

Midshires Care Limited

Helping Hands Wokingham

Inspection report

4 The Courtyard
Wokingham
Berkshire
RG40 2AZ

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Helping Hands Wokingham is a domiciliary care agency. It provides personal care to people living in their own homes. The service supported older people, people living with dementia and people with a physical disability. Not everyone who uses the service may receive personal care. CQC only inspects where people receive personal, support with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection it the service was providing personal care to 34 people in the Wokingham, Windsor and Maidenhead area.

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

In July 2019 the provider had completed a quality assurance audit, which identified that the service was failing to treat customers with dignity, due to shortfalls in service provision, there was a negative culture and evidence that customers had not been treated with compassion. The registered manager was unable to provide evidence to demonstrate effective monitoring of the service and the improvements made in relation to this audit.

People and their relatives had a mixed experience in relation to the management of the service. Some people did not receive consistent support from the office staff and did not believe the service was well-led. Some staff told us they felt supported and that concerns were dealt with in a timely way. However, other staff told us they thought the service was not effectively led. Some staff did not feel valued or supported by the management team.

Risks to people had been assessed to ensure they were supported to stay safe. However, where risks to people had been identified, risk assessments did not always detail how people wished to be supported by staff to reduce the risks identified.

During the summer 2019 some people had experienced missed calls. At the inspection the registered manager was able to demonstrate that minimum staffing levels were now being met to ensure people were safe. People told us that they received good quality care from their regular staff, whom they trusted. However, the recent high turnover of staff meant people may not always experience good continuity and consistency of care.

People were protected from avoidable harm by staff who had received appropriate training and knew how to recognise and report abuse.

People received their prescribed medicines safely from staff who had completed the required training and been assessed to be competent. Staff had the necessary skills to meet people's needs and were supported by the provider to maintain and develop their knowledge.

People had the necessary support to eat and drink to maintain a healthy balanced diet, in line with their

needs and preferences.

Staff worked well with people, families and health and social care agencies to support people's wellbeing. People's health was effectively monitored by staff to ensure people received the right support from the wider health and social care network.

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.

Staff treated people with kindness and respect. People were supported to express their views about their care and their wishes were respected. People's privacy and dignity were respected and promoted during the delivery of their care.

The service was not supporting anyone with end of life care. However, the registered manager had provided people with the opportunity to discuss their wishes and preferences in this regard, which were subject to regular review. The service had received heartfelt thanks from family members of a person who had passed away, for the kindness and compassion provided by staff at the end of their life.

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

Rating at last inspection

The last rating for this service was good (report published 4 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 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 ●

Helping Hands Wokingham

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

This inspection was carried out by one inspector.

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. The previous registered manager had left the service in June 2019. The current registered manager was providing temporary management support, until a new manager recently appointed, completed the CQC registration process. The new manager is referred to as 'the manager' throughout this report.

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. We also wanted to be sure there would be people at home to speak with us.

We visited the office location on 2 and 4 October 2019 and completed two home visits on 4 October 2019. Between 7 and 23 October we completed surveys of people who use the service and staff not seen during the site and home visits.

What we did before the inspection

We reviewed the information the registered manager sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well,

and improvements they plan to make. This information helps support our inspections. We reviewed the notifications received from the provider, since the last inspection. The law requires providers to send us notifications about certain events that happen during the running of a service. We contacted local authority teams engaged with the service, including safeguarding and quality assurance teams. We used this information to plan our inspection.

During the inspection

We spoke with the registered manager, the manager, care coordinator, eight care staff and the provider's compliance business partner and head of regulation. We reviewed care plans of eight people, including risk assessments relating to skin care, falls management, and nutrition. We reviewed the daily progress and medicine administration records of six other people. We looked at seven electronic staff recruitment files, together with the provider's training and supervision schedules. We also examined other documents relating to the management of the service, including policies, procedures and quality assurance documents.

After the inspection

We spoke with one health and social care professional. We continued to seek clarification from the provider about evidence found during the site visit and considered further documentation provided by the registered manager.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question had deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could potentially be at risk of harm.

Assessing risk, safety monitoring and management

- Risks to people had been assessed to ensure they were supported to stay safe. However, risk assessments did not always detail the measures to be taken by staff to reduce the risks identified. For example, we reviewed a risk assessment which identified that staff required to support a person who was at risk of falling, whilst having a shower. However, the assessment did not provide detailed guidance about how the staff should provide this support. We spoke with the person who told us they trusted the staff, who made them feel safe and delivered their care in accordance with their wishes.
- At the time of inspection, the manager who had identified these concerns, was in the process of reviewing and updating the care plans and risk assessments, whilst transferring them onto a new format.
- Staff could explain how they minimised risks to people's health and well-being and knew the appropriate support people they supported, required to avoid falling, choking or developing pressure sores. However, the potential of risk was related to lack of clarity in documentation.

Staffing and recruitment

- People told us during the summer period of 2019, they had experienced some missed calls and poor continuity of staff. For example, one relative told us their loved one had received care from nine different staff in a sequence of 14 visits.
- Four people or their relatives, who had experienced missed calls, told us that the office staff had called them in advance, to ensure that they would be safe. For example, by confirming family members were available to support them.
- No people had experienced harm as a result of the service not being able to cover their calls.
- The manager told us that whilst there appeared to be enough staff to cover visits, the high percentage of staff who were not available to work in the evenings or on weekends had caused a problem with scheduling. Staff availability at peak times had been addressed by the provider, which had led to a large number of staff leaving the service. The manager told us how the recruitment of new staff now ensured they were available to complete visits in the evening and on weekends.
- The care coordinator told us that whilst new staff were being recruited, staff from other branches within the care group were providing cover to ensure visits were completed to meet people's needs.
- At the time of inspection, the registered manager was able to demonstrate that minimum staffing levels were being met to ensure people were safe. However, the recent high turnover of staff meant people may not always experience good continuity and consistency of care.
- At the time of inspection, electronic records demonstrated that the provider had consistently completed

relevant pre-employment checks, to assure prospective staff were suitable to support vulnerable people. These included DBS checks, employment references, character references and full employment histories. The Disclosure and Barring Service (DBS) carries out checks which help employers make safer recruitment decisions.

Using medicines safely

- The provider's policies and procedures provided clear guidance to enable staff to manage people's medicines safely, in accordance with current guidance and regulations.
- Staff understood their role and responsibilities in relation to each person's medicines.
- Staff competency to administer medicines was assessed regularly by the registered manager, to ensure their practice was safe.
- People who were supported with their medicines and their relatives, told us staff administered them as prescribed and in accordance with their medicine management plans.
- Current medicine administration records (MAR) we reviewed had been completed effectively.
- Systems and processes to safeguard people from the risk of abuse
- People felt safe and trusted the staff who supported them.
- Staff had received safeguarding training and understood their responsibilities to protect people from abuse.
- Staff understood how to report concerns both internally and to other external agencies when required.

Preventing and controlling infection

- People and relatives consistently told us that staff demonstrated the required standards of hygiene and cleanliness whilst delivering care and support.
- Staff were able to demonstrate a clear understanding of the importance of managing the control of infection effectively and how this applied to the delivery of their care to people.
- Staff had completed relevant training in relation to infection control and food safety. People's health was protected because staff consistently followed good food safety and hygiene practice when preparing or handling food.
- We observed staff had access to the necessary personal protective equipment to minimise the risk of infection, such as disposable aprons and gloves.

Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns, to record safety incidents, near misses, and to report them internally and externally.
- The manager and provider reviewed all accident and incident reports daily to identify any themes or trends. Action was taken to reduce the risk of further incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question had remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People consistently told us they received effective care and support from staff who knew how they liked things done.
- People and relatives consistently told us staff had the required skills and knowledge to meet people's health and emotional needs. Staff provided effective care to meet people's needs. For example, one relative told us, "One thing that stands out is the reduction in the amount of infections [loved one] has had since Helping Hands started to care for her."
- People and relatives consistently told us the staff delivered care in accordance with their assessed needs and guidance within their care plans, which we observed during the inspection.
- The provider carried out pre-admission assessments to make sure they understood and were able to meet people's health, care and medical needs. These assessments considered all aspects of people's lives and were reviewed and updated.
- The manager was in the process of reviewing all care plans and transferring them onto a new format.
- People and their relatives told us they had been actively involved in creating and developing their care plans. When people's needs changed, their care plans were amended to ensure people received the care they required.

Staff support: induction, training, skills and experience

- The provider operated a system of training, competency assessments, supervision and appraisals. This enabled staff to develop and maintain the required skills and knowledge to support people according to their needs.
- New staff had completed an induction process that equipped them with the necessary skills and confidence to carry out their role effectively. This included a period shadowing a senior staff member to introduce them to people and demonstrate how they wished their care to be delivered.
- New staff told us manager made themselves available to provide additional training and support for staff if they were unsure about anything.
- Professionals reported that people experienced effective care from staff who had the required skills to carry out their roles and responsibilities competently.

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

- Staff supported people to eat and drink enough to maintain a healthy, balanced diet.
- People and relatives reported that staff actively encouraged people to drink to ensure they were protected

from the risks of dehydration.

- Staff ensured people had access to their preferred drinks, which were left within their reach, before staff completed their visits.
- If people needed support preparing food or drink, this was recorded in their care plans, and support was provided in accordance with their wishes.
- Staff followed guidance from relevant professionals to protect people from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions

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

- Staff made prompt referrals to GPs, specialist nurses and other relevant healthcare services to ensure people's needs were met.
- Staff worked effectively with healthcare professionals to make sure care and treatment met people's current and changing needs.
- Staff ensured that people received consistent, coordinated, person-centred care and support when they were referred to, or moved between different services. For example, one relative told us the service had been very supportive when their family member was diagnosed with a serious illness. This included frequent admission and discharge from different specialist healthcare departments.

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. At the time of inspection, the service was not supporting anyone who was subject to such an authority.

- People's human rights were protected by staff who were able to demonstrate their understanding of consent and the MCA. We observed staff seeking consent from people using simple questions and giving them time to respond. Staff supported people to make as many decisions as possible.
- Staff had a good understanding of how they should gain people's consent. For example, one staff member told, "Our job is to support people to make their own choices and give them all the time and information they need."
- People told us they had consented to the care and support detailed within their care plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question had remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People experienced positive, caring relationships with staff who consistently treated them with kindness in their day-to-day care. One person told us "My regulars [staff] are absolutely marvellous. They are so very helpful and always ask what I want."
- Relatives praised the caring attitude of the staff and made comments such as, "The staff are very caring and always do more on top. One day [loved one] was caught short and didn't have another call scheduled. The lady [staff] came round on her way home at short notice and stayed an hour. She was very kind."
- A healthcare professional described staff interactions with people as "caring and considerate" which we also observed during home visits. Another healthcare professional told us, "The staff are compassionate and attentive and treat people with dignity and respect."
- Staff spoke with pride and fondness about people they supported. Staff told us how they had developed meaningful relationships with people, which inspired them to provide the best possible care to improve the quality of their lives. For example, one staff member said, "I pride myself that I do the best for people whilst I'm there, it's quite easy really, you just treat people like your own family member. I like to please so when my customers have a smile on their face as I'm leaving, I'm really happy."
- Staff had received training in equality and diversity, which prepared staff to meet people's diverse needs arising from their individual cultures. People's diverse needs were identified in their care plans and staff provided support to meet those needs. For example, needs related to their disability, gender, ethnicity and faith.
- Staff knew how to care for each person's emotional and spiritual wellbeing, in line with their wishes and support plans.

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

- People, their relatives, and staff with knowledge gained from working with them closely, were involved in developing their care plans.
- People's changing needs and current preferences were reflected in care plans. At the time of inspection, the manager was in the process of transferring care plans onto a new format and was reviewing them to ensure they contained the required information.
- Staff used appropriate communication methods to enable people to be involved in planning and reviewing their care.
- People were encouraged and supported by staff to make decisions about their daily care.

- We observed staff patiently provide information and explanations to people whilst delivering support, which kept people informed and reassured.

Respecting and promoting people's privacy, dignity and independence

- People consistently told us they felt respected, listened to, and involved in the development of their care.
- People were supported to promote their independence and encouraged to complete tasks that they could do, to maintain their life skills.
- Staff understood the importance of making people feel comfortable in their own homes.
- Staff were sensitive when people needed caring and compassionate support to explore their needs and preferences and those of their family members.
- Staff described how they maintained people's privacy. For example, delivering people's personal care in the way they chose.
- The provider stored people's confidential information securely in accordance with legislation. This information was readily available when required to those authorised to have access to it.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question had remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans provided the information about how to meet people's health, medical and care needs.
- Staff consistently demonstrated an in-depth knowledge about these aspects of people's lives, their individual needs, personal preferences and how they wished to be supported.
- Staff were proud of the personalised service they provided, including their prompt response to people's changing needs, based on their in-depth knowledge of the people they supported.

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.

- Staff understood the AIS and could explain how they met the standard whilst delivering people's day to day support.
- Staff effectively identified the information and communication needs of people with a disability or sensory loss and found practical solutions to meet them. For example, the use of assistive technology to support people to understand information and make choices.

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

- Staff promoted people's independence by supporting them to take part in activities according to their wishes and abilities. Staff supported people to maintain relationships that mattered to them, such as with family, community and other social links.

Improving care quality in response to complaints or concerns

- Most people were confident to share their worries and concerns with staff, who supported them when required to make complaints. However, two people told us they had not received adequate support from office staff when they had raised issues.
- People had a copy of the provider's complaints procedure, in a format which met their needs and knew how to make a complaint.
- The provider had a complaints policy with clear guidance for staff about how to investigate and respond to complaints. Staff could explain the complaints policy and their roles and responsibilities to apply the correct

procedures. Whilst the registered manager had consistently applied the provider's complaints procedure, two people had not received successful resolutions to their complaints from their perspective.

End of life care and support

- At the time of inspection, the service was not supporting anyone on end of life care. However, the registered manager was reviewing people's care plans to explore their end of life wishes in more detail.
- The service had received heartfelt thanks from family members of a person who had passed away, had made a heartfelt reference during their loved one's eulogy, about the kindness and compassion provided by staff at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question had deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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 provider had a governance system and had developed audit processes to assess and monitor the performance of the service. However, the registered manager and manager had not effectively operated them to identify deficiencies, areas for improvement and develop action plans to drive required improvement.
- Quality assurance arrangements were not always applied consistently and were ineffective. Action to introduce improvements had not been reviewed.
- The departure of the previous registered manager led the provider to conduct a base line quality assurance assessment of the service.
- This quality assurance audit completed in July 2019, highlighted discrepancies in consistency of care and approach of staff. However, these issues were not found to be prevalent at the time of the inspection.
- This audit led the provider to implement their risk protocol, which was to ensure resources were focussed to drive required improvements.
- The provider's head of regulation then completed a quality improvement plan (QIP) for implementation by the registered manager and manager. This QIP identified actions required to improve care plans, staff files and governance records. This QIP required weekly updates from staff identified to be responsible for relevant actions. This QIP had not been completed. For example, no individuals had been identified to be responsible for individual actions and there were no weekly updates in relation to progress made.
- We were told the area manager and registered manager had decided to create another electronic record to demonstrate the action taken to address identified areas which required improvement. This replaced the QIP
- Three weeks prior to our inspection, this electronic record disappeared, together with all of the relevant information to demonstrate the action taken by the provider to improve the service.
- The registered manager and area manager were working at repopulating this record at the time of inspection.
- This meant the registered manager was unable to provide documentary evidence at the time of inspection to demonstrate effective monitoring of the service and the improvements made by the service in relation to the QIP.
- At the time of inspection, the registered manager was unable to demonstrate audits of people's daily notes and medicine administration records. We reviewed six people's daily notes and MAR between August 2018

and February 2019. These documents had been filed without any form of audit.

- Service improvement plans had been created but had not been developed to ensure action was taken to drive required improvements.
- Confidential information, including care plans and staff files were stored securely.
- Events which the provider is legally required to report to us had been submitted as required when any notifiable incidents had occurred within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives consistently told us that they received good quality care from regular staff whom they trusted.
- However, some people told us they did not always experience good support from the office team and did not believe the service was always well-led. For example, one relative told us, "When it works it's good. There is no problem with the carers [staff]. The concerns are with the management. In the summer there were lots of problems. We had a run of missed and mistimed calls, communication was lax, and the office staff weren't helpful or friendly." Another relative told us, "The office is disorganised and they are always messing with the times of visits but you cannot fault the staff."
- Staff consistently told us they enjoyed their roles and that staff delivering care to people worked well together.
- However, feedback we received about the management and leadership of the service was mixed. Some staff told us they felt supported and that concerns were dealt with in a timely way. However, this was not consistent throughout the staff team. Other staff told us they thought the service was not effectively led, that support from managers was inconsistent, which left them feeling undervalued.

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 had a policy in place relating to duty of candour and the importance of transparency when investigating something that goes wrong.
- The registered manager had assumed responsibility and accountability when concerns had been raised or mistakes had been made.

Working in partnership with others

- The service worked collaboratively to deliver joined-up care. The service had good relationships with other healthcare providers, including a local hospitals, GPs and other healthcare professionals. The service worked effectively in partnership with local schools to provide mutually beneficial activities.