

Midshires Care Limited

# Helping Hands Chelmsford

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. At the time of the inspection 82 people were using the service.

People's experience of using this service:

People did not always receive care and support from regular staff, and some had experienced a missed or a late visit. The way the registered provider managed medicine needed to be improved. We have made a recommendation about medicine management. Risk assessments needed to be developed to ensure they covered all areas of risk. Some care plans did not always have the details of key professionals recorded. Some staff were unclear about their understanding of the mental capacity act.

People did not always receive support in a responsive way. For some, communication needed to improve. Information did not consider people's communication needs. The provider had a complaints process in place.

The service had a registered manager in post. Staff told us the registered manager was approachable. Most people did not know who they were. Spot checks and audits were completed and surveys had been sent out to obtain people's views.

People continued to receive care from staff who were trained to meet people's needs. People told us they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service support this practice. Staff supported people to maintain a healthy diet, in line with their assessed needs. People were supported to access health care if this was needed.

Staff were kind and caring. People had built positive relationships with staff. People were supported and encouraged by staff to make decisions as to how their needs were met. Staff understood the importance of respecting people's privacy dignity and independence.

More information is the detailed report below.

Rating at last inspection: This service was last rated Good. (30 May 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive, and inspect the service, if risk is indicated.

## 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 not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### 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 not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Helping Hands Chelmsford

## Detailed findings

### Background to this inspection

**The inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** This inspection was carried out by one inspector, an assistant 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** Helping Hands provides personal care and support to people in their own homes. 82 people were receiving a service at the time of the inspection.

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 site visit, because we needed to be sure the registered manager would be available.

Inspection site visit activity took place on the 30 January 2019. We visited the office location to meet the registered manager and office staff; and to review care records and policies and procedures. We also conducted phone calls.

#### What we did:

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed this information to help plan our inspection.

Before the inspection we sent out questionnaires to some people, so they could share with us their experiences of the service. We spoke with 17 people, 11 members of staff, the area manager, the quality

manager, and the registered manager.

We inspected eleven care plans, and five staff files. We looked at audits and quality assurance procedures relating to the management of the home, which had been developed and implemented by the provider. Some of this information was received, following the inspection visit.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing levels

- Some people were not always supported by regular and consistent staff, and some had experienced a missed or a late visit. One person said, "The organisation has been totally unreliable in the last month with visits being missed with no warning." Another person said, "The rota continually changes, usually at the last moment. I am not told beforehand." A third person said, "There is no consistency with staff which makes me worried. I have tried calling the office to get a regular carer, but unfortunately this didn't work out and it was very upsetting."
- Staff told us, that a few months prior to the inspection, rotas did not give them enough time to travel between locations. When they had raised this with the registered manager, these issues had been addressed.
- The policy and procedure relating to the management of missed visits, did not clarify how late a member of staff may be before this was classed as a missed visit.
- There was no data available to evidence that the registered manager, monitored when staff had not visited or had arrived late. The operations manager told us an electronic system was being introduced to the service, which would address some of these issues.

### Using medicines safely

- People told us they received their medicines as prescribed. However, some records contained conflicting information. Information was not clear for people who required their medicines to be administered or prompted. The area manager said they were reviewing this.
- We recommend the registered provider seeks advice from a reputable source in relation to the management of medicine.
- Staff had been trained in medicine administration and was observed on a regular basis by the registered manager, to make sure they were competent. Medication administration records were audited by the registered manager.

### Assessing risk, safety monitoring and management

- Information submitted by the registered provider said, 'risk assessments have been highlighted as an area we need to be up skilled in.' This reflected what we found at the inspection.
- People's support plans contained risk assessments, but some lacked guidance for staff. For example, risk assessments were not always in place for people who used bed rails, or were at risk of pressure damage, or at risk of choking. We highlighted this to the registered manager who assured us they would review this area.

### Systems and processes

- Staff knew how to recognise and protect people from the risk of abuse.
- The registered manager had a good understanding of how to deal with safeguarding when it was identified.
- People were supported to understand how to keep safe and to raise concerns when abuse occurred. The registered manager actively engaged with people to keep them safe. They delivered awareness session around safety and sepsis. One person said, "I feel safe when the staff are with me. They always knock on the door. When they leave they always ensure things are put away to prevent me from having any falls."

#### Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff had completed training in infection control. Protective equipment, such as gloves and aprons were given to staff.

#### Learning lessons when things go wrong

- Small group meetings were used to help facilitate an open culture of learning. The registered manager sought staff views, and used this to develop staff understanding and learning.

## 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. People's outcomes were consistently good, and people's feedback confirmed this.

#### Staff support induction, training, skills and experience

- Staff told us they had the correct skills, qualifications and knowledge to meet people's needs. The registered manager did not have an overarching training matrix in place. A training matrix helps to track when staff have completed training. During the day, the registered manager was unable to provide us with a copy. We requested information was sent after the inspection. We received a partially completed copy.
- Staff completed an induction, and did not work unsupervised until they had been assessed as being competent to do so.
- Coaching sessions were offered to staff, if this was needed to develop their understanding and increase their knowledge. Individual and group supervision and appraisals were used to support and review staff progress.

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

- Most people said, they were not aware of their care plan and did not know if this had been reviewed. Some care plans did not include the details of relevant health and social care professionals.
- People had been assessed through the care planning process. Information about people's diverse needs, included their preferences in relation to culture, religion and diet.
- People had signed to say they agreed with the care as part of the initial assessment process. Care plans were retained within their home and provided guidance for staff about what care and support they needed assistance with.
- Staff were knowledgeable about their role and the people they supported, with the exception of one person, feedback confirmed this. One person said, "The staff always write a note of what they have done during their shift. This helps me to keep up to date and makes the follow up is easy."

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

- People were supported to maintain a healthy diet, in line with their assessed needs and detailed guidance was available for staff. One relative said, "I am pleased to know that staff always ask [Name] for their feedback on the meal provided. They make sure [Name] enjoys their meal."
- Staff were aware of people's food allergies and when people needed their food to be prepared in a specific way, this was catered for.

#### Supporting people to live healthier lives, access healthcare services and support

- Staff understood people's health needs and knew how to access additional support if this was needed. Support was offered to people and their families to attend healthcare appointments, if this was in line with their assessed needs. One relative said, "The staff member had called the ambulance and also contacted me. They put [Name] in the right position before the ambulance arrived. I was very thankful to the member of staff. It shows they have been trained to do the job."

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 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. Staff had received training in this subject. Some staff told us they were unclear about how to apply the principles in practice. We spoke with the registered manager who explained that this had been the topic of the month. Further development was being put in place for staff. Consent was obtained before care and support was provided and when Lasting Power of Attorney (LPAs) was in use, copies were retained within people's care plans.
- People told us staff involved them in decisions about their care, and knew what they needed to do to make sure decisions were made in people's best interests.

## Is the service caring?

### Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness and consistently described staff as friendly and caring. One relative said, "The staff are excellent. They provide a great service to [Name] and this gives me peace of mind. They respect [Names] dignity when they take them to the toilet. Once a small incident happened and the staff member was, courteous when handling the situation."

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

- Information in people's care plans recorded people's needs and reflected the tasks that needed to be done. One relative said, "[Name] has had a few different member of staff. Sometimes they share a cup of tea with [name] and have been great company. This helped break the isolation which was affecting their well-being."

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them in a dignified and respectful way. Staff said when they gave personal care, they protected people's privacy, by making sure doors and curtains were closed. They also encouraged people to do as much as they could for themselves.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Some people said the service needed to improve their communication arrangements. One relative said, "The company needs to improve the communication between the service users and their relatives." Another relative said, "The office does not return calls and there is an immense communication gap between the service users and their relatives."
- We looked at how the registered provider was meeting the Accessible Information Standard (AIS) but found this was not consistently applied. For example, after the inspection the registered manager provided us with a good example of how this had been applied, but some of the care plans we looked at had not always considered this aspect. The AIS sets out a specific, consistent approach to meeting the communication and support needs of those who use the service.

Improving care quality in response to complaints or concerns

- Where complaints had been received, these had been investigated and action taken. Senior management in the organisation monitored complaints, so lessons could be learned from these, and action taken to help prevent them from reoccurring.
- Most people understood how to raise a concern or a complaint, but not everyone was confident complaints would be responded to appropriately and action taken.

End of life care and support

- At the time of the inspection, the registered provider was not delivering end of life care to people. When in place, copies of do not resuscitate records (DNARs) were kept within people's care plans.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The registered provider carried out a range of audits, which looked at key areas of the service and checked the quality. Whilst these had been completed regularly, these systems had not been used effectively because they had failed to address the concerns we found.
- A defined governance and management structure was in place, which provided clear lines of responsibility and authority for decision making about the management, and direction of the service.
- Staff had defined roles and were aware of the importance of their role within the team. They could access to the provider's intranet site which included links to key areas, such as, training, and policies and procedures.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff received regular support, and attended regular staff meetings. They told us they could obtain help and advice when this was needed. This enabled them to be clear about their roles and responsibilities and continually improve their care delivery. Staff told us that they felt listened to and were kept up to date with information.
- The aim of helping hands was to have a 'helping hands customer' in every town in England and Wales, and to enable people to remain in their own homes.

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

- Since the last inspection, a new registered manager had been recruited. Staff spoke positively about them and consistently described the registered manager as compassionate, approachable and kind.
- Most people told us they did not know who the registered manager was. Two people provided negative feedback about the registered manager.
- The registered manager had a clear vision around the registered activities and plans for improvement moving forward. The management team were receptive to feedback and keen to improve the service. People were asked for their views about the service on an annual basis. A recent survey had been completed, but the results were not available to review as part of this inspection. We were told this was because the results were still being analysed.

Continuous learning and improving care

- The registered manager looked at ways they could develop and learn where possible. They spoke passionately about how they wanted to ensure everyone delivered good care to people. The registered

manager explained how they want to improve the well-being of the staff, and improve retention and recognition. One staff member said, "I find the manager is fair and approachable. If you have an issue, they deal with it. They are easy to get on with. Their best interest is in the people we support, but they also look after the staff."

- Spot checks on staff were carried out on a regular basis, to ensure the quality of service people received, by ensuring staff were competent to carry out their role.

Working in partnership with others

- The service worked in partnership with other organisations to keep up to date with current best practice.
- Providers of health and social care services are required to inform the Care Quality Commission, of important events which happen in their services. The registered manager had informed us of significant events.