

Midshires Care Limited

Helping Hands Oxford

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

About the service

Helping Hands Oxford is a domiciliary care service providing the regulated activity of personal care. The service provides support to people living in their own homes. At the time of our inspection there were 32 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection 12 people out of the 32 were receiving a regulated activity.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: Staff received the training they needed to meet people's needs. Management had effective systems and processes in place to ensure oversight of the safety and quality of the service. People and relatives spoke positively about the service they received from staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We saw that for one person they did not have all appropriate legal authorisations documented. Whilst this was not the immediate responsibility of the provider, they had not through their own systems, identified or taken action in response to this shortfall. We raised this with the registered manager who took immediate action and put further documentation and planning in place.

Right Care: People were protected from abuse and poor care and any concerns were addressed. The service had enough appropriately skilled staff to meet their needs and keep them safe. Care plans reflected the underpinning principles of Right support, right care, right culture. People were supported by staff who knew them well. Risks to people were identified and effectively managed. People had access to health care professionals. Medicines were managed safely; and people felt safe receiving support from staff. Appropriate checks were carried out when recruiting new staff to safeguard people.

Right Culture: Staff spoke positively about the culture of the service and told us they placed people's wishes, needs and rights at the heart of everything they did. The service promoted positive care and support for people using the service. People were involved in decision making and their views sought to improve the service.

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

Why we inspected

This was a planned inspection for a newly registered service.

This service was registered with us on 06 January 2022 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Helping Hands Oxford

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 May 2023 when we visited the location's office. It ended on 23 May 2023.

What we did before the inspection

Prior to our inspection, we reviewed information we held about the service. This included any information

received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We took this into account when we inspected the service and made the judgements in this report. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

During the inspection, we spoke with the registered manager and the care coordinator . The care coordinator organises the care calls, supports with care planning and covers an on call duty system. We reviewed a range of records relating to people's care and the way the service was managed. These included care records for 3 people receiving personal care, staff training records, 3 staff recruitment files, quality assurance audits, incidents and accidents reports, complaints records, and records relating to the management of the service. We also spoke to 3 people who used the service and 7 relatives of those using the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found and sought feedback from 3 staff members about their experience of the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they were safe. Their comments included "Staff have a conversation with me first before the personal care begins which makes me feel safe and listened to," and "Yes, it [care] has been good, [relative] seems to like them [staff], [relative] seems to have the same person in the evening, [staff member] is very nice and has [relatives] interests at heart."
- Staff were trained in safeguarding adults and understood their responsibilities to identify and report any concerns. They were aware that incidents of potential abuse or neglect should be reported to the local authority. One staff member said, "I would contact the area manager if I felt it wasn't being dealt with, or the compliance team, I would also raise it with CQC and Oxfordshire County Council."
- At the time of inspection there had been no safeguarding of vulnerable adult alerts raised as no safeguarding concerns had occurred. Although we did not see any safeguarding concerns raised by the service, there were systems in place to safeguard people from harm and abuse. The registered manager told us they would record and investigate all concerns and work with the local authorities where appropriate.

Assessing risk, safety monitoring and management

- Risk assessments were in place to identify how staff should work safely with people. This included assessments around people's medical conditions and home environment.
- Risk assessments contained guidance for staff to manage the risks. These included risks associated with mobility, personal care, falls, eating and drinking and environment.
- During the inspection we saw documentation assessing the risk and management for diabetes and bathing were not in place. The registered manager took immediate action to address this and implemented appropriate risk assessments.
- Presenting risks were regularly reviewed to ensure people were safely supported. People were usually supported by regular staff who understood their needs and could respond swiftly as and when their needs and risks changed.

Staffing and recruitment

- People and their relatives told us staff were punctual. Support visits were monitored electronically and nobody we spoke with reported a missed visit. People told us "Yes they [staff] are usually on time but they will ring if they're going to be late" and "They [staff] come on time, their punctuality is very good."
- There were sufficient numbers of staff available to keep people safe and meet their needs. We heard "They [service] do seem to have a lot of new people. They try to get the same regular carers, but there are always some new ones, it's a good mixture" and "I generally get one carer who's been fairly constant."
- Staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried

out to ensure people were protected from being supported by unsuitable staff. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Relatives of those using the service commented "They're [service is] pretty good, they do their best to try and send regular carers and they seem to [employ] good, caring people, I've noticed if they have a new carer, they will shadow first."

Using medicines safely

- Medicine records were accurate, consistently maintained and up to date.
- People received their medicines as prescribed. One relative said, "They [staff] do need to give medication; they have a special bag with everything in it with the prescription information. We give the manager a detailed schedule and we have full confidence that this is being done."
- Staff told us, and records confirmed staff had been trained in administering medicines safely. Spot checks were conducted to ensure staff followed safe practice, and medicines are audited monthly to ensure that people are having their medicines as prescribed.

Preventing and controlling infection

- Staff had received infection control training and had access to personal protective equipment (PPE) to safely manage and control the prevention of infections
- People and their relatives told us, "I've noticed there's gloves and aprons in the rubbish bin" and "[Staff] don't wear aprons, they used to during Covid; they wear gloves; most of them only wear masks if they choose to wear them." We informed the provider of this, we were assured they would address this with staff.

Learning lessons when things go wrong

- There was a system in place to report incidents and record actions taken as a result. Staff knew how to report incidents and reflective meetings were held to learn from incidents.
- The management team were open to feedback from people, relatives, staff and professionals and had developed processes to routinely capture feedback to identify gaps and drive forward improvement.
- The registered manager investigated incidents and shared lessons learned with the whole team. They took appropriate action to support service users following 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to commencing their care in order to ensure their care needs could be met in line with current guidance and best practice. People using the service and their relatives told us, "[The management team] from Helping Hands made a visit to [relative's house] to discuss and assess the care needed. I couldn't be there, but the staff called me when they were at their [relative's] home so that I was part of the discussion" and "Yes, they [management] visited [relative] and put the care package together. It was reviewed after 6 months; we were happy with that."
- Support plans were personalised and reflected a good understanding of people's needs with the relevant up-to-date support assessments.
- The provider considered people's needs. A relative told us "My [relative] is very confident to speak to them [staff], they haven't ever complained about anything to me. They didn't want a male and [the Company] have accommodated that."

Staff support: induction, training, skills and experience

- People and their relatives told us staff were well trained. People who used the service told us "Oh yes [they are trained] and if they [company] have anyone new, they [staff] bring them round to meet me and watch what they [the experienced member of staff] does" and "The training is very good, I think they're very good at that [personal care], they've all been pretty considerate."
- Staff received an appropriate induction, supervision and were supported within their role, through ongoing spot checks and regular updates.
- Staff told us they were well supported by the registered manager and management team. One staff member said "Someone's is always on the other end of the phone and I feel that I would be given further training if requested, it would be made available."
- New staff completed an induction that was linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life.
- The registered manager worked alongside staff to help ensure they understood people's needs and arranged further support and guidance where needed.

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

- People's nutrition and hydration needs had been documented in their care plans, along with what support they required around meal preparation.
- Staff worked closely with relatives and could describe how they would work with other agencies to monitor people's wellbeing.
- People told us that meals are usually prepared either by themselves or other family members, but that

sometimes staff will make them a breakfast of their choice if they want, and that staff usually make them a drink when they are with them.

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

- The registered manager and staff were knowledgeable and well informed about people's health and wellbeing. They communicated with each other reporting any changes or issues. Management also communicated regularly with families in order to continue to support people to access healthcare services.
- People using the service and their relatives told us, "Yes, they [staff] would help with GP appointments if I was ill. I do the rest; I try to be independent" and "[Staff] will call the district nurse if [relative] is dehydrated and give [person] extra water, I do find them [staff] quite good, we're happy with both of them [staff], we trust them. If staff are concerned about anything they will let me know, or call the district nurse."
- One relative told us how staff supported them to maintain a healthier life, "[Relative] is fairly active in the house, but [staff] take [person] for a short daily walk' to maintain [person's] mobility."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff received training in relation to the MCA and had a good understanding of its principles. People were supported wherever possible to make their own decisions. One staff member explained "Some people are unable to always make safe decisions with information they are given, we would always do an assessment, but this doesn't mean people can't make decisions and choices around what they want to eat or watch, you always ask people what they want first."
- People were encouraged to express their wishes and preferences, and the service would adapt their approach to meet people's needs. All the people and relatives we spoke with told us staff sought consent before providing support. One relative said, "One carer always asks before doing anything."
- We saw that for one person, documentation around their best interest was not available for all aspects of their support. Management was receptive to this and ensured that they carried out the assessment for the person the following day.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us how the staff were caring, supportive and treated people with compassion and kindness. People and relatives told us, "[Staff] are very kind, considerate and caring, some of them are amazingly chatty, they've been well chosen to be caring sort of people" and "Yes, all the carers are kind and considerate; [relative] has a good natter with them all and staff make time to talk to [relative], getting to know them."
- Staff knew how people wanted to be supported and were aware of what was important to them.

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

- Care plans were developed with people and their relatives, where appropriate.
- We saw people and their relatives were regularly asked for their views of the service. One person told us, "A couple of times they [office staff] have phoned up and asked how things are going. We went through a series of questions" and "The company is very good at reviewing their [relatives] care plan, a review is built in every 6 months."
- The registered manager told us that they carry out quality assurance calls within the first week, the first month and then every 3 months in order to ensure that people were happy with their care.

Respecting and promoting people's privacy, dignity and independence

- Care staff spoke with us about people's likes and dislikes and how they would ensure they respected their dignity. Relatives echoed this "[Staff] do treat [relative] with respect and dignity" and "They [company] are very anxious to please, very professional, very respectful of me and my [relative]."
- People were treated with respect and their dignity was preserved. Staff told us they would ensure doors and curtains were closed when carrying out personal care and support people to maintain their independence where appropriate. Relatives told us "Staff are good at letting [relative] feel in control with relation to the personal care, it works pretty well."
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People had individualised care plans that supported a person-centred approach. We saw clear guidance on how to meet people's individual needs. For example, 1 person's care plan detailed step by step guidance on how they liked their personal to be given and what was important to them.
- Care plans reflected people's health and social care needs as well as their wellbeing needs, likes and dislikes. We saw detailed examples of how people's health care needs impacted them and what staff could do in order to support them.
- People's care plans were personalised and regularly reviewed. This allowed staff to provide continued personalised care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs had been assessed and recorded. Staff were provided with guidance on how to promote effective communication.
- Staff were knowledgeable about people's communication support needs. For example, 1 person using the service was unable to communicate verbally. There was detailed guidance in place and staff we spoke to were able to provide in depth information about how they knew the person and the way they communicated their needs.

Improving care quality in response to complaints or concerns

- People using the service told us they knew how to complain and were confident the management team would resolve any issues.
- Relatives told us "If I had a real concern I'd go to the local manager, as she's doing a good job and would listen. The manager sends an email out with the rota and says get back to her with any concerns. Also, there's a number to call, they do their best" and "I have a good enough relationship with them that if there was something bothering us, I could go to them, they'd do something about it."
- The service was yet to receive any complaints. There were systems in place to record and investigate any concerns and they were aware of their responsibilities in regard to duty of candour.

End of life care and support

- At the time of our inspection, no one was being supported with their end of life care and support. The registered manager told us there was documentation available to ensure good end of life care, and would respond to any requests or advance wishes.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager demonstrated they worked closely with staff and external professionals to offer a good service and to review practices to drive improvements. We heard that the manager and coordinator were visible and provided further support by attending people's care calls.
- People and their relatives told us they were happy with the service and support provided. We heard, "They [Manager/senior staff] are very evident and because it's a small branch there's only 2 of them, they're very accessible" and "There are 2 [staff members] we email back and forward. I would be confident in doing that [speaking to the manager]. They're very accommodating with the timings."
- Staff felt the management team were supportive, fair and understanding.
- People using the service were positive about the staff. One person told us, "I couldn't have survived without them. They do seem happy in their work as they're quite well paid compared to others, they don't complain, in fact they do the opposite. Overall, they seem to be happy to be at Helping Hands, which makes it a good thing for me."

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 registered manager was responsive to issues and concerns and understood their responsibility to be open and honest if things went wrong.
- The registered manager understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. These include informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

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

- There was a range of checks and audits to monitor the quality and safety of the service and to help drive improvements. These included checks on risks to people, care plan reviews, medicine records, spot checks and regular quality visits to people's homes. Where audits identified issues, we saw action had taken in place to improve the service and people's care, which included team meetings and weekly handovers.
- The registered manager had a good understanding of notifications and when to notify CQC. A notification is information about important events which the provider is required to send us by law.

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

- People and their relatives were encouraged to express their opinions either in person or via the telephone. Surveys were conducted and we saw the results were positive. Where issues were raised, action was taken. For example, people's views were collected and an action plan implemented on how to improve the service, such as ensuring managers answered queries in good time and that people had the opportunity to give feedback.
- Staff had a clear understanding of their roles and their day-to-day work which focused on the people they supported.

Continuous learning and improving care; Working in partnership with others

- The service worked closely with health and social care organisations to ensure people received the care, support and treatment they required.
- The service had systems in place to monitor people's needs and request professional support when needed. The registered manager and staff worked with external health and social care professionals to ensure people's needs were being met.