

Midshires Care Limited

Helping Hands EAST

Inspection report

First Floor, Calverton House
Harpenden Road
St Albans
AL3 5AB
Tel: 01727 224171
Website: www.helpinghands.co.uk

Date of inspection visit: 30 September 2015
Date of publication: 22/10/2015

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 

Overall summary

We carried out an announced inspection on 30 September 2015. Between this date and 8 October 2015, we spoke with care staff, people who used the service and their relatives or friends by phone to get feedback about the service.

The service provided care and support to adults in their own homes. People supported by the service were living with a variety of needs which included age related health conditions, physical fragility and dementia. At the time of

the inspection, 46 people were being supported by the service. People were supported with personal care, assisted with medication, domestic support and 'wellbeing visits'.

The service had a manager, who was in the process of being registered with the Care Quality Commission. There was also an existing registered manager, who was not at the service during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices. There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from the risk of avoidable harm.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities. Staff obtained people's consent prior to care being provided.

Staff received support and supervision, and had received appropriate training, relevant to their roles.

People were supported by staff who were caring and respectful. People who wished to, were also supported to pursue their interests and hobbies. People were supported to access health services including GP and Hospital appointments when required.

The provider had a procedure for handling complaints, comments and concerns. They encouraged feedback from people and acted on the comments received to continually improve the quality of the service.

The provider had effective quality monitoring processes in place. All aspects of the service were monitored by a central quality monitoring department. The service used a digital system which meant records were all held securely on the IT system. Access was via password and only people authorised to access them were able to do so.

Summary of findings

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.

Staff knew how to recognise and report allegations of abuse.

The recruitment process was effective to ensure that staff who were employed at the service staff were appropriate and qualified to do their jobs.

There were sufficient numbers of staff were available to meet people's individual needs at all times.

People were supported to take their medicines safely by trained staff.

Possible risks to people's health and well-being were identified and managed effectively.

Good



Is the service effective?

The service was effective.

People were asked to give consent before support was provided and consent was recorded.

MCA assessments had been completed and where required best interest decisions were recorded in line with MCA requirements.

Staff had been trained to give them the required skills to meet people's needs effectively.

People were provided with a varied and balanced diet which met their needs.

People had their health needs met with access to health professionals when required.

Good



Is the service caring?

The service was caring.

People were cared for in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People were involved in their care planning and review of their care.

People were treated in a way that respected their dignity and privacy.

People and their relatives were able to access independent advocacy services if required.

Good



Is the service responsive?

The service was responsive.

People's care and support was person centred and met their needs and gave them choices.

Staff had access to information and guidance that enabled them to provide person centred care and support.

People were supported to pursue hobbies and social events, relevant to their needs.

There was a complaints policy in place. People knew how to make a complaint if they needed to.

Good



Summary of findings

Is the service well-led?

The service was well led.

There were effective quality monitoring systems in place to manage risks and to work towards continual improvement.

People who used the service and staff spoke positively about the management of the service.

Staff had clear roles and responsibilities and were well supported by the management team.

Good



Helping Hands EAST

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit took place on 30 September 2015 and was carried out by one Inspector. The visit was announced. Before our

inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During and following the inspection we spoke with 4 people who used the service, 4 relatives and 4 members of care staff, the branch manager, regional trainer and the quality assurance manager. We received feedback from health and social care professionals. We viewed people's support plans. We looked at staff recruitment records. We reviewed safeguarding records, comments and complaints records. We looked at quality monitoring records including staff support documents including team meeting minutes and individual training and supervision records.

Is the service safe?

Our findings

People who used the service told us they felt safe. Two people said “I get weekly rotas telling me the times of their visits for the coming week and the name of the support worker who is doing this visit.” Another person said they “always knew when to expect their care worker and that reassured them”.

The provider had an up to date safeguarding policy and procedure in place which provided staff with information on how to identify and report concerns they might have about people’s safety. Staff were also able to describe the company’s whistleblowing procedure. Staff told us they would report any concerns they had to their manager. Information about safeguarding was displayed in the office and included contact details for the relevant agencies. Staff had also received training in safeguarding people and the staff we spoke with demonstrated a good understanding of what to look for and were able to describe different types of abuse.

There were safe arrangements in place for staff to access the homes of people who were unable to open the door to let people in. Where necessary, key safe codes were in use and only staff who needed to have the information was given it. The key codes were changed regularly to ensure people were protected. Staff we spoke with demonstrated that they knew how to keep this and other information safe so that access to people’s homes was by authorised people only.

Staff told us that they tried to keep to times allocated but if they were held up and running late they would either call the person themselves to inform them or would contact the office and ask them to let the person know.

Care and support was planned and delivered in a way that ensured people’s safety and welfare. There were risk assessments in place including an environmental risk assessment which had been completed in advance if the

commencement of the service. This was to ensure that any risks that were identified could be minimised and or mitigated so that both people who used the service and staff were protected.

People who used the service said that there was enough staff to support people safely. One person told us “They come to visit at the times I want them to come.” Another person said “They usually do everything I need them to do”. Staff told us that the rotas mostly worked well. One staff member said “There is the occasional hiccup but we just call the office and get it sorted out.”

The provider had an on-going recruitment programme in place which ensured they had adequate staff to meet the assessed needs of people safely. Staff told us that travel time between visits was usually included on the rota to enable staff to stay for the duration of the visit and not to have to rush to get to the next person. Occasionally where visits were close together travel time was not rotated and staff told us this could be a problem if the traffic was busy.

The provider had effective recruitment processes in place and all the relevant pre-employment checks, which included obtaining references and Disclosure and Barring Service (DBS) checks for all the staff. The provider also demonstrated that staff retention was very good, with evidence that a number of staff had worked for the service for many years.

The provider had a policy and process in place for the safe management of medicines. However people we spoke with told us that they or their family members assisted them with their medicines and they therefore did not require staff support with this. Two people told us that the staff “Reminded them to take their medicines”. These indicated that people’s medicines were managed safely and administered by staff that had been trained to do so. Audits were in place to check that medicines were being managed safely.

Is the service effective?

Our findings

People told us they felt that staff were well trained and knew how to provide good care. Staff were able to describe how they provided effective care that met people's changing needs. Staff also said that they had extensive training relevant to their roles.

The regional trainer told us about the range of training that was available to support staff. There was an induction programme for all new staff. Records were computerised and these detailed all the staff training and identified when updates were required. Staff were very complimentary about the training they received. They told us that this had been effective and helped them acquire the right skills and knowledge necessary to support people well. One member of staff said, "The induction was fantastic, I have never had such an in-depth induction before". Another member of staff said, "I have worked in a few different places but the training here is first class."

Staff also told us that they were able to request additional training to support personal development. For example, we saw that some of the staff had completed training for the care of people who lived with dementia. Staff were working towards the standards of the care certificate. Staff were required to complete feedback sheets following all training which ensured they had fully understood the training and how it would be applied in the workplace.

Staff told us that they were well supported by the manager and had regular contact with the office staff (care coordinator) and individual supervision meetings with their line manager. Staff also said they could speak with the manager whenever they wanted to discuss anything. We saw evidence of these in the records we looked at and saw that they were used as an opportunity to evaluate the staff's performance and to identify any issues or concerns with people who they supported.

People were asked to give consent before any care or support was provided. Records showed that people had signed to indicate that they consented to the care being provided by the service. Consent was also obtained for people's personal information being shared with other health and social care professionals when necessary.

Staff understood their roles and responsibilities in relation to obtaining consent. A support worker told us "People tell us about the type of support they need". "We get to know their routines, but if they refuse any part of their care, that's fine it's up to them, it's their right." The manager and staff were able to demonstrate they understood the process to follow if a person did not have capacity to make decisions about some aspects of their care. Mental capacity assessments would be completed which ensured decisions to provide care were in the person's best interest and had been made in conjunction with people's family and or people involved in their lives, if appropriate social care professionals.

Staff told us they assisted people with food preparation. The staff had received appropriate food hygiene training and told us they mainly served cooked meals, snacks and prepared drinks for people. People told us that staff respected their choices, and always asked what they wanted to eat and drink. A support worker told us "That they made sure that people had enough to eat and drink and there was a process in place to report any concerns they might have if people were not eating or drinking enough or if there were any issues about the availability of food or shopping."

People were supported to access other health and social care services, such as GPs, dentists and opticians when required to help maintain their health and wellbeing. People told us that they would usually visit the GP practice, however if they were unable to staff would arrange for the GP to visit them at home. Where necessary specialist advice was sought such as referring people to a dietician where, they could obtain specialist support.

Is the service caring?

Our findings

People spoke fondly about their care and support workers and told us they were “happy with the way they were cared for”. A person told us the most important thing was “having staff that were consistent to enable people to build trust and a meaningful relationship”. People spoke with genuine positivity when telling us about their care workers. Staff were also clearly caring and compassionate when describing people they cared for.

A relative of a person who used the service also said, “They are always so caring and I have come to rely on their support” “Sometimes it is just taking the time to ask if I am ok. Staff also told us that they also supported people to meet their cultural, religious or spiritual needs, and gave people the time and support they needed to enable them to do this.

People told us they had been asked to be involved in the planning of their care, and in particular when the initial assessment was completed. We saw that care plans were personalised and people told us that staff took account of people’s individual choices and preferences. Two relatives said, “The care plans had been reviewed and they had been asked to contribute to the process”.

People said that they felt listened to and they felt that the service was caring. Staff demonstrated good knowledge of the people they supported, their care needs and their wishes. One member of staff said, “We go the extra mile, it is important that the people we look after are happy.”

People told us that staff provided care while respecting and promoting people’s dignity. Staff also demonstrated that they understood the importance of respecting people’s privacy for example if there were other family members around they ensured the person’s dignity was preserved.

Staff told us they gave people the time and space to enable them to do as much as they could for themselves which enabled people to maintain as much independence as possible. “Staff told us that they were pleased that records were all digital and information was emailed and held on the IT system and this ensured they maintained the confidentiality of people in their care.

Information was provided to people in a format they could understand and which enabled them to make informed choices and decisions. However staff told us they assisted people and explained things to them which ensured they were always kept informed if anything changed.

Is the service responsive?

Our findings

The service was responsive to people's needs. People told us the service "Was quite flexible". People told us they had been assessed, and following the initial assessment their care plans were put in place so that they received the care they required. Two people who we spoke with told us that on a couple of occasions their care workers had not turned up for the visit, which was unusual, however both said they had family members who assisted them on these occasions. This was fed back to the manager following the inspection process.

We saw that there was a process in place which ensured that care plans were reviewed regularly or if there was a change in people's needs or abilities. Staff told us that they had "Their own regular clients". However two members of staff told us "They often had to go to clients they did not know so well to support colleagues", but they were given information in advance where possible. Those that did have 'regular' clients told us they went to a small group of people which meant that they had got to know those people's needs very well which meant that continuity was maintained.. This enabled them to provide consistent care and also to identify when people's needs had changed so that the service was able to respond efficiently to changing needs.

The manager described several situations which demonstrated the service was responsive for example, a person who already received care but wanted the times of the visits changed to a later call. This was done the following week.

Staff told us they stayed until they had completed all the tasks the person required support with which ensured that they were able to respond flexibly to peoples needs.. There was also a system in place to identify 'critical visits' so that these would always be a priority in the event of a situation occurring for example, extreme weather conditions.

The manager told us about their dedicated out of hours service. When the office was closed the phones were diverted to an on call service. If the phone line was busy it

was automatically transferred to the head office (during working hours) or over the weekend or in the evening there was a facility to leave a message and the on call person returned the calls as soon as they were able. This ensured continuity of care at all times and made sure the service was responsive at all times.

The provider had a complaints policy in place and people were made aware of this when their service commenced. They also received their service user information pack. The manager and staff welcomed complaints and feedback as a way of improving the service. We saw that they used a process with 4 C's comments, compliments, concerns and complaints as they recognised that comments, compliments and concerns were as important as complaints and they tried to address comments and or matters of concern in a timely way before they escalated to fully blown complaint.

People told us that they would feel comfortable raising any concerns they might have about the care provided. However, none of the four people we spoke to had had any reason to complain about the care provided by the service.

People were generally very complimentary about the way they had been cared for by staff. A relative told us "Every carer that has been to my relative has been so caring". Another member of staff told us that where possible, they also supported people with additional tasks such as domestic or laundry if they had time.

People told us that staff provided care with respect and dignity. Staff also demonstrated that they understood the importance of respecting people's dignity, privacy and independence. They gave clear examples of how they would preserve people's dignity while providing personal care. They also enabled people to maintain as much independence as possible, for example if a person could wash themselves with support, they encouraged people to do what they could for themselves. Staff told us they were aware of the need to maintain confidentiality and only discussed people who used the service, with managers, or staff or those people who were involved in the care of the person..

Is the service well-led?

Our findings

The service was well led. There was a manager who was in the process of registering with the Care Quality Commission. There was also a registered manager. The registered manager was supported by a manager and a care coordinator. They had recently appointed a field care supervisor who worked together as a team to effectively manage the planning of people's care.

Everyone we spoke with demonstrated 'ownership' of the quality of care provided by the service for example working as a team to ensure people received a good service. Staff and managers talked about 'mutual respect' for each, working as a team and people who used the service being central to everything they aspired to achieve. Staff told us the manager was always available to offer support and Guidance. Relatives we spoke with were also positive about contact and communication with office staff.

Staff told us that the registered manager provided stable leadership and a clear vision for the service. The manager was well supported by a regional trainer and a quality assurance team who had an overview on all aspects of the service which was integral to maintaining and improving standards.

One member of staff told us that they felt they provided a 'great service', and said "That's how care should be." We heard repeatedly that the provider promoted an 'open culture', where staff, people and management were valued. Staff were encouraged to contribute to the development of the service for example through discussions at team meetings so that they were aware of good practice and shared ideas about how the service could improve.

We saw that regular staff meetings were held for them to discuss issues relevant to their roles, which included

providing additional training. There were also 'lead roles' where staff were supported to develop and provide support to each other and share good practice with other staff. This included a dementia specialist. Staff were also invited to a care awards ceremony where staff who had excelled in a particular area were rewarded. There were other reward schemes in place and these were used as incentives for example, if a member of staff introduced a friend who started working at the service, they were rewarded with a financial bonus.

Staff also said that they were motivated by way the service was run and how they were supported. Two people said if they could improve one thing they would like more work as they were only offered part time hours. This was fed back to managers following the inspection.

There was evidence that the provider worked in partnership with people and their relatives, as well as, health and social care professionals so that they could all support the 'whole' person and make their experience of receiving care as seamless as possible.

We were shown the various audits that were in place which included a questionnaire sent to people, professionals, relatives and staff in order to obtain feedback for all aspects of the service. The results of these were collated and prompt action was taken to address any issues people were not particularly happy about. However, we saw that the majority of the comments were positive and overall people were happy with the service they received.

There was a process in place to monitor accidents, and incidents and when necessary to send notifications to CQC to inform us of particular events, or safeguarding concerns identified by staff working at the service. This process ensured that's all aspects of the service were monitored.