

Midshires Care Limited

Helping Hands Newcastle

Inspection report

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22 May 2023

23 May 2023

24 May 2023

25 May 2023

08 June 2023

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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 Newcastle is a domiciliary care service providing personal care and support to people living in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (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 the inspection the service was providing personal care to 25 people.

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

People and relatives were very happy with the service, felt it was safe and staff were caring. One person told us, "This agency is excellent." A relative said, "We're very happy. They have good attitudes and it's working very well."

Risks to people's health, safety and well-being were effectively managed. Staff safeguarded people from abuse. Medicines were safely administered and managed. The provider had effective infection prevention and control systems in place.

Safe recruitment procedures were followed and there were enough staff employed to meet people's needs. Staff were supported, to provide care in a person-centred way, through regular training, observations and supervision. People were supported at mealtimes and staff worked effectively with external professionals to ensure people received the support they wanted and needed.

Support was personalised and based on people's assessed needs and preferences. Staff spoke highly of people and were enthusiastic about their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People and relatives were involved in making decisions about their care. Staff respected people's privacy, dignity and promoted their independence. People and relatives were aware of the provider's complaints procedure and felt confident to raise concerns.

People and relatives felt the service was well-managed. The registered manager promoted an open, honest culture and was approachable. The provider promoted continuous learning and improvement. Systems were in place to effectively monitor and develop standards at the service. Feedback was regularly sought and valued.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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

Rating at last inspection

The last rating for this service was good (published 5 September 2018).

Why we inspected

This was a planned inspection to rate the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 Newcastle

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

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

Service and service type

The service is a domiciliary care service. It provides personal care to people living in their own homes.

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 48 hours' notice of the inspection. This was to make arrangements to carry out a virtual inspection and we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 22 May 2023 and ended on 8 June 2023. We contacted people and relatives on 25 May 2023.

What we did before inspection

We reviewed information we held about the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 of this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 9 relatives about their experience of the care provided. We spoke with the registered manager and received feedback from 11 care staff.

We reviewed a range of records including 3 people's care and medicines records. We looked at recruitment records for 3 members of staff. A variety of records relating to the management of the service, including policies and procedures, were also reviewed.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video/telephone calls and emails to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Following the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed all evidence sent to us electronically by the provider.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff effectively assessed, monitored and managed risks to people's personal safety and wellbeing.
- Care plans contained detailed risk assessments about people's individual care, support and environmental needs.
- The provider had a business continuity plan so people would continue to receive safe and effective care in emergency situations.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Concerns were appropriately reported and actioned.
- People were protected from the risk of abuse and told us they felt safe with staff. One relative told us, "I trust them implicitly to look after [Name]." Another relative said, "They are very professional and pleasant people."
- Staff received regular safeguarding training and felt confident to report concerns. One member of staff told us, "I feel confident to raise any concerns with the office, as they are always very supportive with great follow up and communication."

Staffing and recruitment

- Safe recruitment procedures were in place and staff files contained appropriate background checks.
- Staffing levels were effectively managed and there were enough staff to meet people's needs. One person told us, "They are very reliable, and their timing is good." One member of staff said, "Our team is supported by ample staff to provide comprehensive personal care."

Using medicines safely

- Staff managed and administered medicines safely. They were trained and knowledgeable about people's medicines. One member of staff said, "Medication is one of the issues the company pays special attention to in training."
- People were happy with the support they received to take their medicines. One relative told us, "Staff administer medicines to [Name], it's working well."
- The registered manager carried out regular staff competence checks and medicine audits.

Preventing and controlling infection

- People were protected from the risk of infection by trained and competent staff.
- Management carried out direct observations to ensure staff followed the provider's infection prevention

and control policies and procedures effectively. • Staff followed good infection control practices and used personal protective equipment when supporting people.
people.



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 our last inspection we rated this key question good. The rating for this key question has remained 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

- Staff carried out detailed assessments of people's needs and choices before they started using the service. One professional said, "The registered manager introduced herself, kept eye contact carried out a needs led assessment, using the information I had provided however kept the client central taking account of her cognitive difficulties and gave her time to express her wishes and preferences."
- Assessments were continually evaluated and reviewed to ensure people received the care that met their needs. One relative told us, "We found [Registered Manager] very nice, experienced, efficient and she put us at ease about the process."

Staff support: induction, training, skills and experience

- People and their relatives were confident the staff had the right skills to provide the care and support they needed. One professional told us, "I was very impressed that Helping Hands showed an extensive knowledge in acquired brain injury, physical health management and communication."
- Staff completed an induction and received regular training. One member of staff told us, "I feel the training we receive is extremely detailed and informative and provides me with the right skills and knowledge to provide the best care."
- Staff told us they felt supported through regular supervisions and observations. One member of staff said, "I feel very lucky to have such wonderful caring and supportive managers." Another member of staff said, "There is always someone on duty to answer emergencies or queries."

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.

- The service worked within the principles of the MCA.
- Staff had a good understanding of the MCA and sought consent from people prior to providing care and support.

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

- Staff described how they supported people at mealtimes in accordance with their plan of care.
- Care plans contained detailed information on people's dietary, support needs and preferences.

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

- Staff worked well with other professionals to ensure people received effective care such as GPs and District Nurses. One professional told us, "The manager was extremely helpful in setting up the service and went above and beyond to get the support in place. The client and family are very happy with the support provided."
- People had confidence staff would support them to access healthcare services when needed. One person told us, "I've just had some dental work done, and the carer took me, stayed with me and brought me home. What was good was that she was able to remember everything that was said, and she explained to my daughter afterwards."



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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were empowered to make choices and have as much control in the delivery of their care, as possible. One relative told us, "There is good companionship between [Name] and the carers." One member of staff said, "I treat people respectfully and give them time. I offer choices and respect their decisions."
- Staff involved people and their relatives in day to day discussions about their care. One relative told us, "I cannot describe what it's like for us to have such a level of care. They understand his preferences and engage with him."

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

- Staff were passionate about ensuring people received good care.
- People and relatives were complimentary about the care and support provided. One person told us, "I'm looked after very well." One relative told us, "My wife has a great rapport with the carers, and we've noticed a change in her character since we've been having them. People have noticed that her mood is better."
- Staff understood the importance of treating people as individuals and were aware of equality and diversity issues.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. One relative told us, "Nothing is rushed. They are nice visits."
- Staff promoted people's independence, without compromising safety. One member of staff said, "People are actively involved in care decisions, ensuring autonomy, while privacy, dignity, and independence are prioritised."
- Staff treated people with dignity and provided compassionate support in an individualised way. One relative told us, "I do feel that they look at [Name] as a person, and have got to know her well."



Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Care plans were person-centred and regularly reviewed. They contained detailed information about people's daily routines, specific care and support needs.
- Staff knew people's preferences well and were responsive to their needs. One relative told us, "We have just extended [Name's] call to 45 minutes, as he's needing more time. The staff helped organise this with [Registered Manager]."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain and develop relationships, and to follow their own interests and social activities including, gardening and 10 pin bowling.
- Staff supported people with companionship, where needed. This included supporting them to access the local community such as shopping, walking and going for a coffee.

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 assessed and regularly reviewed.
- Staff were knowledgeable about the most effective ways to communicate with people.
- The provider ensured people had information accessible to them in different formats, when needed.

Improving care quality in response to complaints or concerns

- Procedures were in place to investigate and respond to complaints.
- People and relatives knew how to raise concerns. One person told us, "I phoned once and they were very quick to sort things out. It was resolved very carefully."

End of life care and support

- People's end of life decisions were respected.
- Care plans contained details of people's end of life considerations, last wishes or future plans and these were communicated to staff.



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 our last inspection we rated this key question good. The rating for this key question has remained 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

- The registered manager and staff understood their roles and the importance of complying with regulatory requirements. One relative told us, "[Registered Manager] is helpful, polite and a good communicator."
- Staff performance was routinely monitored, and regular audits were conducted to improve service delivery. Areas of risk were routinely assessed and mitigated.
- The service was well managed and staff morale was good. One staff member told us, "Management are very approachable, very supportive and very knowledgeable." Another member of staff said, "Morale is high, and we feel valued and appreciated."

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 provider and registered manager understood their responsibility under the duty of candour. They knew the importance of being open and honest, and when to apologise, investigate and respond.

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

- Staff supported people to achieve good outcomes and maintain their well-being. People were central to the culture of the service. One professional told us, "Helping Hands have enabled my client to have autonomy and an improved quality of life."
- People and their relatives were complimentary about the management and staff. One relative told us, "The managers are professional, proactive, well organised and fully involved, and the care staff seem to get on well."
- Staff told us they enjoyed their job and teamwork was good. One staff member told us, "I love my job and the service I work for."

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

- The provider and registered manager positively encouraged feedback about the service. One member of staff told us, "It is the best care company I have worked for. They truly care about the customers and the carers."
- People, relatives and staff were given regular opportunities to share their views. This included reviews, meetings and quality assurance checks. One professional told us, "They have tailored the delivery of service

and given regular review and feedback to both client, carer and myself."

• Staff spoke highly about the management. One staff member told us, "[Registered Manager] is extremely approachable, polite and friendly and a great communicator, she is always there for support and advice."

Continuous learning and improving care

- The service was committed to continuous learning and improvement.
- Effective systems were in place to successfully identify areas for improvement and lessons learned. This included regular audits, direct observations and supervisions.

Working in partnership with others

• The service had close links and good working relationships with a range of professionals to enable effective, coordinated care and support for people. One professional said, "I would literally, if I was in a position to need a provider for my own family, use Helping Hands." Another professional described the service as, "Friendly, reliable, person centred, flexible and professional."