THHG Limited

# The Helping Hands Group

## 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

The Helping Hands Group is registered to provide personal care to people living in their own homes. At the time of the inspection there was one person using the service. There were six members of staff employed to provide care for the one person using the service.

This announced inspection took place on 1 September 2016.

At the time of the inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
There was a sufficient number of staff available to ensure people's needs were met safely. The risk of harm for people was reduced because staff knew how to recognise and report abuse. Staff were aware of the procedures for reporting concerns.

The provider's policy on administration and recording of medicines had been followed, which meant that people received their prescribed medicines. Audits had identified issues with medicines' management and action had been taken.

People had their needs assessed and reviewed so that staff knew how to support them to maintain their independence. People's care plans and risk assessments contained person- focussed information and this information was up to date.

Staff were only employed after the provider had carried out comprehensive and satisfactory pre-employment checks. Staff were well supported by the registered manager and senior staff through supervisions and staff meetings.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that staff were trained in the principles of the MCA and could describe how people were supported to make decisions.

Staff were kind and compassionate when working with people. They knew people well and were aware of their life history, interests, and their likes and dislikes. People were provided with a choice of food and drink that they enjoyed.

There was a complaints procedure in place so that people, relatives and friends could raise any concerns with the staff or the registered manager.

The registered manager was supported by a staff team that included a team leader and care workers. The service had an effective quality assurance system in place. People and relatives were encouraged to provide

feedback on the service and their views were listened to and acted on.

## 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.

Risks to people's safety were managed effectively.

Staff were following safe practices when they administered or recorded medicines, which meant people received their medicines as prescribed.

The recruitment process ensured that only suitable staff were employed to work with people using the service. Sufficient numbers of staff were employed to meet the care and support needs of people.

### Is the service effective?

Good

The service was effective.

Staff understood the Mental Capacity Act 2005 so that people's rights to make decisions about their care were respected.

People received care from staff who were trained and supported to provide safe and appropriate care. Staff knew and understood the people they cared for well.

People's health and nutritional needs were met.

### Is the service caring?

Good

The service was caring.

People received care and support from staff who were kind, caring and respectful.

Staff communicated well with people so that they were involved in the decisions about their care.

Staff treated people with dignity and respect.

### Is the service responsive?

Good

The service was responsive.

People and, if required, their relatives were involved in the assessment and reviews of their care. Care records had been updated when changes had occurred to people's health and wellbeing.

Relatives and friends knew who they could speak with if they had a concern or complaint. A complaints procedure was in place and the registered manager investigated and actioned any concerns raised.

## Is the service well-led?

Good

The service was well-led.

The registered manager was experienced and staff were trained to provide people with safe and appropriate care.

There were systems in place to continually monitor and drive improvement of the standard and quality of care that people received.

# The Helping Hands Group

**Detailed findings**

## Background to this 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 was planned to check 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.

This inspection took place on 1 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available. This inspection was undertaken by one inspector.

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. Also before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also asked for feedback from the commissioners of people's care and the local authority safeguarding team.

During our inspection we spoke with one person who used the service. We spoke with one relative and one family friend on the telephone. In addition to the registered manager we spoke with one team leader and two members of staff.

As part of this inspection we looked at records in relation to keeping people safe from harm and medication administration records. We also checked the care plans and risk assessments for one person. We checked the personal files of three staff. We looked at records in relation to the management of the service including audits, complaints and meeting minutes.

Good

# Is the service safe?

## Our findings

The relative of one person told us that they felt their family member was safe. As a result they (the relative) were confident to go on holiday. A friend said, "[Name] has always got 24 hour care. I would know if he did not feel safe or if he was not happy with anything." The friend confirmed they would raise any concerns about their safety with staff.

Staff told us, and records confirmed, that they had the necessary training in safeguarding and protecting people from harm. Staff were able to tell us about the signs of potential abuse and how they would report the issue if they suspected anyone had suffered any harm. One staff member said, "I would inform the management. If it's them [who have harmed people] then I'd go for advice to CQC, social services or the police." Staff told us they had the necessary telephone numbers to be able to raise their concerns. This meant that there were systems in place to help assure people's safety from the risk of harm.

People had risk assessments in place covering all aspects of their care and wellbeing. These had been regularly reviewed and staff confirmed that if there were any changes in the person's risk then new assessments would be completed straight away. For example, there were risk assessments that covered accessing the toilet in relation to moving and transferring. There was information on how to minimise the risk but there was no information of what staff should do in the event of the risk occurring. The team leader said she would immediately update the assessments to ensure staff had the information necessary. Staff who worked with the person were able to tell us how they would deal with any issues around any risks that occurred.

There was evidence in one person's file that showed the premises they lived in and where care was provided was safe. All doors in their home were fire doors and there was information for staff on what to do in the event of a fire. This meant the person would be kept as safe as possible in the event of a fire.

There was evidence that one person had equipment that staff used to assist them when providing personal care. Staff confirmed that they had been trained to use the equipment safely. One member of staff said, "The training session was a full day of using hoists and belts and so on. [For the specific equipment used by one person] we observed staff first, and then I was observed helping [name of person]. I was then signed off as competent." The friend of one person told us they had observed the morning routine, which included the use of equipment for moving and transferring, and said, "[Name] was so happy, it was a lovely experience for him."

The registered manager said, and staff confirmed to us, that all staff had received training in safeguarding people from harm, including refresher training where necessary. Staff were able to explain the process to be followed if incidents of harm occurred. One member of staff said, "I have completed my safeguarding training. If there was any concern I would inform management. If it's them [causing the harm] then I'd go to other managers, or get advice from CQC, social services or the police." All staff told us they knew where to find the appropriate telephone numbers if they wanted to raise any concerns.

Staff told us that one person received 24 hour care from a small number of regular staff. A friend of one person told us that there were sufficient staff to provide the care necessary to keep the person safe. They said, "They [the service] try to keep continuity of staff. [Name] would show if he doesn't like people [staff]."

Staff told us that if a member of staff called in sick they received a telephone call asking if they could cover the staff absence. One member of staff said, "If we go sick we have to notify the management and then they ring round. If I'm available I will do a shift." This meant people still received the personal care they needed from the service.

Information in the PIR and evidence in the office showed that the provider followed robust staff recruitment procedures. Staff confirmed the checks that had been completed. For example, a satisfactory employment history, Disclosure and Barring Service (DBS) check, (this check is to ensure that staff are suitable to work with people who use this service) and proof of identity. Staff told us that they had not started working for the service before their checks had been checked and were satisfactory.

The registered manager told us staff had training in medication administration and competency checks were made each year. They told us, "[New] staff observe current staff, we [as managers] observe them [new staff] and sign them off if they and we feel comfortable [that they are competent]." Medication administration records (MAR) had been completed accurately and audits had taken place to help ensure medicines were safely administered.

Good

# Is the service effective?

## Our findings

People were supported by staff who had the necessary skills and who knew the people they cared for well. Staff confirmed that their competency was assessed through observations in areas such as medication administration and moving and repositioning people. Specific training for one person's complex needs had also been completed and evidence was provided to confirm that this was the case. These were for example training that included extended good practice for Autism (previously known as level 2), positive behaviour support training and special communication methods used for the person.

The staff we spoke with had been working in the service for some time but confirmed there had been an induction training programme. This had provided all the mandatory training expected by the provider. For example, fire safety, food hygiene and health and safety. One senior staff member said, "New staff go through [watching] what we do. They are introduced to the person and their home. They [staff] have shifts to observe how to communicate [with the person], how their medication is administered in the way they want it and how much the person can do." Staff confirmed that they had been supported by shadowing (working with a more experienced member of staff) so that they knew how to care for people effectively.

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.

Staff understood people's needs well and they were able to tell us about aspects of people's care. Staff ensured that the care provided was only with the person's consent, and the friend of one person agreed that was the case. A member of staff said, "It's about what you [people using the service] can do, it's about choices, opportunities to make decisions and build independence."

The registered manager and all staff had an understanding of the MCA. The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity, a person making a decision on their behalf must do this in their best interests and in the least restrictive manner. One member of staff told us about one person and said, "[Name] can express an opinion of what he wants and what he doesn't like. Some decisions are made in his best interest. Decisions such as medication he can say if he doesn't want it." The friend of one person told us they discussed with staff how to provide choice to the person. This was by the staff offering the person two choices. The friend said, "I give the staff tips. They are very proactive with him and always looking at choices." There was evidence that a mental capacity assessment had been completed and reviewed in relation to eating and drinking for the person. Other health professionals such as the speech and language therapist (SALT) had been involved in a best interest meeting. Records showed that the person and their relative were happy with the outcome.

Staff told us that they received regular supervision and appraisal that supported them to improve the service. One staff member told us, "I get regular supervision and an annual appraisal, although the managers are approachable and if I'd got an issue I would go straight and talk to them [and not wait for

supervision."

Staff told us about the food and fluids one person ate and drank. They had information from relevant health professionals in ensuring the person was not at risk of choking and that they received a nutritional and balanced diet. The staff told us the person made choices about their food and drinks and the foods the person was unable to eat. Staff told us that they had to contact the senior staff in the event of any issues relating to the person's diet. The friend of one person told us, "[Name] has lots of choices of food. He is eating more spicy foods and tasting new things and they [staff] are introducing new things. Lots of new experiences."

Good

# Is the service caring?

## Our findings

We saw on the day of inspection that staff were very caring in the way they communicated with and involved the person we spoke with. It was evident there was a great rapport between the person and staff and there was a lot of laughter.

Staff were respectful and did not speak to the person as if a child, but used appropriate language so that they understood and were able to participate in the discussion. A friend of the person said, "The carers are brilliant and provide a high quality of care. [Name] looks happy and glad to see the staff [who will be providing his care]. If he was stressed or didn't want to see staff I would know through his behaviour." Care plans included information which was accessible for the person because staff discussed all areas of care, respected their rights and promoted their involvement as far as possible.

People who were not able to speak up for themselves were supported by a relative who spoke up for them if it was necessary. The registered manager said that, if necessary, an independent advocate would be sought to help anyone if they wanted it. Advocates are people who are independent of the service and who support people to make and communicate their wishes. The relative of one person had been part of the person's reviews and meetings. They had regular contact every three months to ensure the care for their family member was provided in the best way for them (the family member). There were minutes of the meetings so that information was recorded and action taken and detailed.

In one person's home staff told us there was a house communication diary and a daily log so that the person's relative could be involved and make requests. One relative told us that staff had been very supportive for both her family member and herself during a difficult period. The friend of one person said, "I write in the diary to tell staff what I've done."

Care plans were held securely and they had been written to show how people's privacy and dignity was promoted. There was information about areas of personal care around showering, care of nails and mouth care and how to ensure the person remained as independent as possible.

Good

# Is the service responsive?

## Our findings

Evidence in people's files showed that they had been assessed prior to them using the service. People and their relatives had been involved in the assessments of the person's needs. Staff told us they read the care plans and that any changes about care was e-mailed to the team. This meant that all staff had up to date information to ensure they provided the care people needed. We found that the care plans were detailed and the information personalised so that staff were aware of how to meet people's needs. There was evidence that showed how one person and their relative had been involved in their care plans and reviews. One relative and one friend commented that the staff were very responsive to the needs of people and that they always felt listened to and staff responded positively.

A friend of one person confirmed that activities that took place were the choices of the person. For example, the person had been abroad on holiday, they enjoyed going to musical performances and had opportunities for new experiences. During the meetings of one person and their relative there had been discussions about music therapy. The registered manager said there was no-one currently in the area who provided the therapy but was continuing to search. Other available activities, such as shopping trips, eating out and going to the cinema, were provided where possible and there was evidence that was the case.

The provider had a policy and procedure in place that enabled people to raise any concerns or complaints about the service. The friend of one person told us they were aware that they could complain and to whom. They said, "If I had any concerns I'm not shy [and would inform senior staff]." Information on how to complain about the service was included in the information held in people's homes.

We saw that there had not been any written complaints about the service. The registered manager showed us concerns that had been raised by one relative and how they had been addressed to the satisfaction of the relative. Discussions and outcomes, about any concerns raised, were recorded. This helped the registered manager determine if their actions had been effective.

Good

# Is the service well-led?

## Our findings

There was a registered manager in post at the time of the inspection and they were supported by a team leader and care staff. One relative said, "[Name of team leader] is excellent and [name of registered manager] is always available. If I contact them I get an immediate response and they deal with it very professionally."

Staff understood the beliefs and values of the service, which meant people received the support they wanted. One member of staff said, "There's good leadership. They [managers] know what they're doing and motivate staff. We know the company goals which are to promote independence and positive risk taking through safe and appropriate ways." We saw that meetings about one person were held every three months with their relative to discuss all areas of care provision. This meant the service was open and transparent in the way they dealt with people and their families.

One member of staff said, "The managers (including the registered manager) are easy going and open. I feel I can quite happily talk to them. They're fair." Another said, "[Name of team leader] is the supported living manager but I know I could contact [name of registered manager].

All staff said they would feel confident about reporting any concerns about poor practice (whistleblowing) to the registered manager and senior staff and that action would be taken where necessary. Staff were aware of the whistleblowing policy and where to find all the necessary telephone numbers. One staff member said, "I would report any staff issues. It is confidential."

The registered manager told us there were systems and processes in place to monitor the quality of the service provided so that people could be confident their needs would be met. There were monthly quality audits and the most recent one was in August 2016. We saw that comments of any action that needed to be taken was noted and who should action it. There was evidence that improvements were made as a result of the checks. For example, the care plan had been updated and checks for equipment were now signed as being in working order. A number of minor actions were expected to be completed by 31 August 2016. Another audit to check the actions taken was not due until later in September. We therefore had no information as to whether these actions had been completed at the time of this inspection.

Staff told us there were staff meetings. We looked at the meeting from January 2016 where discussions about a person were detailed. There were requests that staff checked policies and procedures once a month and staff confirmed this had been done.

Audits had been completed by the registered manager and team leader in relation to, for example, fire checks and care plans. This was planned to help drive improvements where this was required.

Providers of health and social care are required to inform the Care Quality Commission (CQC) of certain events that happen in or affect the service being provided. The registered manager had an understanding of their role and responsibilities such as supporting people and staff, providing training and notifying the CQC

when required. They were aware of when a notification was required but there had been no events in or affecting the service to date.