

Midshires Care Limited

# Helping Hands Portishead

## 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 Portishead is a domiciliary care agency that provides personal care and support to people who live in their own home. At the time of the inspection there were 25 people who were receiving personal care.

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.

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

People were supported by staff who were kind and caring. People and staff felt the organisation was well managed and there was good communication. People's care plans contained important information, which were individual to the person. Information included, any medication conditions, individual support relating to a sensory need and the person's life histories and any dietary requirements.

People were supported by staff who were knowledgeable and well-trained. Staff promoted people's independence and dignity. People were happy with the care they received. Quality assurance systems were in place and these monitored various areas such as staff training and people's reviews and records.

People felt supported by staff who respected their wishes and people felt able to discuss any changes to their care with staff and or the office. The registered manager worked in partnership with the local community and staff were recognised for their hard work and contribution.

### Rating at last inspection and update

This service was registered with us on 15 June 2021 and this is the first inspection.

### Why we inspected

This is a planned inspection to check whether the provider was meeting the legal requirements and regulations and to provide a rating for the service.

### Follow up

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

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

## 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 Portishead

## **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 team consisted of one inspector and one Expert by Experience who spoke with people and their relatives on the telephone. 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 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 notice of the inspection. We needed to be sure the registered manager would be in the office to support the inspection. We also needed to arrange to speak with people over the phone.

Inspection activity started on 21 July 2022 and ended on 2 August 2022. We visited the location's office on the 25 & 26 July 2022.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from one professional who

worked with the service, however we did not have a response from them. The Expert by Experience spoke with seven people and three relatives about their care experience.

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

We spoke with the registered manager the care co-ordinator and the office quality lead. We reviewed a range of records including three care plans, two staff files in relation to supervision and two staff files in relation to recruitment. Various policies and procedures, audits and the rostering computer system.

Following the inspection, we made calls to 12 staff and managed to gain feedback from five.

# 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

- People's care plans were up to date and contained important information relating to people's individual support needs.
- Risk assessments identified any individual or environmental risks and how the person should be supported with those risks.
- Staff knew people well and people felt supported well by staff.

### Using medicines safely

- People's care plans contained important information relating to their medicines.
- Body maps contained important information on where topical creams should be applied.
- People were supported by staff who received training in the safe administration of medicines.
- Staff had spot checks undertaken to ensure they were competent in the safe administration of medicines.
- Incidents relating to medicines were taken seriously. The registered manager was able to confirm actions taken and improvements made to prevent similar incidents relating to the management of medicines from occurring again.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person told us, "I feel safe". Another person told us, "I think the carers from Helping Hands keep me very safe".
- Staff received safeguarding training and had a good understanding of abuse and who to report abuse to. Staff felt people were safe. One member of staff told us, "Yes I feel people are safe".
- The registered manager raised safeguarding concerns with the local authority as they arose. Records confirmed actions taken.

### Staffing and recruitment

- People were supported by staff who knew them well. One person told us, "I have a good continuity of carers visiting me". Another person told us, "I have two main carers who are absolutely wonderful".
- People were happy with the support they received from staff. One person told us, "I'm left feeling very satisfied when they leave each visit".
- People were supported by enough staff and by staff who had checks completed to ensure they were suitable to work with vulnerable adults. Checks included, references, identification and full Disclosure and Barring Service Checks (DBS). 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.

#### Preventing and controlling infection

- People were supported by staff who undertook testing in line with government guidance.
- Staff used personal protective equipment (PPE) safely. The registered manager confirmed they had access to plenty of PPE.

#### Learning lessons when things go wrong

- Staff were responsible for logging incidents and accidents online. These were monitored by the staff in the office, including the registered manager. All incidents and accidents were recorded on a monthly spreadsheet, including actions taken.

# 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 care plans contained important information relating to if the person had a religion, their sexuality and any hearing or visual needs.
- People were supported by staff who delivered care in line with standards. Staff had received training in equality and diversity. One member of staff told us, "We always talk to people about how they like their care. We also check their care plan". They went on to tell us, protected characteristics of the Equality Act 2010 are, "Race, age, gender, sexuality, religion, disability people should be treated the same and we always ask people".

Staff support: induction, training, skills and experience

- People felt supported by staff who were skilled and knowledgeable in their role. One person told us, "I think the carers know their work well and I'm confident in that they have the right training to carry out my care effectively". Another person told us, "I would say they are very professionally trained in my view".
- Staff received an induction prior to working with people and staff felt this prepared them for what the role expected of them.
- Staff received training to ensure they had the skills and knowledge to support people. Training included, moving and handling, safeguarding adults, dementia training, diabetic training and catheter care.
- Staff were supported to complete the Care Certificate, which was an agreed set of standards that defines 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.

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

- People were supported to maintain a balanced diet and to stay hydrated. One person told us, "The carers help me with my meals".
- People were supported by staff who gave them choice and control in what they would like to eat. For example, one member of staff told us, "I will take people to the fridge so that they can see what the different options are. They can then pick for themselves".
- People's care plans contained important information relating to their individual dietary requirements including any health-related conditions.

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

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

- People were supported by staff who would seek medical attention for them should this be needed. One relative told us, "The carers have been extremely caring and helped with making contact to the GP on my



behalf when needed".

- The service worked in partnership with health care professionals when the need arose.
- People's care plans contained important information relating to the person's GP and any medical conditions.

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.

- People's care plans contained important information relating to the person's capacity.
- Where one person lacked capacity the MCA principles had been followed including best interest decisions. Records confirmed this.
- Staff promoted people making decisions about their daily care and support. One person told us, "I have full control on how I want my care to be conducted". The carers always listen to me".
- Staff had received training in mental capacity.

# 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 felt supported by staff who were kind and caring and who were cheerful and pleasant. One person told us, "I think the carers are cheerful". Another person told us, "The carers are very nice indeed. They have a pleasant personality". Another person told us, "My carers are very pleasant and very caring".
- People felt supported by staff who they had a good rapport with them. One person told us, "We have a good bond". Another person told us, "They have an excellent attitude".
- People were supported by staff who treated them with respect. One person told us, "I'm certainly treated with respect and I'm confident of the carers caring for me and they look after me well".

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

- People felt supported by staff who enabled them to make decisions about their care. One person told us, "I can really have a say on how I want my care". Another person told us, "They will do whatever I ask them to do". One relative told us, "They are nice and brighten the day for us. They are open and chatty. We have no problems talking to the carers and we can both express our views if we need to make any changes to the care package with confidence".
- Staff gave examples about how they supported people to make decisions about their care. One member of staff told us, "We give people options to choose from. This helps them to decide about what they would like to eat or wear".

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who promoted people's independence, dignity and privacy. One person told us, "I've no worries about the carers not treating me with respect and dignity". Another person told us, "They handle me very carefully. They are like my right hand really".
- Staff had a good understanding of how to promote people's independence. One member of staff told us, "We don't just jump in. We give people time". They went on to say it is about stopping themselves doing for people because it's quicker and enabling people to do what they can for themselves".

# 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 received care that was personalised, and care plans contained important information relating to the person's individual's needs. Important information such as people's personal histories such as what they had done for employment and where they had lived, including any family was recorded. Along with what people liked and disliked.
- People had regular reviews of their care needs. These were undertaken within the first week of receiving care with the agency. Follow on reviews were then undertaken two weeks afterwards, then within three months and then at six months.
- People were happy with the care they received. Provider reviews were an additional check to ensure people were happy with their care and support.

Improving care quality in response to complaints or concerns

- All people felt able to raise any concerns should they have any and we received very positive feedback about the care and support people received.
- People shared with us how happy they were with the service they had received from Helping Hands. People told us, "I've never had any reason to complain about any aspect of the care package. I'm left feeling very satisfied when they leave each visit. Carers are absolutely wonderful". Another person told us, "The carers are brilliant". Another person told us, "They know what makes me happy and they know what I don't like". One relative told us, "We've used Helping hands for 2 years and never made any complaints in that time".
- The provider had a complaints policy and a copy of this was given to people within their care plan documents, which was kept in their homes.
- The service had received various compliments from people about the care they had received. The registered manager sought feedback from people. People were asked to sum up the care they received using one word. Words such as, 'Family, worthwhile, excellent, reliable' had been used by people to describe the care they had received.

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 were supported by staff who had a good understanding of how to support someone who might

require a different approach due to a hearing or sensory impairment. One member of staff told us "We would talk to the person clearly. Getting up close. We would do this, so it wasn't patronising or condescending".

- Care plans contained important information such as if the person had any hearing or sight impairments.
- No-one at the time of the inspection required information in line with the Accessible Information Standard (AIS).

#### End of life care and support

- People's care plans contained informative information relating to people's health conditions and diagnosis.
- No-one at the time of the inspection was receiving end of life care.

# 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

- People received person-centred care from staff who promoted an empowering and inclusive approach. People told us, "I have full control on how I want my care to be conducted". The carers always listen to me". Another person told us, "I'm always listened to by the carers and they show a lot of empathy if I need any extra duties doing". I get encouraged to do things I can still do to promote my independence".
- The registered manager was valued, and people and staff spoke highly about how approachable they were and how well run the office was. One person told us, "The management seems very positive to me. I had to speak to the manager once because I was getting fewer familiar care staff and they put a list together and now I only get the carers I'm happy with. They try and provide stability for me. On recommendation, I would say the service is a high standard and I would definitely recommend them".
- Another person told us, "I think the management and office staff are very good. I have talked to them in the past and it was a very positive experience for me. I would recommend Helping Hands because they are doing a worthwhile caring role for me". Another person told us, "The times when I've needed the management, they have been very approachable". I think it's a well-run organisation".
- Staff told us, "It's very professional and caring". They went on to say if they had to describe the culture of the organisation it was "Open, professional and friendly". Another member of staff said, "I get good support and updates from the office". Another member of staff told us, "The office staff are on the ball, it's excellent".
- The culture of the organisation was caring and inclusive for people and staff. One member of staff told us, "They really show they care with everything they do". Another member of staff told us, "People are always telling me it's a good friendly organisation and that they are happy. My experience is, it is friendly and supportive, and I think they are a really good organisation".
- Staff felt it was a nice place to work and that everyone got on well. One member of staff told us, "Fab company".

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

- Quality assurance systems were in place to identify shortfalls and drive improvements within the service. The registered manager and office staff kept spreadsheets and undertook monthly quality checks. For example, they monitored incidents and accidents, care plan reviews and medicines administration charts as well as compliments and complaints.
- There was an electronic system that monitored staff training including when staff were due a refresher. The registered manager confirmed the performance and audits completed were also checked by an area

manager. Records confirmed this.

- The registered manager had considered the Key Lines of Enquiry (KLOEs), which the Care Quality Commission (CQC) inspects against. They planned to build and further enhance this so any future good practice and going above and beyond was in one place and evidenced for future inspections.
- The registered manager was familiar on when to make notifications to CQC. A notification is a legal requirement where a service must inform the Commission on a certain event or incident.

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 spoke highly of their staff team recognising them for their individual contribution. There was an employee of the month where staff were recognised for their hard work and caring attitude. Staff were also rewarded for their contribution by receiving flowers and vouchers for their hard work and commitment to the organisation.
- The registered manager was open and honest and spoke with passion about getting things right for people they support. They gave one example where they had worked in partnership with health professionals to get the care and support right for one person.
- Staff completed a profile so important information such as what they liked to do in their spare time, hobbies and interests and what was important to them was recorded. This enable staff to get to know each other better when they first joined the organisation.

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

- People's views were sought through care plan reviews and people could share their experience by visiting the office and submitting a share your experience form.
- The provider had a spot check system in place, which monitored people's care experience. This was conducted by a separate team who checked people were happy with their care experience. Any issues or concerns were shared back with the office and the registered manager so any improvements or actions could be taken.
- People felt supported by staff who treated them well and who were very supportive. One person told us, "They are caring and will do absolutely anything for you". Another person told us, "They do everything they need to do for me and more. The carers have a brilliant caring personality".

Continuous learning and improving care

- The registered manager was supported by an area manager and by a wider group of registered managers. The registered manager had weekly office catch up meetings with staff who worked in the office. Care staff had monthly team meetings and the area manager visited the office twice a month. All staff we spoke with felt supported.
- The registered manager monitored incidents and accidents. Where improvements could be made to people's care experience they spoke passionately about the help and support staff had provided to people. Not all of these examples were where people had been receiving a regulated activity. However, it demonstrated a kind and caring approach to ensure people received the best care possible.

Working in partnership with others

- The registered manager spoke passionately about working with people and the local community. For example, they shared information with people through newsletters on what was happening in the local community. If people were in the local area, they were welcome to pop into the office. The office was an integral part of the local community and the registered manager was keen to integrate it's use wider into the local community.

- Staff had raised money by doing a mini marathon. The provider doubled what staff had raised and in the end £400 was donated from The Helping Hands Portishead branch to the British Heart Foundation.