Midshires Care Limited

Helping Hands Horley

Inspection report

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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
Helping Hands Horley is a domiciliary care agency providing personal care to people with a range of needs such as dementia and Parkinson's disease. 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. At the time of our inspection, 34 people who were using the service received a regulated activity.

People's experience of using this service and what we found
People received the medicines they required and medicine administration was safe. We did identify some shortfalls in recording however the registered manager was already working on this. Staff followed safe infection control practices and were aware of their responsibility to safeguard people from the risk of abuse. There were sufficient numbers of safely recruited staff to meet people's needs. Missed calls that had occurred in the last three months were fully investigated and steps had been taken to prevent future occurrence.

People and relatives told us staff were extremely kind and caring towards them and treated them with dignity and respect at all times. People were involved in reviews of their care and felt comfortable to raise concerns if they needed to. Concerns that had been raised had been dealt with appropriately and in line with the service's complaints policy.

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. The care delivered to people was personalised and allowed them to be part of the community or attend events that were important to them. Risks to people and their needs were appropriately managed by staff who knew people well. Thorough pre-assessments had been completed to ensure that a person's needs could be met before staff began to deliver care.

Staff received regular training, including in specialist areas that were pertinent to the care they were delivering. Regular supervisions and direct observations took place to ensure staff were providing high quality care, as well as giving staff the chance to discuss their workloads and any issues. People and staff felt communication within the service was good, and people had been referred to health care professionals in a timely manner where required.

People, relatives and staff felt the registered manager was approachable and felt supported and valued by them. The registered manager was aware of their responsibility to notify CQC of certain events. People, relatives and staff were approached for their feedback through a variety of methods such as face to face, telephone calls or an electronic rating system. Plans were in place to improve areas of the service, such as introducing an electronic medicine recording system and creating profiles for people and staff to swap before care was delivered so they got to know each other. There were close working links with organisations

to support people to remain living in their own homes.

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

Rating at last inspection
The last rating for this service was Good (published 28 March 2017).

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.

Helping Hands Horley

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
The inspection team consisted of three inspectors. Two inspectors visited the service's office and people in their homes and one inspector spoke with people who use the service on the telephone.

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 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 24 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 4 November 2019 and ended on 7 November 2019. We visited the office location on 4 November 2019.

What we did before the inspection
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. Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at our inspection. We used all of this information to

plan our inspection.

During the inspection
We spoke with ten people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two 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 visited and spoke with two people who use the service in their homes, as well as one relative and two staff members. We also checked the records the service kept in their households. We looked at training data and quality assurance records.

Good

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

● Medicine recording practices were not always safe. Despite people telling us they always received their medicines on time, gaps in medicine administration record (MAR) charts meant staff were not always recording they had administered people's medicines. Handwritten prescriptions on MAR charts were not being checked and signed by two staff to ensure the information was correct.

● However, regular medicine audits were being completed and from this, the registered manager was aware of issues of gaps in MAR charts and was taking action to resolve this. They told us, "I've been talking to staff about the MAR gaps. We speak about them in team meetings, I ask staff to check if the staff member before them has completed it correctly."

● Other recording of medicines was safe. MAR charts for prescribed creams (TMARs) included a body map to inform staff where the person required the cream to be applied on their body. People's medicine profiles included information such as the person's GP surgery and any allergies. One person told us, "They help me with my medicines and always tell me what it is I am taking."

● People were encouraged to manage their own medicines where safe to do so. People that were able to manage their medicines independently had a risk assessment completed for this, as per the service's medicine policy. This confirmed to staff the person was able to administer their own medicines and to inform the office if their capacity around this changed.

● Staff received regular medicine competency checks to ensure they were safe in administering medicines. A senior staff member told us, "We have medication training and we look at staff's competencies as a whole to check they're safe." Documentation we viewed evidenced this.

Systems and processes to safeguard people from the risk of abuse

● People and their relatives told us staff made them feel safe. One person said, "I feel safe with [staff]. I trust them all. I have a key safe and ask them to make sure it is always locked, and they do this." Another person said, "I definitely feel safe because they know my problems and almost see what is coming before it happens." A relative told us, "I feel he's very safe because they know him and everything that needs doing."

● Staff were aware of their responsibility to safeguard people from abuse. One staff member told us, "I look out for abuse in the sense of neglect. So things like people not being cleaned, washed, being withdrawn. I'd speak to the manager or report to the Police. There is a whistleblowing policy. I would use it. I think it's important." The registered manager said, "We speak about safeguarding in team meetings, and they have refresher training. I send out emails with the policy attached and ask them to contact me with any questions."

● Records showed that safeguarding had been appropriately recorded and reported to the local authority. The contact details for the local authority and a whistleblowing policy were on display for staff to refer to if required.

Assessing risk, safety monitoring and management

● Risks were appropriately recorded and managed. One person was assessed by the service as being at a high risk of falls. Their care plan and risk assessment detailed how staff should support them to mitigate the risk of falling, such as ensuring they used a wheelchair if the person was too tired to mobilise with a zimmer frame, and how to safely manoeuvre the wheelchair.

● People's care plans included an environmental risk assessment. This confirmed if there were any risks within the home environment that staff should be aware of, such as trip hazards. It also confirmed where to find the main utility points within the house, such as the stopcock and boiler.

● The service had a business continuity plan in place. This document confirmed what action should be taken in a variety of emergency situations, such as loss or damage to the premises, loss of IT equipment or adverse weather conditions.

Staffing and recruitment

● There were a sufficient number of staffs to meet people's needs. One person said, "[Staff] do come on time, and stay for the amount they should." Another person told us, "We know traffic is a problem, but they always give me my 30 minutes, even if they have arrived a little late. I have never had a call missed." A staff member said, "We have enough staff, but we could do with some more at the weekend although calls are always covered."

● Rotas showed that staff were given travelling time from one person's house to the next. Sickness was either covered by staff willing to take on additional work or the management team. The registered manager told us, "If staff have gaps on their rotas we ask them to cover sickness. Then we ask staff who are off if they want to. If not, we'll go out. We try and keep staff in one patch and keep people with the same customers." Rotas reflected that staff were allocated to the same people as much as possible.

● People informed us they were supported by the same consistent staff members as much as possible. One person said, "It's nice knowing who's coming. I get the same staff, one in the morning, and a different one in the evening, but I always know which ones." Another person told us, "We usually have the same carers, except when there is holiday or sickness of course."

● Recruitment files evidenced staff had been recruited safely. This included references from previous employers, a full employment history, a medical questionnaire and a Disclosure and Barring Service (DBS) check. This check ensures that people are safe to work with vulnerable people such as the elderly and children.

Preventing and controlling infection

● Staff followed safe infection control policies to prevent the spread of infection. One person told us, "They are always clean in their uniforms when they visit, and they do use gloves and aprons." A staff member told us, "We talk through personal protective equipment (PPE) and hand washing. We say that if you are really ill then you should call in sick. Staff can grab gloves and aprons from the office." We observed staff wearing aprons and gloves when preparing food when we visited people in their homes.

● Staff received regular direct observations from senior staff members to ensure they were adhering to safe infection control practices. The registered manager told us. "We check this in direct observations of staff, and we ask customers when we call them during quality checks."

Learning lessons when things go wrong

● Accidents and incidents were recorded, and steps taken to prevent reoccurrence where possible. The service had missed six calls to people in the last three months. Four of these were due to an error in the service's call allocation and monitoring system, and two due to a miscommunication and staff error. All the people effected had received an apology and explanation and did not come to any harm as they lived with family who were able to support. The registered manager had taken action to prevent any further missed

calls in the future, such as completing a weekly system check to ensure it was working correctly and calling a staff member to clarify if they had been given any additional calls to their usual rota.

● Records of accidents and incidents were currently being stored individually in people's files. This made it difficult for the service to track any trends or patterns in reoccurring incidents. The registered manager took this on board and said that they would look to store accidents and incidents in a centralised folder immediately. These would then be audited monthly to check for any trends.

Good

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 rated as Good. At this inspection this key question has remained the same. 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

● Pre-assessment checks were completed prior to people receiving care to ensure that the service could meet people's needs. The information gathered in pre-assessments was used to create people's care plans. A person told us, "The registered manager came down and I went through what I wanted from them, and she told me what they could provide. We then came to an agreement in what was done at each call." Another person told us, "I did have a meeting with the registered manager. I told them what I needed and that is exactly what they have supplied." The registered manager told us, "Normally me or [a senior staff member] will go out and do an assessment or a managed start to ensure it's safe. It covers all of their needs so we can be sure we can meet the needs."

● Staff received reminders of delivering care in line with seasonal guidance by email. This included reminding staff to keep people hydrated in hot weather and keeping warm in the winter.

Staff support: induction, training, skills and experience

● Staff received regular training to keep them up to date with skills required to meet people's needs effectively. A staff member told us. "The training is good. They really explain what you need to do and you are able to practice." The service's training matrix showed that staff were up to date with mandatory training. The registered manager had arranged for a nurse to deliver specialist training to staff the week following our inspection, as the service had agreed to provide care to someone with this particular need.

● People felt that staff were well trained. One person said, "The staff are confident in what they do, and they do things exactly to my liking." Another person said, "They know what's got to be done, and they just get on with it."

● Staff completed a thorough induction to ensure they were prepared for their role. A relative told us, "We had a new staff member recently and she was well inducted and trained. She knew what she was doing." A staff member told us, "I did my induction, I was quite happy with it. I did two days shadowing." A senior staff member said, "Staff do shadowing for six hours and then we sign them off as competent."

● Regular staff supervisions and observations were completed to confirm that staff were delivering safe care, as well as allowing staff to discuss any concerns. A staff member told us, "We have supervisions. I think it's good to touch base to discuss issues, discuss your workloads." The registered manager said, "Staff have supervision and observations six monthly unless we've got any concerns. Everyone is up to date with supervision."

Supporting people to eat and drink enough to maintain a balanced diet

● People were supported to maintain their nutritional and hydration needs in ways that were safe to them individually. People's nutritional care plans and risk assessments gave information to staff on how to do

this. For example, one person had a condition which affected their chewing and swallowing ability. Their care plan confirmed they required staff to ensure their food was cut into small prices and the crusts were cut off their sandwiches. Another person's care plan confirmed the equipment the person required to enable them to eat and drink safely, such as a beaker cup with a straw.

● People told us staff cooked whatever they requested. One person said, "I like fresh food, not microwave meals, and some of them are better at 'real' cooking than others. They do all the work and cook us a fresh meal all within the time." Another person told us, "They cook my meals, and will make it from scratch if I ask them to." This allowed people to receive a nutritious diet.

● People's nutritional preferences were recorded in their care plans, such as how they preferred their cup of tea to be made. This meant that new staff members would be aware of people's preferences even if the person could not always communicate this due to a cognitive impairment.

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

● Staff felt communication within the service was effective. A senior staff member told us, "We have good communication here. We do coffee mornings with staff that are available. We email staff and constantly call them to check how they are." The registered manager said, "Communication is a lot better than when I first started here. I email, and [the call monitoring system] allows us to send encrypted messages to all staff so I can update them about any changes to people."

● People also felt staff communicated effectively. One person told us. "They write in a book everything they have done while they have been here. That way they pass on the information to the next one that comes in, so they know exactly what the situation is here."

● Referrals were made to healthcare professionals where required. On the day of our inspection, one person required urgent medical assistance. The staff member called for an ambulance immediately and stayed with the person until it arrived. The registered manager said, "The staff tell me if they think someone needs a referral to a healthcare professional. Most of them take it upon themselves to do it though."

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

● People's legal rights were protected because staff followed the principles of the MCA. A staff member told us, "We have our own cards with the five MCA principles on that fit under our ID badges. We always assume people have capacity. We also ensure that people can make decisions even if they are unwise." Another staff member said, "If they don't understand we look at what's in their best interest. What's best for them. We might need to think about power of attorney."

● Decision specific mental capacity assessments had been completed for people where required. For

example, one person lacked capacity to consent to personal care. A mental capacity assessment had been completed for this, and as they were found to lack capacity a best interests decision was also completed. This helps decide what the least restrictive method of caring for someone is, and looks to include those involved in a person's care, such as their next of kin or social worker.

Good

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 rated as Good. At this inspection this key question has remained the same. 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

- People gave us exceptionally positive feedback about the compassion and kindness of staff. One person said, "I can't speak highly enough of the carers. We have a good chat, and it's such an important part of me keeping well, they are so cheerful when they come and visit. We are chatting all the time, putting the world to rights. They don't patronise me. I have met four staff in my time with them and they have all been wonderful." Another person said, "I find the staff to be very caring. It's like having a friend in the house with you." A further person told us, "They have been absolutely phenomenal."
- Staff equally spoke highly of the people they cared for. One staff member said, "It's such a rewarding job. You have to think that we may make someone's day when we go in there." A senior staff member told us, "We have a good group of staff that are devoted to their job. You can't do a caring job if you are not caring." The registered manager said, "I couldn't ask for a better team. They all care about each other too. They all go the extra mile every day. They don't realise it though but they do."
- We observed caring interactions between people and staff members when we visited people in their own homes. Staff shared humour with people and their relatives, and did not question one person's perception of reality when they were experiencing a hallucination. When one person told us, "The staff cheer me up", the staff member replied, "She cheers us up too."

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

- People were involved in reviews of their care plans. Documents showed that staff had visited people in their homes when reviewing their care and involved them in decisions around this. One person told us," I do feel that I am involved in the care they give me." Another person said, "I do have a care plan, staff go through it occasionally with me." A senior staff member told us, "I do reviews of care and check that people are happy with their care. I look to see if anything has changed and whether they need extra calls. Care plans are person centred. It's about them."
- Staff ensured people were involved in day to day decisions around their care. One person told us, "They ask me what I want done each day." A staff member told us, "It's person centred care. We ask people what they would like." This included asking people if they would like a shower each day, what they would like to wear and what they would like to eat.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence and build their confidence in doing so. One person told us, "When they came in in the mornings, they helped me shower and dress. The carer helps me into the shower and sits me down, then says that she is going to the kitchen and to call if I need anything.

When they first started I had no confidence and was scared of falling so she had to wash me. But because they have helped with my confidence I can do this for myself now." A staff member told us, "We are there to support rather than do everything for them." People's care plans included information on what people could do for themselves rather than focusing on what they could not.

● People's privacy was respected. One person said, "They treat me with dignity and respect, they are all nice carers." Another person told us, "I have a door bell that staff ring to let me know they are coming into the house. I appreciate this as I wouldn't like them coming in without me knowing." Information on how people wished staff to enter their house was included in their care plans.

● Staff treated people with dignity and respect. One person told us, "I do feel they treat me with respect. "A relative told us, "They respect my house and us. They respect [my family member's] dignity, they close the blinds during personal care." A staff member said, "You have to think of people's dignity. I know how I would feel. Staff need to be respectful at all times." A senior staff member said, "We ask that when staff are providing personal care they cover them up with a towel. We ask them to ask clients if they want the door shut or curtains closed. We respect their wishes."

Good

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 rated as Good. At this inspection this key question has remained the same. 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 files in people's homes contained detailed information around their health and care needs. However, staff were not given the opportunity to learn about people's needs and background before arriving to deliver care to them. One person told us, "I can verbally tell staff what I need, so the care plan is not so important for me, but I can see how others with more complex needs might need it." A staff member said, "We look at the care plans once we go in to a new client. Sometimes they get a bit irritated when we are reading through them. It would be better if we could read them before we go in." Another staff member said, "I'm not given any information about people on new calls other than what's on [the call monitoring system]. I know the key code, their illnesses, and address. It would help if we read their care plans before." Despite this, people and relatives told us they felt staff knew them well.
- We fed this back to the registered manager. They told us they had plans to create client and staff profile's which could be swapped before care calls. This would give both people and staff information about the other prior to care being delivered. We will follow this up on our next inspection.
- Care plans included information around people's health conditions. This allowed staff to be aware on how each condition affected the person and the care they needed and indicators or symptoms of their condition progressing.
- Staff delivered personalised care to improve people's wellbeing. People were supported to access the community, and the registered manager had arranged a Christmas coffee morning at the service's office which all people who used the service would be supported to attend by staff and their families.
- The service provided flexibility to allow people to attend events important to them. One person said, "I have [a staff member] that comes on a Wednesday which is my going out day. I'm going out to get my hair done with her if the weather is not too terrible. If it is really bad, we'll stay in and chat, and she'll make me my lunch." A relative had sent a compliment to the service, saying, "I would like to express our gratitude for you letting [a staff member] look after mum and dad at my daughter's wedding. She looked after them brilliantly and helped us so much on the day. Mum was looking forward to the day so much and it was made so much easier with [the staff member's] support."
- Care plans were written in the first person to give the person ownership of their care plan. This included personalised information of their background and life history, and documenting goals that were personal to the person, such as, "I would like to remain at home with my wife." Daily notes were also personalised, and contained details such as what the person had eaten, what care was provided and what the person and the staff member spoke about during the call.

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 care plans included information around their communication needs to help staff meet them. For example, care plans confirmed if people wore glasses or hearing aids, and who was responsible for checking and changing the batteries in hearing aids.

Improving care quality in response to complaints or concerns

● People told us they felt able to raise a complaint without prejudice. One person told us, "I'd let them know if I was unhappy about anything. I do think they would listen to me, but I have never had the cause to complain." Another person said, "I have had nothing to complain about but would be happy to make a complaint if I needed to." The service's complaints policy was stored in each person's care file within their house so they could refer to this if needed.

● Complaints had been resolved in line with the service's complaints policy. For example, one person had complained due to a missed call. The registered manager had offered an apology and explanation of why this had occurred, and had informed the person what steps would be taken to prevent this from happening again. The person was happy with the outcome of the complaint, and it had been resolved within the policy's timescale.

●The service had received multiple compliments from people and relatives. One read, "The carers have always been on time and never left early, in fact on occasion they have stayed late to ensure my mother was safe." Another read, "I cannot recommend Helping Hands enough. From signing up with them and the support needed for my mother, they were absolutely fantastic, so helpful and friendly. The girls in the office could not have been more helpful too."

End of life care and support

● At the time of this inspection no one was receiving end of life care from Helping Hands Horley. However, end of life care plans were in place in preparation of this. These contained basic information of how people would want to be supported during this time in their lives.

● The service had previously provided end of life care to people. One staff member told us, "We have provided end of life care recently. We did two calls a day with a double up. He had just come out of hospital and he was palliative. We were there to make him comfortable."

Good

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.

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

- People and relatives felt supported by the registered manager who had achieved good outcomes for them. One person told us. "There has been nothing they haven't been able to do for me, I'm more than happy with them." Another person said, "I'm so pleased with them, so when I felt I needed more help I immediately thought of going through them again, they are marvellous." A relative told us, "The [registered] manager] is good. She's settled in lovely."
- Staff felt supported and valued by the registered manager. One staff member told us, "[The registered manager] is really nice manager. I feel valued all the time. If I am worried about anything I can talk to them about it." Another staff member said, "She is great. She doesn't make me feel stupid if I ask a question." A further staff member said, "When I had my accident [the registered manager] was wonderful. She saw how I was and arranged for flowers and prosecco to be sent to me. It made me feel they were thinking of me and valued."
- The registered manager felt equally supported in her role by staff and her own manager, creating an inclusive culture within the service. They told us, "I'm massively supported by my managers. I feel valued. I feel part of the team. It's the being told that I'm doing a good job which is nice. Being part of a team that delivers such good care is something I am proud of."

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Regular quality audits ensured that people were receiving high quality care, with action being taken to resolve any issues identified. For example, a daily notes audit identified an accident and incident had not been recorded. The registered manager spoke with the staff member who witnessed this and they consequently completed the required form. Audits were completed in other areas such as finances and medicines.
- The service had a Compliance Business Partner, who was responsible for completing six-monthly audits to check the quality of the care. This ensured the service delivered a high level of care consistently. They told us, "I will come and do two audits each year. From that I develop an action plan which is then left with [the registered manager]. I have a tracker so I can look at what actions have been completed. I usually set a target of six to eight weeks to get things completed. Once I have inspected I then do dip audits to look at high risk customers and carers." We reviewed this action plan, which showed the registered manager had been working towards meeting the recommendations made.

●The registered manager was aware of their responsibilities in ensuring that CQC were notified of significant events which had occurred within the service. They had also ensured the service's last inspection report was displayed in the office.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

● People and their relatives were regularly asked for feedback on the service. One person told us, "They ring me up and one (of the office staff) comes out every now and then to ask if I have any concerns and do a check up on things (what the staff are doing). A relative told us, "They ask me for my feedback now and again." Feedback from people and their relatives was recorded and used to improve the service where needed. For example, some people fed back they did not know where to find the service's complaints policy. The registered manager informed them where to locate this in the file within their home so they were aware for future reference.

● People and relatives were also able to leave feedback through a system called, 'Rant and Rave'. This allowed people to rate the service from one (low) to five (high) and leave feedback. The service had consistently received a score of four or above. One comment received through the system read, "Helping Hands have been exceptional from the start. Not only are their carers first rate but they are also available for advice any time. They are professional, responsible and very friendly." The service were looking to implement the same system for feedback from staff in the near future.

● Regular staff meetings enabled staff members to contribute their ideas on the running of the service. One staff member said, "We are having team meetings every month. We find it useful having them. We talk through auditing." Meetings of staff minutes showed a variety of topics were discussed, such as training opportunities, MAR chart completion and updates on people.

● The provider was looking to introduce a new electronic MAR system to the service next year. The compliance manager had been asked to test several systems and voice which one they felt would be most suitable for staff members.

Working in partnership with others

● The service worked closely alongside a variety of organisations to provide care for people which allowed them to remain living at home. This included local district nurses, GPs, community matrons and the local authority social care team.

● The registered manager was a member of Surrey Care Association, a non-profit company which supports social care providers in Surrey. They attended a regular registered manager's forum, where best practice and knowledge could be shared.