

HH Community Care Limited

# Helping Hands - West Northumberland

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Helping Hands - West Northumberland is a domiciliary care service providing personal care to a range of adults with a variety of health care needs, living in their own homes. At the time of the inspection, the provider supported 149 people.

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

Staff were kind and thoughtful and the vast majority of people and relatives would recommend the service to others.

Medicines were well managed and good infection control procedures were followed.

Care records were personalised and reflected people's care needs and how these should be carried out. People and relatives were involved in planning their care and were supported to provide feedback about the service.

There were enough safely recruited staff to meet people's care needs. It was acknowledged at times recruitment had been difficult due to the nationwide shortages of care staff.

The provider worked well with other healthcare professionals to ensure people received good quality care. The management team checked the quality and safety of the service, with a range of audits and quality assurance checks in place.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 26 April 2019).

At our last inspection we recommended the provider review office procedures in line with expected levels of customer care. At this inspection we found the provider had made improvements to address this.

### Why we inspected

We undertook this focused inspection to check improvements had been made. This report only covers our findings in relation to the Key Questions, Safe, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Helping Hands – West Northumberland on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Helping Hands - West Northumberland

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was carried out by 1 inspector and 2 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.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced. We gave a short period of notice to ensure we gained consent from people and their relatives to contact them.

Inspection activity started on 27 January 2023 and ended on 7 February 2023.

#### What we did before 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. We also contacted Healthwatch to gather any views they had. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

#### During the inspection

We contacted 40 people and their relatives and spoke with 13 people and 14 relatives. We held 2 virtual meetings with the registered manager. We also contacted the majority of the staff team via email to gather their feedback and contacted 10 staff by phone. We received responses and feedback from 20 staff members.

We contacted 6 care managers/social workers, 2 occupational therapist, community matron and district nurse teams. We received feedback from 5.

We reviewed a range of records. This included a review of 6 people's care plans and medicines records. We checked 4 staff files in relation to recruitment. We also reviewed records related to the management of the service, which included incident reports, quality assurance checks, surveys, minutes of meetings and policies and procedures.

We continued to seek clarification from the provider to validate evidence found. We further reviewed training data, quality assurance records and policies and procedures.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were safely managed. People received medicines in a timely manner, and this was monitored remotely by a live system which showed when this had not occurred.
- Staff received suitable training and their medicines competencies were checked to ensure they were safe to administer medicines.

### Staffing and recruitment.

- Enough staff were employed to meet people's care needs.
- There were no missed calls reported, although some occasions of later calls due to unforeseen circumstances were reported by people and relatives. One person said, "They are more or less on time. If there is a problem, say one of them is off sick, the office will usually let me know." It was acknowledged by the registered manager staffing had been difficult at times, but action had been taken to keep people safe.
- The provider always tried to maintain continuity of the care team going into people's homes, however this had not always been possible during the recent COVID-19 pandemic.
- Safe recruitment procedures were followed, including obtaining references and undertaking security checks on prospective employees.
- The provider had a continuous recruitment programme, but at times had found it difficult to employ staff due to the national shortage of suitable care staff.

### Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from the risk of abuse. One person said, "I feel very safe with the staff particularly when I have a shower. I couldn't have one without a carer there. They check everything for me and make it safe."
- Staff received safeguarding training and told us they would report any concerns they had.
- The registered manager was robust in reporting any safeguarding concerns.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety were evaluated and assessed.
- Accidents and incidents were recorded, reported and action taken where necessary, including informing families.
- Systems were in place to escalate any safety concerns. There was an open and transparent culture with staff being encouraged to report concerns.
- Lessons were learnt when things went wrong. The management team discussed issues arising at various meetings, including with external professionals. This was relayed to staff teams as shared learning.

## Preventing and controlling infection

- Staff protected people from the risk of infection, including in relation to the COVID-19 pandemic by following current guidance.
- Staff had received infection, prevention and control training and were supplied with enough PPE.



# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans were detailed and personalised with how people wanted to be cared for and supported.
- Staff were reported to be kind and caring and responsive to people's changing needs or family emergencies. One person said, "Everyone is nice and caring but a handful of them are excellent and we get on really well. They will do anything I want them to and if they have time will sit and chat." Another person said, "One time I collapsed, and they arrived to find me being treated by paramedics, but they stayed and sorted out my wife till I was able to arrange things."
- People were helped to maintain relationships and avoid social isolation.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and detailed in their care plans.
- People and their relatives said staff communicated with them well.
- Different communication formats were available should this be required, including larger print or braille.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place. Concerns were investigated by the management team and actions taken to resolve them.
- People and relatives knew how to complain and were supported by staff to do this. One person said, "The office staff are nice, and I would speak to [member of office staff] if I had any problems, I am sure they would sort it out. I have nothing to ring for though."

End of life care and support

- Staff cared for people at the end of their lives when required. This included working with other organisations to support this.
- Care records documented end of life preferences, including details of people's resuscitation status.

# 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 good. At this inspection this key question has remained the same. 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

- Staff were clear about their roles. One staff member said, "Service users are looked after well. To the best of their ability HH (staff at the service) makes every effort to provide visit times that suit the service user. Every effort is made to meet individual's needs."
- A range of quality assurance audits and checks were in place to monitor and continually improve the service.
- Notifications were submitted to the Care Quality Commission in line with their legal requirements.

Continuous learning and improving care

- Continuous learning was in place to improve the care provided. New IT systems had been introduced to improve recording systems and quality monitoring. The provider continued to look for new ways of interpreting data and enhancing systems. One staff member said, "We are able to access a lot more information. It helps us run more efficiently."
- Regular reviews of care took place to continually assess the support people required.
- The provider had invested in staff mentors to support new starters. They also had mobile wardens who could act quickly to support care at short notice should this be required.

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

- Customer care was good and communication with the office staff had improved. Although a very small number of relatives commented communication could be further improved by responding to messages left. One relative said, "They are alright in the office, but they don't always get back to you." Another relative said, "Overall, we are very happy with the care and would score this 9 out of 10 and we hope it will continue."
- People and families were involved in the service provided. They were contacted regularly to check on the care being delivered.
- Staff meetings took place, which allowed staff to air their views and share concerns.
- An out of hours on call was available to support staff and people using the service. One member of staff said, "Out of hours on call is a good set up."

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

- The service had an open and person-centred culture. The registered manager promoted this, including during the inspection by being honest and supportive of the process.

- The vast majority of people and their relatives highly recommended the service and the staff team. One person said, "I can't praise the two regular [staff members] that come in enough. They are fabulous and treat [person] with dignity and respect."

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 registered manager complied with their duty of candour responsibilities which included apologising when things had gone wrong.

Working in partnership with others

- Staff worked in partnership with other healthcare professionals. One healthcare professional said, "Helping hands in this area are reliable and try and accommodate the needs of their clients. We find they escalate concerns to us in a timely and appropriate manner."