

HELPR Limited

# HELPR Limited

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service:

HELPR Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, some of whom are living with dementia.

Not everyone using HELPR Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### People's experience of using this service:

Relatives told us they felt their family members were safe, and staff were aware of their role in safeguarding people from abuse. However, risks to people were not always appropriately recorded and managed, and the recording of medicines also required improvement. There were a sufficient number of staff to meet people's needs, but safe recruitment checks had not always been evidenced.

People's rights were not always protected in line with the principles of the Mental Capacity Act 2005 and pre-assessments had not been completed to ensure that the service could meet people's needs. Referrals to healthcare professionals had also not always occurred when needed. However, the registered manager has provided evidence that this is now being implemented throughout the service following the inspection. Staff training and supervision policies needed to be improved, but the service's use of technology encouraged good communication amongst staff.

People and relatives told us staff were extremely kind and caring, and had become more like friends to them. People had been involved in reviews and decisions around their care. Staff respected people's privacy and dignity, and encouraged their independence where possible.

People were receiving person centred care in addition to their care plans being person centred. The service had not received any complaints, but people were aware how to raise a concern if they needed to. People's end of life wishes had not been explored or recorded. Pre assessments had also not been completed. The registered manager said they would look to implement this in the service.

People and relatives felt the management team were approachable and staff felt valued. Quality checks needed to be recorded to ensure the service was in line with their quality management policy. The registered manager was in the process of getting an annual survey ready to send to people, relatives and staff to gather feedback to aid improvement in the service. The directors of the service took a proactive approach to working in partnership with other agencies in order to create a social enterprise.

### Rating at last inspection:

This is the service's first inspection and therefore does not have a previous rating.

Why we inspected:

This was a scheduled comprehensive inspection. We inspect services that are newly registered with the commission within a year.

Follow up:

We found one breach of regulation during our inspection. We have made recommendations about the recording of risks, pre assessments and quality audits, and staff processes around training and supervisions. We will follow this up during our next inspection, and have requested for the local authority's quality improvement manager in the area to work alongside the service. Please see the 'action we have told the provider to take' section towards the end of the report.

## 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 not always effective.

Details are in our Effective findings below.

Requires Improvement 

### 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 not always well-led.

Details are in our Well-Led findings below.

Requires Improvement 

# HELPR Limited

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of two inspectors on site with another inspector calling people and relatives for feedback.

#### Service and service type:

HELPR Limited is a domiciliary care agency. On the day of our inspection, seven people were using the service and receiving a regulated activity. Some people were living with dementia and other medical conditions. 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 visit because the location provides a domiciliary care service so we needed to be sure that they would be in. Inspection site visit activity took place on 25 February 2019. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures.

#### What we did:

We reviewed the information we held about the service. This included the previous inspection report and notifications since the last inspection. Notifications are changes, events and incidents that the service must inform us about. We used information the provider sent us in their Provider Information Return (PIR). This is information we require providers to send us at least once annually 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 one person, three relatives and three staff members including the registered manager. We reviewed records including four people's care records, two staff recruitment files, records around medicine management, policies around the running of the service, and how the organisation audits the quality of the service. Following the inspection, we spoke with one staff member by telephone and received feedback from a commissioner from a funding authority.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their relatives were safe. One relative told us, "I feel [my family member] is completely safe with staff. I feel [the staff member] is like a family member, that's how much trust I have in them."
- Staff were aware of their safeguarding policies and procedures, and were aware of who to report concerns to. One staff member said, "The first person I would report to would my manager, then CQC and the local authority if I needed to." The service had a safeguarding and whistleblowing policy in place. The registered manager told us, "The safeguarding and whistleblowing policy and procedure is on the app we use and we can see who has read it. We can report to the Multi Agency Safeguarding Hub (MASH) if there are any issues."

Assessing risk, safety monitoring and management

- Risks to people were not always appropriately recorded and managed. One person was at risk of pressure sores developing. However, there was no risk assessment around this informing staff how to prevent them occurring or what steps to take if a pressure sore developed. Another person's medical condition caused them to suddenly be unable to move. There was an unclear risk assessment that did not state how staff should support the person if this happened. Other risk assessments had been completed, such as ones around the environment and details around people's key safe were recorded on an electronic app the service used. The registered manager implemented in-depth risk assessments straight away, and sent us evidence of these following the inspection.
- Each person had an emergency information sheet. This document had details regarding the person and their medicines which could be given to a paramedic crew if needed.
- The service had a business continuity plan in place. This stated how to ensure people continued to receive safe care and treatment in the event of an emergency such as a failure of IT equipment or severe weather affecting transport.

We recommend that the service implement detailed risk assessments so that staff are aware how to prevent avoidable harm and what steps to take if the risk occurs.

Staffing and recruitment

- Recruitment files did not fully evidence staff had been recruited safely. One staff member's recruitment file did not include references and another staff member's did not include their Disclosure and Barring Service (DBS) certificate. The registered manager informed us they had ensured the staff member had a DBS check before they started working for the service but hadn't recorded this in their recruitment folder.
- There were a sufficient number of staff to meet people's needs. People and relatives told us the service had never missed a care call. One person said, "[The carer] turns up on time. She's very good about that. I feel very blessed." A relative told us, "[My family member] has regular carers, the same two or three. They are all

just as efficient as each other. The staff turn up on time and stay the full time." The registered manager said, "We've got plenty of staff. We've never had any missed calls."

- There was a call monitoring system in place to ensure staff arrived on time and stayed the full length of time. The service used a GPS app on staff's phones that would record when they arrived and left a person's property. It would alert the office team if the carer was running late so they could let the person know.

#### Using medicines safely

- People received the medicines they required. Medicine administration records (MARs) were correctly filled out with no gaps. The registered manager told us, "We've not had any medicine errors, just refused medicines. Staff will be getting a yearly refresher training." MARs were audited regularly to ensure that people were receiving their medicines. There was a separate sheet to record any refused medicines and the reason for this so that this could be monitored by staff.

#### Preventing and controlling infection

- People were cared for by staff who followed safe infection control practices. One person told us, "I have seen [the carer] wear gloves. She wears them when necessary." A relative said, ""They take their shoes off and are very respectful of the house." A staff member said, "Yes I have gloves and an apron. I've never run out of stock."

- The registered manager conducted regular spot checks at people's homes to check that staff were adhering to infection control policies.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded on individual's care notes and in a central location. The registered manager was currently able to determine if there were any trends in this without an overall analysis tool due to the small numbers of accidents and incidents occurring. However, this will need to be implemented as the business grows.

# 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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- People's needs and choices were not assessed before the service started delivering care to ensure their needs could be met. This meant that the service may not be able to meet a person's needs leaving them at risk of harm. The registered manager said, "We haven't been doing them as it could seem that we're doubling up on work." This is because the service received support plans for people from the funding authority which noted their care needs. As not all people receiving a service would be funded through a local authority the service may not always receive this document. The registered manager confirmed that they would start to complete pre assessments straight away.

We recommended that the provider ensure that pre assessments are completed for any people who may wish to start using the service.

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

- People were not always supported by staff to maintain their health and wellbeing. We observed one person had not received a referral to a healthcare professional required, as they were potentially no longer safe in their property. A referral had not been made to the local authority so they could carry out a new assessment around the person's mobility. We informed the registered manager who called the person's social worker immediately and arranged a new assessment.
- However, some people had received appropriate referrals to healthcare professionals where needed. One relative said, "[My family member] had a problem with their leg and staff noticed it was bleeding and got in touch with the GP surgery."

Staff support: induction, training, skills and experience

- There was no information to evidence staff were up to date with their mandatory training. A staff member told us, "The training we had at the beginning was very very good. It was all the mandatory training and it was delivered by a doctor." However, the provider did not have a training matrix to show which staff members had completed which training modules. The director of the service said, "I could produce one over the next few days and populate it. We can then use it going forward." However, the directors informed us that any staff currently employed were experienced. They had either completed the care certificate prior joining the service which the management team had seen proof of, or they were enrolled on to it straight away. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. We saw records that confirmed this.
- Staff were asked to provide certificates showing they had completed mandatory training in their previous employment rather than being put through HELPR Limited's own mandatory training. We informed the

registered manager all staff must complete the service's mandatory training for them to be certain that this has been achieved to ensure staff have received the required training.

- Additional training material was available on the electronic app staff members used. This included courses on dementia awareness and refresher training on moving and handling. There was also Continuing Professional Development (CPD) library, which gave staff information around health and medical conditions. A staff member said, "There is lots of training on the HELPR hub. There are two minute training videos we can watch if we're unsure about something."
- Individual supervisions with staff were not always held regularly, but there were plans in place to improve this. The registered manager said, "We talk to carers every day and they can come to the office, or communicate. We will introduce supervisions immediately though." A staff member later told us, "I know they're going to start supervision and staff meetings soon." However, the registered manager did carry out spot checks on staff delivering care during their first week and then on a quarterly basis. These were recorded and no issues had been identified during the spot checks.

We recommended that the provider ensure all staff complete mandatory training and receive regular supervision.

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

- Relatives told us that staff helped to maintain their family member's hydration and nutrition. One relative said, "[My family member] likes her porridge in the morning and the staff make it for them." A staff member told us, "If we had a client where we had to monitor it then we would put charts in place. Luckily, no one requires this at the moment."
- People's care plans included information around what their dietary preferences, dislikes and allergies were. This meant that staff would have the information to be able to prepare food and drinks to meet people's requirements where required.

Staff working with other agencies to provide consistent, effective, timely care

- There was an effective communication system within the service. The HELPR app was used for staff allocations, tracking and for communication between staff members and the management team. A staff member told us, "The communication is great. There's never been an issue. We communicate via the app. It's really helpful as you can see what the other carers are doing and where they are."
- There was a support network available for staff to use. The HELPR User Group (HUG) had been implemented to support staff members and encourage communication between each other. The registered manager said, "I'm in close contact with the care partners and the service users. If it wasn't for them nothing would work. HUG works really well. The staff like it. We message them and tell them they're all doing a good 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 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's legal rights were protected because staff followed the principles of the MCA. Although the service had a clear mental capacity assessment form available, people had not had decision specific mental capacity assessments or best interest decisions completed where they lacked capacity. For example, one person required their medication to be administered to them as they lacked the capacity to

manage this themselves and the capacity to agree that staff should do this for them. There was no mental capacity assessment or best interest decision to evidence that the person lacked capacity around this decision and therefore required staff to administer it for them.

- Following the inspection, the registered manager sent us evidence that mental capacity assessments and best interest decisions were being completed where required.

# 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

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 and relatives told us staff were kind and caring. One person said, "I think they are very good. [Carer] is a most excellent person. She is reliable, sensible and most helpful. I am extremely fortunate. They listen and I can ask [carer name] about things all at once and she remembers it all." A relative said, "They are really good. So caring. I can't fault them." The registered manager said, "We have a really caring staffing team. I get really good feedback about [one staff member]. She puts the clients first all the time."
- Feedback we received from relatives described how staff had become more than just carers to people. One relative said, "I honestly can't praise the company enough. [One staff member] has become so much more than a carer to Mum. They have such a lovely time with the carer." Another relative told us, "[One staff member] goes above and beyond. She'll massage [my family member's] back or her legs. They've become a friend to [my family member]."

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

- Although the service had not been operating long enough for everyone to have received a review, the registered manager told us that people were involved in this process. The registered manager said, "I'm going to review [one person] on Wednesday. The person will be involved as much as possible. Staff should always ask people how they like things done on a daily basis anyway."
- Relatives told us that people were involved in making decisions around their care were reviews had taken place. One relative said, "We had a review two or three weeks ago. [My family member] is absolutely involved in their care plan."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. People were able to confide in staff members. One staff member told us, "You don't tell everyone people's issues and keep everything private, unless it's a safeguarding issue of course."
- People were supported and encouraged to be independent where possible. One person's care plan stated that they should be involved in all decisions around their care. It reminded staff they were there to check on their wellbeing and that medicines had been taken, but not to take away these tasks from the person.
- Staff respected people's dignity. A staff member told us, "I always ensure I cover them up when giving them a wash, it's not nice for them otherwise." The registered manager said, "When I interview staff I always ask how they would plan to provide dignity in care. I tell them to cover up the area that they're not washing. They should talk to them all the time and put themselves in their shoes."

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

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

- People received personalised care that was responsive to their needs. Care plans contained a personal profile which was written from the person's point of view. This gave staff information around a person's family, where they have lived, pets and specific things they enjoyed or liked to talk about. A staff member told us, "[One person] told me they like the old musicals so I bought a portable DVD player and they love it. The wonderful thing is [the person] then tells you stories of their past. We sit down and watch them together." The registered manager said, "I always tell the carers to focus on building a relationship with that person."
- Care plans included a section called 'My desired outcomes', where each person was able to set a personal goal that staff were aware of so they could help them achieve this. For example, one person's care plan stated, "I want to continue to go for walks." The care plan went on to state that staff should encourage the person to use their walking stick so that they are able to achieve this goal. It was clear from records observed this person was still enjoying going walking.
- The registered manager matched staff members to people in order to provide the most responsive care possible. For example, one person did not speak English at all and would have found it hard to communicate with only English speaking carers. The registered manager told us, "We had a person who only spoke a certain language and I had a staff member that was from the same country. We sent the staff member there and it worked so well. [The person] was lonely so it added some companionship in there as well as the regular care."
- The service used technology to provide responsive care to relatives. They had created an interactive app that stored details about the people the service cared for, which could be also used to monitor the location of staff and the amount of time spent at people's properties. The app allowed relatives to view updates on their family members. A relative told us, "When we go away I can go onto the app and they've done a report. I am confident that when [my family member] needs more care, HELPR will be able to provide it."

Improving care quality in response to complaints or concerns

- Relatives knew how to raise concerns and felt comfortable to do so where needed. One relative said, "I've not had a reason to complain but I would know how to. I would go through the carers and they would go to management." Another relative said, "I can't fault them. I have no complaints." The registered manager said, "We ask during calls to people if they know who to contact which is me. They've all got my number. I always say if you don't get on with the carer you're given tell me and we will change it. At the end of the day they've got to be happy."
- There were no complaints recorded. However, a complaints policy was in place in the event of a complaint being raised. The service had received compliments which had been recorded. A compliment from a person that used the service read, "I recently joined HELPR and am delighted with their service, care and reliability. In addition I am able to receive my care regularly from the same person which is a great bonus. [My carer] it

a tower of strength, long may she continue coming."

#### End of life care and support

- The service was not providing end-of-life care at the time of our inspection, but had a policy in place for this. However, people's end of life wishes had not been discussed or recorded. The registered manager informed us they would add a section to the care plan for this immediately. We will review the effectiveness of this process during our next inspection.

# 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

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 provider's quality management policy stated that audits should be completed for areas such as recruitment, training, care plans, accidents and incidents, and complaints. It was clear that the providers were not identifying the issues we had identified during our inspection. The registered manager informed us audits were being done but were not being recorded which they should have been. The registered manager informed us they address this.
- Other areas of the service were also lacking robust recording and auditing paperwork. For example, as well as issues we found referred to earlier in this report such as risk assessments, pre assessments, end of life wishes and staff training and recruitment documentation, administration guidance on MARs had been handwritten by a staff member. The national best practice guidance states any handwritten MARs should be double signed by another staff member which was not being done. We informed the registered manager who said that they would start following the national guidance immediately. We will follow this up on our next inspection.
- However, regular audits were carried out to monitor and assure the quality of the care that people received. We saw records of regular quality assurance visits to people's houses to ensure that staff were caring for people in a safe and kind manner. No issues had been raised within these that needed addressing.

The lack of robust quality assurance and record keeping meant people were at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and relatives felt the registered manager was approachable. One relative told us, "She is so informative. Any concerns and she is straight on to me. There is nothing that would improve it. I would highly recommend it and I have been to other people." Another relative said, "The minute we saw [the registered manager] we knew it was the right agency. They are really helpful, I cannot speak highly enough about them. I am so happy we found them."
- The registered manager was aware of her responsibilities about reporting significant events to the Care Quality Commission and other outside agencies but had not always done this in a timely way, such as one person who was potentially unsafe in their home and required a review. The registered manager informed us that this would be resolved immediately, and we saw evidence that they had emailed the funding

authority on the day.

- Staff told us they felt valued. A staff member told us, "They make me feel valued just by simple things like messaging me saying well done." Another staff member said, "I get support from above, I shout if I need something." One of the directors told us, "We have an open door policy. We talk to the care partners every day through phone, text or email. We make sure we wish them happy birthday, we want them to be happy."

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

- People, relatives and staff were engaged in the running of the service. A relative told us, "[The registered manager] did a follow up to make sure we were happy." The registered manager called people or their relatives regularly to ensure they were happy with their care. Feedback from people was consistently positive. One person had fed back the quality of service met or exceeded their expectations and carers arrived on time and were dressed appropriately.
- Staff members were referred to as care partners in order to empower and engage them. One of the directors said, "Support for our care partners is vital, we want to ensure we only get the right people. We empower them."
- Staff meetings were held on a quarterly basis. One staff member said, "We had a staff meeting before Christmas. They're four times a year at the moment." Staff were giving updates within meetings around areas such as system changes, new partnership working, and asked if there were any concerns they wanted to raise. Staff were also encouraged to refer people they felt would be suitable for a care role in return for a referral fee bonus if the applicant was successful.
- The registered manager was planning to seek feedback from people, relatives and staff in the form a survey. The registered manager told us, "We have a survey ready to go to service users, relatives and staff. It's good to get everyone's feedback to see how we could improve."

Continuous learning and improving care; Working in partnership with others

- There were plans in place to ensure sustainability for the service whilst working in partnership with organisations. The directors worked collaboratively with the Integrated Care Partnership, where they would be available in a local GP surgery to offer free support and advice. One director told us, "We will offer one to one appointments with our care advisor. We're looking to help or advise on things such as transport, support to live independently at home and practical help around the house. This hasn't started yet but we're looking for it to in the near future. Of course, this may create some extra business for us too." The management team were aware of this so wanted to ensure sustainability in the service. The registered manager said, "We hope to implement that very soon. We want to grow but we don't want to do it too fast. We have been very aware that we need to do it at a careful rate."
- The service worked in partnership with local churches. The management team would visit and offer advice on topics such as benefits. The registered manager said, "We also go to the churches and do lunch with them where we can find people that need help." One director told us, "We see this a way of supporting community, not selling our service. It is a different offer as part of social enterprise."
- There were also links to partnership working with social care teams in the area. It had been agreed the service would offer a home from hospital support service to people. One of the directors said, "They came here and we showed them the app and it was great. They've been providing us with training too." A professional from the funding authority told us, "They will not take on new packages until they are sure they have the right staff to deliver safely. So far, they have proved to be enthusiastic in working with us. We have had no concerns or problems with the care packages they have taken. The managers are always responsive to any information we require and likewise are very good at contacting us if they are in need of any support."
- The management team showed a willingness to learn from advice and to adapt paperwork as needed to better monitor and evidence that good care is always provided. One of the directors said, "We're currently

learning as we go. However, we are passionate about getting this right."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The service had failed to effectively monitor the quality and safety of the service or maintain complete and contemporaneous records.