Midshires Care Limited

Helping Hands Sheffield

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 Sheffield is a domiciliary care agency providing personal care to 27 people aged 65 and over at the time of the inspection.

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 said the service was safe and that there were enough staff who were consistently on time. Staff were recruited safely. People received their medicines as prescribed from trained staff whose competency was assessed.

Staff received an induction and training before starting work, and staff had adequate ongoing monitoring and support through supervisions, spot checks and appraisals.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives said staff were kind, caring and compassionate. people's dignity, privacy and independence were promoted and protected by staff. Care plans contained good person-centred detail on their routines and preferences, and care plans were updated and reviewed regularly.

Staff said the manager was approachable, and there was a clear leadership structure in place. The manager had oversight of the quality of the service through audits and reports. The provider sought feedback from people in order to improve the service and held regular meetings with staff.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 24 August 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 Sheffield

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 conducted by an inspector and an assistant inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service did not have a manager registered with the Care Quality Commission. A registered manager is 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 48 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.

What we did before 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 spoke with three people who used the service and one relative of a person who use the service, about their experience of the care provided. We spoke with seven members of staff including the manager, co-

ordinator and care workers.

We reviewed a range of records. This included five 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.

Good

Is the service safe?

Our findings

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

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.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said they felt the service was safe. Comments included, "I feel safe with my carer" and "I feel safe with staff."
- There were appropriate systems and processes in place for reporting and investigating potential safeguarding incidents. There was a whistleblowing line for staff to raise anonymous concerns and staff said they knew how to access this.
- We saw that allegations of safeguarding incidents raised were appropriately investigated and raised with the relevant safeguarding authorities.
- Staff we spoke with said they had received safeguarding training and were confident they could identify and report abuse. Comments included: "If I saw an incident I would tell my manager or the helping hands anonymous hotline. If we had strong evidence, we would report to the police also", "If anything is wrong contact the manager. It could be any abuse or suspicious circumstances. Physical and mental abuse, financial abuse."

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed appropriately. Risk assessments described what the risk was, what the possible outcomes were, and guidance for staff on how to reduce the risk.
- Risk assessments were individualised, person centred and contained information on how people wanted to be supported to reduce risk. They also included information about any specialised equipment they used to reduce risk such as hoists and zimmer frames.
- There was a business continuity plan in place with a scheme of delegation for staff to follow in the event of a major disruption to the business.

Staffing and recruitment

- People and their relative said staff were on time. Comments included, "They are always on time, if they are going to be late they always let us know" and "They are generally on time, they stay the full amount of time and if they are going to be late they let me know".
- The manager and coordinators monitored staff timeliness through an electronic monitoring system. We saw reports which indicated that staff were on time and there were rarely missed visits. Any reasons for lateness or missed visits were investigated appropriately.
- Staff were recruited safely. This included a background check and identity check. Gaps in the candidate's employment history were questioned, professional references required, and relevant questions were asked

at interview.

Using medicines safely
● There were adequate policies and systems in place around managing people's medication and ensured people received their medicines as prescribed.
● Staff received training in medicines administration and had their competency to administer medicines assessed. One staff member said, "We are sometimes observed administering medicines and our medicines administration charts reviewed".
● Medicines administration records were clear. Medicines administration records were audited regularly, and issues with recording quality were followed up.

Preventing and controlling infection
● Staff received training in preventing and controlling infection. Staff described how they used personal protective equipment and preventative measures to control infection. One staff member said, "We wear gloves and aprons, I wash my hands after every glove change, we encourage good hygiene with clients and make sure equipment they use is clean."

Learning lessons when things go wrong
● There were systems and processes in place to report and investigate incidents and accidents. We saw they were used effectively.

Good

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 were assessed before they began using the service to ensure their needs could be met.
- This process included gathering information about the person's background, medical history, current needs and daily routine. This information was used to create people's care plans.

Staff support: induction, training, skills and experience
- Staff said they felt they had the right training and support to meet people's needs. One staff member said, "I feel supported, I've never worked for anyone so good. I've had supervisions and I've only been here a short time".
- The service's training matrix allowed senior staff to monitor what training staff had undertaken as well as how many supervisions and spot checks they had received.
- Documents showed staff received regular supervisions, observed practice and an annual appraisal.

Supporting people to eat and drink enough to maintain a balanced diet
- Staff supported people to eat and drink where this was required. This ranged from reminding people to eat, to preparing their meals and assisting them to eat.
- Care plans contained information about people's food and drink preferences and prompted staff to always offer people a choice and to respect this. One staff member said, "I would read people's care plans to find out their dietary preferences before working with them, and even then, I would also ask them on the day."
- Where necessary there was information from district nurses and the speech and language therapy team if people required specialised diets or were at risk of choking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- Care plans contained information about people's health and social care network, such as their local GP, pharmacist or social worker.
- Care plans contained information about how to support other health and social care agents to ensure people lived healthier lives, for example to report changes in people's health to their district nurse.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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

- Staff received training in the principles of the MCA, and the staff handbook which was given to all new staff on induction contained a clear explanation of the principles of the MCA and how this applied to their role.
- Care plans we reviewed showed clearly that people had capacity to make their own choices. The manager understood their role in assessing capacity and making best interest decisions on people's behalf in partnership with others.

Good

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 good. At this inspection this key question has the same. 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 who used the service told us, "If they have finished, they always ask what else they can do for me, such as getting me a coffee", "They are very good, helpful and understand my needs", "I got to know my carers well", "The care is excellent, I've never had care so good".
- Relatives we spoke with said staff were kind, caring and compassionate.
- At the latest service user survey the overwhelming majority of people said staff were always friendly.
- Staff received training in equality and diversity. Care plans contained information about people's beliefs and cultural practices where relevant, and how staff were to respect this.

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

- People said they were supported to make decisions and be involved in their care. One person said, "Staff are very good and do anything I ask of them".
- Care plans emphasised offering people choice and control over their care and had key information around whether people had power of attorney to make decisions for them.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives said staff respected dignity, privacy and independence. One person said, "They help me get washed and dressed, this is important to me and gives me confidence".
- Care plans prompted staff to be mindful of people's privacy and dignity, and to always offer them choices.
- One example of this emphasis was found in one person's wheelchair moving and handling care plan which said 'Ask me before pushing me, I am in control. Don't lean on the chair and warn me about bumps'.
- Training for staff in respecting and promoting people's privacy and dignity was one of the training modules the provider considered mandatory.

Good

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.
Improving care quality in response to complaints or concerns

At the last inspection (report published August 2018) we found the service was in breach of regulation 16 (Receiving and Acting on Complaints) because they were not always following their own systems and processes around managing complaints.

At this inspection we found improvements had been made and the provider was no longer in breach of the regulation.

● There was a complaints policy and procedure in place, Complaints we reviewed were responded to appropriately and in line with the provider's policy. One person we spoke with said, "The office staff are wonderful".
● People received a complaint leaflet with their care plans, this included clear instructions on how to raise a complaint and what to expect in terms of response times.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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
● Care plans contained good person-centred detail about their background and history, their care needs and how they wanted their needs met by staff. Care plans were focused around what goals people wanted to achieve, for example one person's goal was to stay in their own home and live independently.
● Care plans contained detailed information about people's personal preferences and choices in their daily routines for example preferred manner of greeting and entry, food choices and how they wanted their mobility supported when transferring around the house.
● Care plan notes contained information written by the care staff on what tasks they had completed and observations around the person's health and wellbeing.
● Care plans were reviewed regularly or in response to a change in need, in conjunction with people and their relatives.
● Care plans contained information about people's hobbies and interests, as well as people who were important to them.

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.

● Care plans contained information about people's communicative abilities and any sensory impairments they had, as well as guidance for staff on how to communicate with people in a way they preferred.

● Information was available in a variety of formats if requested.

End of life care and support

● There was a clear end of life policy which describe responsibilities and requirements for staff, how to work with other health and social care agencies and reminding staff to emphasise privacy and dignity, compassionate and sensitive treatment, and to take into account people's and their relatives wishes.

● There was no one receiving end of life care at the time of the inspection. Where relevant, there was information in people's care plans about the DNAR (do not attempt cardiopulmonary resuscitation) if this was in place.

Good

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.

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

- The service had been without a registered manager for some time. A manager had been in post since March 2019, and staff said they were confident in their leadership and the culture of the service.
- Comments included, "It's got better, there was no management structure in place, under the new management structure things have improved", "I feel able to raise concerns, and the manager is very pleasant to speak with" and "I am more confident with the new management. If you had asked me a while ago I'd have said no. Everything has improved".
- People and their relatives said the manager and office staff were approachable. Compliments received by the service included: 'The manager has restored my faith with the company' and 'I am delighted with how office staff have dealt with me since the new manager has come in'.

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

- The manager was not registered with CQC however they had applied to do so.
- There was a clear and visibly publicised set of organisational values and a vision for the future of the service. These values were included in people's care plans and information packs, as well as discussed with new staff at induction.
- There was a clear leadership structure in place across the provider's registered locations.
- There were quality assurance processes in place which gave the provider and management an oversight into how the service was performing and what improvements had been made or were needed.
- Audits included reviews of medicines administration records and care plans, and quality reports. Quality reports gave the manager oversight of key indicators such as staffing levels, staff training compliance, incidents and complaints.
- There were clear actions to take from audits and quality reports, for example an audit of daily logs prompted the manager to speak to specific staff about the quality of information recorded.

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

- The provider issued a service user survey to gather feedback and make improvements. At the last survey in July 2019, responses were overwhelmingly positive. Because of feedback, staff gathered information around how many people wanted staff rotas in advance of their care and how they wanted to receive them, and we found they acted on this feedback.

● There were regular meetings with staff to discuss key issues and gather feedback. At the last staff meeting, staff were introduced to the manager and there was a discussion around their expectations. They discussed safeguarding, rotas and planned absence, uniforms and changes to service user's routines.
● One staff member said, "There are meetings more often than there used to be. They are useful."
● Where necessary staff worked with the local authority and other health and social care agencies to ensure people's needs were being met.

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
● There was a duty of candour policy and procedure in place. Documents we reviewed showed people, the relevant authorities and their relatives were contacted when something went wrong.