

Midshires Care Limited

# Helping Hands Chester

## Inspection report

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13 December 2019  
16 December 2019

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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 Chester is a domiciliary care service providing care and support 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, 42 people were receiving a regulated service.

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

People were supported by staff that had been safely recruited and had received an induction, shadow shifts and training suitable for their role. There were enough staff to meet people's needs. People told us mostly regular staff visited them.

People's needs were assessed before they were supported by the service and they told us they were involved in this process. Care plans and risk assessments reflected people's individual needs and were regularly reviewed to ensure the most up-to-date information was available for staff to follow. Staff had a good understanding of people's needs and had developed positive relationships with the people they visited regularly.

People were protected from the risk of harm and abuse. Safeguarding policies and procedures were in place and staff had received training on how to keep people safe. Staff told us they felt confident to raise any concerns they had about people's safety.

Medication was managed safely by trained and competent staff. Staff had access to medicines policies and procedures as well as best practice guidelines. Medication administration records (MARs) were fully completed and regularly audited to identify areas for development and improvement. Staff had received infection control training and understood how to minimise the risk of infection being spread.

People's privacy and dignity was respected, and their independence was promoted where possible. People spoke mainly positively about the service and the staff that supported them. There were audit systems in place that identified areas for development and improvement.

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.

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 and update

The last rating for this service was requires improvement (published 5 December 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they

would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### 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?

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 Chester

## **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.

#### Notice of inspection

We gave the service 24 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 5 December 2019 and ended on 16 December 2019. We visited the office location on 5 and 16 December 2019. We visited people in their homes on 13 December 2019.

#### 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 and professionals who work with the service. We used the information the provider 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 used all this information to plan our inspection.

#### During the inspection

We visited three people and two relatives in their own homes. We spoke by telephone with four people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, deputy manager, senior support worker and support workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four 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. (ensure there is a full stop at the end of the sentence)

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to ensure that care plans held enough information about people's medicines. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- People told us that staff supported them safely with their medicines. One person commented; "All the staff know what they are doing with my medicines and I have no worries."
- Staff that administered medicines had completed training and their competency was assessed.
- Medicine administration records (MARS) were in place and had been fully completed. MARs were audited regularly by the management team to ensure that people received their medicines safely.

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

- People told us they felt safe with the staff that visited them and had confidence in them. People described staff consistently ensuring they were wearing their emergency lifelines and that their doors were securely shut when they left their property.
- Staff had all completed safeguarding training and received regular refresher updates.
- Staff understood how to report any safeguarding concerns and felt confident prompt action would be taken by the management team.
- Up-to-date safeguarding and whistleblowing policies were in place.

### Assessing risk, safety monitoring and management

- Risks to the health and safety of people and the staff that supported them were assessed and clearly mitigated. Guidance was available for staff to follow.
- Environmental risk assessments were in place for each person's home, with any areas of risk clearly identified.
- All-risk documentation was regularly reviewed and updated when any changes occurred.

### Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were completed on all staff before they started employment.
- People told us there had been recent changes to their support rota. Previously they had not always

received support from regular staff however stated this had recently improved. Comments included "I have regular ladies (staff) that visit me", "I have just had a change to my rota and now have regular staff visiting" and "I don't always have the same person visiting but I don't mind this is all the staff have been lovely."

- Sufficient numbers of trained and qualified staff were employed to meet the needs of the people supported.

#### Preventing and controlling infection

- All staff had completed infection control training and followed good practice guidelines, including the use of personal protective equipment (PPE).
- Systems were in place to manage and control the prevention of infection being spread.

#### Learning lessons when things go wrong

- Accidents and incidents were clearly recorded.
- These were reviewed by the management team. Accidents and incidents were analysed to identify any trends or patterns and action was taken to reduce the risk of further reoccurrence.



# 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 has 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's needs were fully assessed prior to being supported by the service.
- People, relatives of their choice, as well as health and social care professionals were fully involved in the assessment and care planning process.
- Staff consistently completed records of each visit that included details of all care and support undertaken including people's preferred routines.

Staff support: induction, training, skills and experience

- Comments from people were mainly positive about staff knowledge and skills and included; "Staff know what they are doing" and "Some staff are better than others but I would expect this as some are newer to care than others."
- Staff had the required knowledge, skills and experience to undertake their role.
- Staff had all completed an induction and shadow shifts at the start of their employment. They were provided with ongoing training to meet the requirements of their role and the needs of the people they supported.

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

- People were supported to eat and drink in accordance with their assessed dietary needs and personal preferences.
- People told us that staff always asked what they would like to eat or drink at each meal time.

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

- The service referred people to health and social care professionals where appropriate to ensure they received the care and support they needed.
- People told us that staff would contact their GP or district nurse when required.

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. We checked whether the service was working within the principles of the MCA.

- People told us that staff obtained their consent before completing any care or support tasks. Their comments included; "Staff are very patient with me and always ask if I am ready before they start any task" and "Staff never do anything before I have agreed to it. Sometimes I don't want a bath or shower and they never pressurise me into doing anything."
- Staff had received training in the MCA and assumed people had capacity to make decisions, unless assessed otherwise.
- People were involved and consulted on all decisions about their care and support. Consent was recorded within people's care plan files.

# 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 requires improvement. At this inspection this key question has now improved to 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

At our last inspection the provider had not ensured people were supported by a consistent staff team which failed to offer a continuity of care. We found enough improvement had been made in this area.

- People were treated with kindness, respect and compassion. Their comments included; "[Name] is extremely conscientious and is very thorough in her role", "The staff are very friendly and easy to get along with" and "All the staff that visit me are kind, caring and very helpful." One relative commented; "Regular staff visit my mum. It's wonderful now we've got continuity. One of the staff in particular is absolutely great with mum."
- Staff had completed equality and diversity training and understood the importance of treating people as equals.

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

- People and their relatives told us they had been asked for their feedback. One relative told us; "We get asked for feedback through questionnaires and feel the management team take action on our feedback."
- People told us they had been involved in decisions about their care and support wherever possible. This was done through care reviews that involved the person and their relatives. Comments included; "My support has been reviewed and I was included in this" and "I had a review recently and all is well."

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's confidentiality was maintained. Personal information was securely stored and only accessed by authorised staff. Information was protected in line with the General Data Protection Regulations (GDPR).
- People were treated with respect and dignity. Comments from people included; "All the staff keep me covered up especially as I feel cold so badly", "Even though staff use the key safe to get a key to come in, they always knock and call out to announce their arrival" and "All the ladies (staff) make sure I'm kept covered up wherever possible, keep the bathroom door shut and the curtains. I appreciate this."
- People's independence was respected and promoted. One person said, "The staff support me to do my daily exercises. They prompt me to complete the tasks I should be doing."

# 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 requires improvement. At this inspection this key question has now improved to 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

At our last inspection the provider had failed to ensure that care plans held up-to-date information to reflect people's individual needs. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Care plans took account of people's personal preferences, likes and dislikes. They were detailed and held enough information and guidance for staff to be able to meet people's individual needs. One relative told us "The care plan fully reflects mum's individual needs. The routines are clear and very important to Mum."
- People told us they had been involved in decisions about their care and support wherever possible.

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.

- People were provided with information in formats appropriate to them to meet their communication needs.
- Staff understood how people communicated and care plans reflected this. Care plans gave clear guidance to staff about if people wore glasses or hearing aids and if they were independent with these or required assistance.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise a concern or complaint and felt this would be listened to and acted upon.
- The registered provider had a complaint policy and procedure which people told us they had a copy of within their care plan file.
- Complaints were reviewed, investigated and responded to in line with the services policy. The provider used any learning from these to improve the quality of the service.

End of life care and support

- Staff described how they would support people at the end of their life to be comfortable and have a pain-

free and dignified death.

- At the time of our inspection the service was not providing end of life care to any of the people supported.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection the provider had failed to ensure that effective quality monitoring systems were in place to identify areas for improvement. Prompt action had not been taken to address people's concerns about lack of continuity of care, care plans being out of date, late calls, frequency of staff supervision and inappropriate sharing of people's private and confidential information. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Regular audits were undertaken across all areas of the service. Areas identified for development and improvement were addressed through action plans.
- People's care plans, risk assessments and medicines records were regularly reviewed and updated. Actions were promptly taken to address any issues identified.
- The registered manager and staff team had all received training for their roles and undertook regular refresher updates to ensure their practice remained up-to-date.
- Accidents and incidents were reviewed and analysed. Actions were taken to minimise or mitigate future risk.

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

- The management and staff team had developed positive relationships with the people they supported.
- People received individualised care that was regularly reviewed with their involvement where possible.
- The ratings in the last inspection were displayed at the service and on the provider's website in accordance with regulatory requirements.
- Policies and procedures to promote safe, effective care to people were available at the service. These documents were regularly reviewed and updated to ensure they held the most up-to-date information. Staff had access to best practice guidance documents.

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 knew their responsibilities in line with regulatory requirements. They knew to notify CQC of events and incidents that occurred at the service.
- The registered manager and staff team understood their responsibilities for ensuring that risks were

promptly identified and mitigated. Risks to people's health, safety and well-being were effectively managed through the ongoing review and monitoring of the service.

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

- Staff meetings were held throughout the year and staff told us their views were encouraged and acted upon. One member of staff told us "We are invited to ask questions and put forward ideas."
- Each member of staff was clear about their responsibilities and spoke positively about being part of the Helping Hands team. Comments from staff included; "We are a good staff team and I feel confident that we are open and honest with each other" and "I feel comfortable and confident to speak to any member of the management or office team with any concerns or queries I have."

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

- People, their relatives and staff were asked for feedback about the service. Areas for development and improvement had been identified and acted upon. Each person and relative had been written to, to share actions taken on their feedback.
- Positive feedback had been received through the most recent survey. 100% of people and relatives said that the staff were caring. 100% said that the staff were friendly and 93% said the staff had the skills required for their role.

Working in partnership with others

- The registered manager and staff team worked closely with other agencies to ensure positive outcomes for people. This included working with health and social care professionals and commissioners so that people received person centred care and support to meet their individual needs.