quality monitoring systems worked effectively. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a range of checks and audits to monitor the quality and safety of the service and to help drive improvements. These included checks of incidents and accidents, spot checks and regular quality monitoring phone calls.
- The registered manager had developed a service action plan. Action was taken to address any identified issues.
- Leadership at the service had a clear vision of how they wanted the service to run and put people at the centre of what they did.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and all staff we spoke with, demonstrated a commitment to provide person centred, high-quality care. They placed people using the service at the centre of everything they did.
- Staff were extremely complimentary of the support they received from the registered manager. One staff member said, "(Registered manager) is brilliant, very good at their job, cheerful and approachable. In fact, I've got nothing negative to say about them." Another said, "(Registered manager) is totally approachable."
- There was a positive open culture at the service that valued people as individuals and looked for ways to continually improve people's experience. People told us the service was well run. One person said, "Yes, I do feel they are managing the service very well. I speak to the registered manager, the provider and senior carers if I have any questions and they are always really helpful."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were encouraged to contribute their views on an ongoing basis informally and through regular feedback systems such as satisfaction surveys.
- Staff morale was good, and they told us that they were involved in the development of the service, through discussions with the leadership team and through an electronic messaging service, which included important updates on people and the service.
- From our observations and speaking with staff, the registered manager and provider demonstrated a commitment to providing consideration to peoples protected characteristics.

Working in partnership with others

- The leadership team worked with healthcare services and local authority commissioners. This enabled people and staff to access the right support when they needed it.
- Records showed the provider worked closely in partnership with multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which ensured there was continuity of care.