

HH Community Care Limited

Helping Hands Specialist Care Services

Inspection report

Unit 1
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Tel: 01670339672

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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 Specialist Care Services provides personal care and support to 60 people with complex needs, including brain injury, learning disabilities, autism or associated related conditions and/or mental health needs. 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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were treated with dignity, kindness and respect. Many compliments were received about the caring attitude of staff. People and their relatives had been involved in the planning and review of their care and told us they felt the service was safe.

People received personalised care that was tailored to meet their individual needs, preferences and choices. Staff supported people to make decisions relating to their care and to live their lives as they wished. A small number of care records were in need of some update, but this was being addressed.

Policies and procedures were in place for people and their representatives to raise concerns about the service if they needed to and these were dealt with appropriately.

Medicines were generally managed safely. Risk had been assessed and accidents and incidents recorded and reported appropriately.

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 have made a recommendation about the recording of capacity assessments and best interest decisions made as they were not always in place.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them

having as many opportunities as possible for them to gain skills and become more independent.

Staff received suitable training although a small number of staff were a little behind. Refresher training was planned. Supervision sessions had not been carried out as regularly as it should for a small number of staff. This was being addressed by the registered manager.

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)

This service was registered with us on 11 November 2018 and this is the first inspection.

Why we inspected

This was a planned first inspection after the provider registered with the CQC.

Follow up:

We will 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring 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 Specialist 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

The inspection team consisted of one inspector and an Expert 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 homes.

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection and to allow planning to visit people with their consent. Inspection activity started on 29 October and ended on 5 November 2019. This included visits to people on 31 October and 5 November 2019.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority safeguarding and commissioning teams in the areas in which the provider supported people. We also sought feedback from Healthwatch. 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 all information to plan our 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.

During the inspection

We spoke with 10 people who used the service and nine relatives about their experience of the care provided, this included visits to five people in their homes. We spoke with the nominated individual, the head of the service, the registered manager, two community support officers, one care coordinator and two senior care staff. A nominated individual is responsible for supervising the management of the service on behalf of the provider. We also contacted 20 members of care staff, either face to face, telephone or via email.

We contacted three local authority care managers, one social worker, head of commissioning at Northumberland local authority, the speech and language therapy team (SALT) and a behavioural psychologist. We used any comments they made to support the judgement of this inspection.

We reviewed a range of records. This included eight care plans and eight medicine administration records. We looked at six staff files in relation to recruitment, training and support. We also reviewed a range of management documentation, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent us further information as requested.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People receiving care were safe. One relative said, "My son is very safe as we have extensive guidelines written down for every eventuality."
- Safeguarding policies and procedures were available and accessible to staff to help them keep people safe. One staff member said, "I have had to report issues in the past, not with this company. I would not be worried at all to do that. People have to be protected."
- Any incidents of a potential concern had been reported correctly and investigated fully.

Assessing risk, safety monitoring and management

- Risks people faced in their day to day lives had been assessed as well as those risks posed to staff as they provided care to people in their homes or the community.
- Positive risk taking was promoted to help people lead as a fulfilling life as possible. We found some minor gaps in recording, but the registered manager was aware and was in the process of reviewing care records to ensure all risk assessments were in place and robust.

Staffing and recruitment

- There were enough staff to support people and staff had time to perform care duties. One relative said, "Staff are very calm, they are never rushed."
- Visits were monitored to ensure people received their care and support calls when they should. Some calls were not allocated with sufficient time for staff to get from one call to another. Scheduling staff were working to address this and had visited rural areas to try and improve allocations. The registered manager told us they were working hard to put this right.
- Recruitment processes were robust.

Using medicines safely

- Medicines were generally managed well. We did find some minor recording issues, but these had no impact on people. The registered manager addressed these straight away.

Preventing and controlling infection

- Gloves and aprons were available and used by staff. We observed one occasion where staff had not used gloves when they should have. This was addressed by the registered manager.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reported correctly. An analysis had been completed each

month to monitor for any trends that may have formed.

- Lessons were learnt. Staff meetings took place to discuss any issues arising and learn from any incidents. Information was also disseminated to the staff teams via work mobile phones when the need arose to share information.

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.

This is the first inspection for this newly registered service. This key question has 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 care and support needs had been assessed. Information had been gathered from a range of sources, including family and friends involved in people's care.
- Staff knew people well and explained how each day was different and how they adapted according to how people were on that day. Staff were aware of people's moods and the impact this may have on their abilities at any given time.

Staff support: induction, training, skills and experience

- Staff were trained to meet people's care and support needs. One relative said, "The staff have specific training for (person) and they have all had it before they work with (person)." Another relative said, "We vet all our own staff and so they all know what they are letting themselves in for. This way we get it right. They all have specific training on my (person's) condition." Evidence confirmed that staff had received a range of training, including that from specialist healthcare professionals and bespoke training tailored to particular people. A small number of staff had transferred from another organisation and they confirmed their training had transferred with them, including checks on their competencies. Further training had been planned.
- Staff received an induction and were supported by their managers with regular contact. One to one supervision had occurred, and yearly appraisals of staff performance were completed. There were a small number of staff who were a little behind with support meetings and the registered manager planned to address this.

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

- People were supported with any special dietary requirements and helped to eat and drink in line with their own wishes. People who were at risk of malnutrition were monitored and healthcare professionals were involved when additional advice was required.
- Staff were trained to support people with a balanced diet, including additional training for those people who received nutrition via a percutaneous endoscopic gastrostomy (PEG). A PEG is a medical procedure in which a tube is passed into a person's stomach, most commonly, to provide a means of nutrition and hydration when oral intake is not adequate or possible.

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

- Staff supported people to access a variety of healthcare appointments when required. This included phoning GP's for appointments or liaising with specialist learning disability teams to support the person to an appointment.

- People's care records included various contacts, including those healthcare professionals which they were involved with.
- Hospital passports were in place for some people. These are used to support people when visiting hospitals or other health care services to help with communication and to ensure people's individual needs are met.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- People's capacity had been considered. Best interests decisions had been made where people required support with more complex issues such as management of finances. We found one person where there was a query over their capacity. We spoke with the registered manager and the local authority about this who confirmed it was being currently reviewed.
- People were asked for their consent wherever possible. One relative said, "They always ask her consent before giving personal care." Some decisions made in the best interests of people to maintain their safety were not always fully documented.

We recommend the provider ensures capacity assessments and best interests decisions are fully documented.

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.

This is the first inspection for this newly registered service. This key question has 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

- People were treated with kindness and compassion.
- The service promoted a person-centred culture. Staff built relationships with people and listened and acted upon what people said. People, and their relatives confirmed, staff spoke with them about things that mattered to them.
- Staff told us they really enjoyed supporting people. There was a positive rapport between people and staff.
- Staff demonstrated a good knowledge of people's personalities, diverse needs, and what was important to them.
- The registered manager promoted equality and diversity in the staff team and aimed to match staff personalities with the people they worked with. Some people and their families had been involved with the recruitment selection process and this was being further developed.

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

- People and their relatives were involved with any decisions about their care needs. One relative said, "I have meetings with her care manager and together we make all the decisions about the care the company are going to provide." Records indicated where people had contributed to their plans such as how they chose to have a shower or not.
- People and relatives were contacted in several ways to gather their feedback. This included, review meetings, surveys, emails and phone calls.
- People had the use of advocacy services when needed, if there were no family or friends to support them. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. When we visited one person in their home, staff prompted the person to close the bathroom door to retain their privacy. One relative said, "They protect his dignity by keeping him covered whilst they wash him."
- People were encouraged to maintain their independence. Staff confirmed they only assisted people where this was necessary. One staff member said, "They can do everything themselves and just needs prompting. I think (person's) family might like us to do everything for them, but that is not right, and they need to remain independent. It's important."
- Staff gender was agreed before a person started to use the service. For example, some people preferred male care staff.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Personalised care was delivered by staff. Some records needed further review or update, but the registered manager was aware and was working to address this.
- People were supported to have choice in every aspect of their lives. Staff used a range of techniques to support people to be able to choose what they wanted to do or have to eat for example. One person used picture cards and visual aids to help staff understand.
- People's likes, and dislikes were recorded and how they preferred their care to be delivered.

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 communication needs were met. Communication plans included specific words or sounds people may use in certain situations, so staff could develop a positive relationship with them. This also helped staff to spot the signs of increased levels of agitation or anxiety and therefore assisted them to try and minimise this.
- Information was available in various formats, including pictorial and easy read.

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

- People were supported and encouraged with activities, work or learning they were involved with. One person said, "I think the staff go over and beyond what they are meant to do. I am doing a diploma in health and social care and they spend ages going through all the work with me, checking it for spelling mistakes and making it make sense. They really do help me with my college work. I don't think I could do it without them." One relative said, "The carers are excellent. They are out and about with (person) all the time. They are well trained and take (person) to places like Kielder to allow (person) to experience everything my other children experience too."

Improving care quality in response to complaints or concerns

- Complaints and concerns were acknowledged, investigated and action was taken. 14 complaints were recorded. People and relatives knew how to complain and had information to support them doing this. Where necessary, the provider had involved a range of healthcare professionals and local authority representatives to help to address any concerns raised. The registered manager told us, "We strive our best

to resolve any complaints as best we can. We want the best for everyone where ever possible."

- Complaints were encouraged to be raised as soon as they arose. One relative said, "Staff told me to complain and it was dealt with straight away. I was pleased about how they dealt with it."

End of life care and support

- No one was currently receiving end of life care. The registered manager told us of the professionals they would involve if that ever occurred. Staff said they would work with people and their families to ensure end of life care met people's needs and wishes at this important time in their lives.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The management team and staff had clear guidance on their roles and responsibilities. A human resource team supported any staff performance issues arising.
- Audits, checks and reviews were completed, including checks on care plans, daily records and medicines. Where issues had arisen, these had been identified and actions put in place to address them.
- The management team had completed visits to people in their homes to check on the service provided.
- The registered manager notified the CQC of all incidents they were legally obliged to.

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

- People and their relatives were complimentary about the service provided. One relative said, "We have never made a complaint, my manager is (registered manager name). They look after us as a family. They do everything for us; nothing is too much. They are brilliant." We did receive one concern from a relative contrary to the evidence we had found. We referred this to the local authority who were already aware and dealing with their concerns.

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 provider and management team were open when things went wrong and endeavoured to work quickly to rectify issues, including working closely with the local authority care management teams or safeguarding teams.

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

- Staff meetings had taken place and opportunities provided for a range of issues to be discussed and staff to be able to give their feedback. The provider had issued mobile phones to staff and these were a good means of keeping communication channels open and involve staff with what was happening in the organisation.
- People and their representatives were asked about the quality of the service via a range of methods.
- A newsletter was produced every quarter, updating people and their relatives on happenings in the service. People had given permission for their pictures to be shared.

Working in partnership with others

- Partnership working with other agencies and organisations was effective to help provide good care and treatment to people.
- The registered manager attended various forums, including those held by the local authority, to build on their knowledge and skills.