

Midshires Care Limited

# Helping Hands Poole

## Inspection report

Unit 2  
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Poole  
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Website: [www.helpinghandshomecare.co.uk](http://www.helpinghandshomecare.co.uk)

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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 Poole is a domiciliary care agency. It provides personal care to people living in their own homes. 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 our inspection the service was supporting 26 people in Dorset.

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

People, their relatives and staff told us Helping Hands Poole delivered a safe service. People's risks were assessed, and measures put in place to help reduce them. Staff knew how to identify and raise concerns about safety, they were confident the service would take them seriously. This included environmental checks including emergency procedures and fire safety.

There were safe infection control procedures in place including enough supplies of personal protective equipment (PPE). Staff compliance was checked and training in preventing the spread of infections was given to all staff. Specific risks associated with COVID-19 for people and staff had been assessed and processes put in place. Staff testing was in line with guidance and everyone knew their responsibilities to protect people. Medicines were managed safely by a live electronic system which alerted the service office if medicines were delayed, this was audited and monitored for added safety.

There were enough staff to meet the needs of the people using the service and recruitment was ongoing, with all necessary recruitment checks having been carried out. The registered manager told us recent changes to the recruitment procedures had improved efficiency and this had supported new staff joining the team. Staff had regular supervision and training and told us they felt well supported.

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. Consent was sought and people with the necessary legal rights and those important to the person had been involved in decisions that were important to them.

People and their relatives told us staff were kind and caring. People were supported to be independent and be involved in their care. People had detailed care plans, which were person centred and regularly updated. The use of an electronic planning system meant that staff had the information they needed immediately.

Quality assurance systems were in place to monitor safety and to drive improvements. Systems were robust and checked all aspects of the service. The registered manager understood their responsibilities and people, their relatives and staff had confidence in them. Supported well by the provider, additional checks at their level ensured the service was operating safely. The service worked well with external professionals and continued to build on those links.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 03/12/2020 and this is the first inspection.

#### Why we inspected

We undertook this inspection to provide this service with its first rating. This inspection was prompted by a review of the information we held about the service.

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### 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 well led.

Details are in our well led findings below.

Good ●

# Helping Hands Poole

## 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

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 houses and flats.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

We gave the service 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 28 March 2022 and ended on 4 April 2022. We visited the location's office on 2 April 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority service improvement and safeguarding teams. 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. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with and received feedback from 11 members of staff including the registered manager and care workers. We received feedback from two health and social care professionals who have worked with the service.

We reviewed a range of records. This included four people's care records and six medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments in place for all their care and support. Communication lines were good, and staff reported any concerns and changes to the service.
- Assessments were detailed, clearly identifying the risk with clear instructions for staff of how to work to reduce the risk. Staff told us they understood the risks people faced and said the information provided by the service was easy to follow.
- Environmental risks had been assessed, this included how the person should be supported to leave their home in the event of an emergency and fire safety.
- Accidents and incidents were recorded, and these had oversight of the registered manager who checked that all necessary actions had been completed. Staff reported incidents and accidents when they happened, and an alert was sent to the registered manager for review.
- Learning was shared with staff through meetings, supervisions, secure messaging and by updates within the electronic care planning system.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they were safe in the care of Helping Hands Poole. Some comments were: "My relative [name] feels very safe with the carers", "I feel safe with them, they know what they are doing", and, "Yes I feel the service is safe."
- Staff had received training in safeguarding people, and this was updated annually. They told us how they would recognise signs of abuse and who they would report them to, both within the service and outside. Staff told us they were confident that the registered manager would follow up concerns. Records showed that safeguarding concerns had been referred to the relevant agencies.
- The service had a safeguarding policy and procedure in place. Safeguarding and concerns were discussed within staff meetings and in supervisions. A staff member told us, "If I had concerns about someone I support, I would report this to my manager, and I do feel confident that anything arising would be dealt with."

Staffing and recruitment

- There were enough staff to meet people's needs. The service worked to try and provide consistency with staffing. People and their relatives told us overall, they saw the same members of the team and this was appreciated.
- The service had a robust recruitment process. Processes demonstrated that staff had the required skills and knowledge needed to care for people. The service had moved to an electronic online recruitment management system to make the process more efficient.

- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. 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.

#### Using medicines safely

- The service managed people's medicines safely. Each person had a medicines risk assessment, and this decided the level of support required, if any. Staff responsible for the administration of medicines were trained and had their competency assessed regularly.
- Medicine Administration Records (MAR) had information about when a person took their medicines. Prescribed creams had details of where to apply and how often.
- Medicines and MAR were managed through an electronic planning system which meant that changes were made immediately. Staff used this to ensure they were supporting people with the correct medicines at the correct times.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

#### Preventing and controlling infection

- Staff understood their responsibilities for keeping people safe from the risk of infection. Procedures within the service had been enhanced due to the COVID-19 pandemic.
- Staff had enough supplies of PPE and stocks were maintained. A relative told us, "They have worn PPE throughout the COVID-19 period."
- Staff had received training in the control and prevention of infections. The service had included all government and public health guidance on COVID-19 into their own policies and procedures.
- The service was participating in the COVID-19 staff testing in line with government guidance.



# 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 had been assessed before the service started. The registered manager told us it was important for them or a senior member of staff to complete the assessment and get to know the person. This meant they were able to identify suitable staff through a process of skill matching.
- The completed assessments formed the basis of their care plans and provided information to enable staff to work with people safely.
- Records showed people and their relatives and friends had been involved in their creation.

Staff support: induction, training, skills and experience

- Staff told us they felt supported in their role. One member of staff said, "I feel I get the support I need, and I feel part of the team."
- Formal staff supervisions had taken place and were two-way conversations which gave the staff member an opportunity to seek support if needed. Staff had checks while out delivering the service. One member of staff told us, "I have had regular checks by management to make sure I am confident and completely understand what to do."
- The service had an induction in place which combined face to face and online learning as well as supporting staff to shadow more experienced members of the team.
- Staff who were new to the care sector undertook The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff training included mandatory subjects such as; safeguarding, medicines, infection control and moving and handling. People and their relatives told us staff were well trained and thought they had the necessary skills to care for them or their loved one.
- Some staff had been trained in additional skills such as for the administration of eye and ear drops and catheter care.

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

- People's needs had been assessed in relation to their eating and drinking. Where staff supported people with food and drink guidance was in place which detailed people's likes and dislikes.
- Where people followed a special diet for the management of a health condition such as Diabetes, guidance was in place for staff to follow.
- Staff recorded meals and drinks they served for people, to monitor if a person was eating or drinking

enough to keep healthy. An example was where a person was prone to infections and was required to drink plenty of fluids.

- Where people required specialist input for their eating and drinking this was sought. One health professional told us, "They [Helping Hands Poole] seek support from teams with more specialist knowledge when needed."

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

- People had access to medical and health services where necessary. Records showed that various health professionals had been consulted for people including in emergency situations.

- People's emergency contacts had been sought and they were clearly visible for staff if needed. People and their relatives told us where the service had sought medical advice this had been done in a timely manner. One relative said, "Helping Hands Poole have taken the initiative in the past to alert health services or get medications."

- The service worked with a variety of health professionals to contribute to good outcomes for the people it supported. These included; doctors, district nurses and specialists.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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

- The registered manager and staff had received training in the MCA. Staff had a good understanding of consent and people's feedback told us staff always asked their consent before supporting them.

- People's rights were respected. The service supported people who were living with dementia, their practices meant that people and those important to them were involved in decisions about their care.

- Some people had given legal authority to a loved one or relative to make decisions on their behalf should they be unable to do so themselves. In these cases, the service obtained copies of the legal document and involved them in decisions.

# 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 staff were kind and caring. Some of the comments we received were: "All the staff we have met have a pleasant demeanour and give a clear impression of caring for people", "I do find the staff kind and caring", "The staff that I have met so far have been very kind and caring and treat my loved one [name] with respect", "The staff are great fun, I like them all", "The carers are really kind."
- People's spiritual and cultural needs were documented in their care plans and any special requirements listed for staff to be aware of.
- Staff had received training in equality and diversity. This meant they were aware of the key principles and they told us it was important to them to treat each person as an individual.

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

- People and their relatives told us the service and staff considered their views and wishes.
- People's records showed evidence that people and those important to them were consulted and involved in creating and updating their plans.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. A relative told us, "I have met several of the carers and they have shown themselves to be understanding and considerate of my loved ones [name] needs." A member of staff said, "I always treat them [people] as I would expect my family to be treated."
- During staff training, Helping Hands Poole has taught its staff to put the person first. The registered manager told us, "You invest in these people and you want the people you employ to be the best they can be." They told us staff were guided to treat people as if they were their own loved one.
- Encouraging independence was important to staff at the service to support people to remain in their own home for as long as possible. A member of staff told us, "It is important for people to demonstrate they respect the individual and the individual's personal dignity. This is so they can build a trust between care worker and the individual."

# 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; End of life care and support

- People had care plans that were personalised and responsive to their changing needs. Once a person's needs had been identified the care plan listed the ways in which staff should support them. A member of staff told us, "It makes such a difference in how you can make a person feel and it's such a good feeling to know that you have made a difference."
- Staff told us the information they had access to, was clear and vital to help them care for the person in the way they preferred. Each person had a detailed life history which helped the staff get to know people better, they told us this sometimes helped conversations between them.
- The service used an electronic care planning system and information about people's needs were clear for staff. The registered manager had made an adjustment to the information staff saw when providing care to make it clearer and easier to understand.
- People and their loved ones were involved in the creation of their care plans. A relative told us, "The carers are well trained and follow a detailed care plan."
- The service was not providing end of life care at the time of inspection. However, when they did, they worked with specialist palliative care teams and nurses, often working together for the person.
- People had been given the opportunity to discuss their end of life care and last wishes, this could be to remain in their own home or requesting their loved ones are with them.

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 communication needs were clearly detailed in their care and support plans. Details and instructions for staff were clear and shared with others as required.
- Records showed people were supported to use their communication aids such as hearing aids. Where people struggled with their speech, details were given to support staff understanding by using body language, gestures and hand signals.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint. Information was provided before people started using the service and reminders were given. The service had a complaints policy and procedure in place.

- Every event that occurred was used as an opportunity for learning and improving the service delivery.
- Without exception, everyone felt comfortable to approach the registered manager if they had any concerns with the service. They were confident their concern would be dealt with. A relative told us, "If I needed to complain or had a concern I would speak to the registered manager [name]."

# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance processes were in place and working robustly and enabled Helping Hands Poole to monitor the standard of the care provided. A range of audits and checks were in place within the service and at provider level.
- A range of audits were carried out and included medicines, care plans and risk assessments. Action plans were clear and had the person responsible for the action and timescales. All action plans had the oversight of the registered manager.
- Staff meetings were held, and this included regular updates by messaging service and email. The provider sent regular updates to staff to ensure everyone was kept up to date.
- There were various processes in place to ensure continuous learning within the service, from day to day events and good practice learning between the providers locations.

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

- Staff told us they were proud to work for Helping Hands Poole. Support from the registered manager and the provider was appreciated. Staff told us they worked with some kind and passionate colleagues. Some comments we received were: "I can also see that everybody cares about all the clients that we all go to and that is so lovely in itself and if they need anything it is sorted out ASAP", "I think all the carers are amazing, really care about the people and the clients are happy", "it makes me happy knowing I'm helping others", "The support I have received from the whole team is out of this world. They took me under their wings, and I would like to thank them for that."
- Staff told us they felt appreciated by Helping Hands Poole. There was a staff recognition scheme in place which was called, 'Moments of Kindness'. The registered manager told us that people, their relatives and other staff were encouraged to vote for a member of staff who had gone above and beyond. A staff member told us, "Helping Hands have supported me very much they always say thank you and that goes along way."
- We received some positive feedback about the management of the service. The registered manager told us it was important to them to provide care themselves and this was respected and appreciated by staff, people and their relatives. Comments we received included: "The office staff and the registered manager [name] have all been very good and always helpful", "The management of Helping Hands at the local level has been supportive and has provided ample assistance", "The registered manager [name] is very friendly and makes you feel at ease but having that professional element to her as well."

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 understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
- Records confirmed the home had made all necessary referrals and notifications, for example, reporting concerns to the local authority.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Helping Hands Poole undertook regular surveys and questionnaires to monitor the standard of the service they provide. Results of a recent survey showed that people thought the service was reliable, provided safe care and 100% of respondents said the staff had good knowledge.
- Improvements were identified within the survey regarding communication between the service and people, there was a clear action plan produced with improvements underway.
- People and their relatives were encouraged to feedback about the service in between the formal annual surveys. We received some positive feedback about the service. Some of the comments included: "We have consistently been impressed with the care that has been given", "Our relative [name] has consistently confirmed that she is very happy with the visitors from Helping Hands and enjoys their visits", "We are so lucky to have Helping Hands",
- The registered manager told us they have a good working partnership with various health and social care professionals. A health professional told us the working relationship with Helping Hands Poole was, "very good."