

Midshires Care Limited

# Helping Hands Taunton

## Inspection report

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Date of inspection visit:  
14 January 2021

Date of publication:  
04 February 2021

### 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 Taunton is a domiciliary care agency providing personal care to people in their own homes. At the time of the inspection they were providing a personal care service to 18 people.

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 and relatives gave us positive feedback about the service. Comments included; "Staff are lovely and love their work," "The service is reliable" and "Communication is good."

People felt safe with the staff who supported them. Staff understood the signs of abuse and felt confident any safeguarding concerns reported were listened and responded to. People received their prescribed medicines safely and on time.

We were assured the service were following safe infection prevention and control procedures to keep people safe with regard to the current COVID 19 pandemic. The service had monitoring arrangements to ensure all aspects of infection control followed best practice guidance.

Staff monitored people's health and wellbeing and worked with other professionals to make sure people received the treatment they required. People received safe and effective care because training, supervision and observation visits in people's homes ensured staff had the necessary qualifications, competence, skills and experience.

People's risk assessments and care plans provided staff with detailed, up to date information about how to safely care for each person.

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.

People received personalised care from staff who knew them well and how to support their needs.

The service was well led. Staff felt well supported and reported good communication, team working and staff morale. Quality monitoring systems were used effectively to oversee the safety and quality of the service and make continuous improvements.

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

This service was registered on 12 August 2019 and this was the first inspection.

#### Why we inspected

The inspection was prompted in part due to safeguarding concerns received and because the registered manager had left. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Well Led sections of this full report. The provider has taken action to mitigate the risks and these have been effective.

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Helping Hands Taunton

## 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

One inspector visited the service.

#### Service and service type

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

The service did not currently have a manager registered with the Care Quality Commission. The previous registered manager had left. A new branch manager started three months ago, who has applied to register. Registered managers 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

This inspection was announced. 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 branch manager would be in the office to support the inspection.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

In preparation for the inspection, we reviewed all the information we held about the service and statutory

notifications. A notification is information about important events which the service is required to send us by law. Due to the COVID -19 pandemic, we requested a range of documents prior to the inspection such as policies, procedures, information about staffing, staff training and quality monitoring information. We also undertook virtual meetings with the branch manager to minimise the time spent at the branch. We used all of this information to plan the inspection.

During the inspection

We telephoned six people, two relatives and a carer to seek their feedback and received e mail feedback from another relative. We spoke with the branch manager and five staff which included care staff and a care and training practitioner. We reviewed a range of records which included three people's care plans and two medicine records. Also, three staff recruitment records, staff supervision and observation records as well as competency checks.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Prior to the inspection, we followed up two safeguarding concerns from ambulance personnel about a local person's live in care staff. We contacted Helping Hands Taunton for more information, and were advised live in care services were managed by another Helping Hands branch. The branch manager assisted us to follow up these concerns and we received assurances the person was safe.
- People were protected because all staff received training on how to recognise and report signs of abuse. Staff said they would not hesitate to report any concerns and were confident the branch manager would take action to make sure people were protected.
- The branch manager recognised signs of abuse. They made the local authority safeguarding team aware of any potential concerns and worked with them to protect people.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People said they felt safe with the staff who supported them. One person said, "I have every faith in them." Relatives said; "I feel [person] is safe in their hands" and "They consider the persons safely as they are very wobbly on their feet."
- Initial risk assessments were carried out with people when they began to use the service. Care plans included ways to minimise risks for people in relation to falls, use of equipment and to prevent pressure sores. For example, helping a person declutter, so they could move more freely around their home and avoid trip hazards.
- The service worked with other organisations to promote people's independence and safety. Care staff monitored safety in people's homes and took action to address any risks. For example, staff reported a person was unsteady using equipment provided to help them. So, the branch manager arranged for care staff to do a joint visit with a therapist to reassess the person's mobility and equipment. The person's care plan was updated with their advice, which helped minimise risks for them.
- Accidents and incidents were reported by staff and analysed by the branch manager. This enabled them to learn from events and share that learning with staff. For example, following a medicines administration error, all staff were reminded of importance of making sure each person took their prescribed medicines during their visit, so they were not forgotten.

Staffing and recruitment

- The agency had sufficient staff to make sure people received their care and support from care staff they knew. People were supported by a small team of staff they knew and trusted. New care staff were introduced to people when they first visited.
- People and relatives said the service was reliable, staff arrived at the agreed time and stayed for the full visit time. A relative said, "Care staff have got to know [person] and they are comfortable with them. They sit

down and have a chat, which helps their anxiety." Contingency plans were in place to replace staff who were sick or self-isolating.

- Risks to people were minimised because the provider had a robust recruitment procedure which made sure all new staff were thoroughly checked and vetted before starting work. An assessment day was used to check new staff had right skills and attitudes, as part of the recruitment process.

#### Using medicines safely

- People received their medicines safely and on time. Staff were trained in medicines management and had their competency assessed to make sure they could administer medicines safely.

- One person we spoke with appreciated that care staff prepared their medicines and made sure they took their tablets before they left. Where people were prescribed skin creams, they confirmed staff helped them apply these.

- The provider had introduced an electronic care plan and monitoring system which care staff operated from a smart phone. If people needed support with medicines this was listed as a task which had to be completed. The branch manager and office staff were able to monitor medicines daily. For example, they could follow up concerns such as missed signatures. They could also update changes to people's prescriptions and alert care staff to those changes. For example, when a person started using an antibiotic.

#### Preventing and controlling infection

- People were protected against the risk of the spread of infection because staff received training in good infection control practices, including COVID 19 precautions. The provider's infection prevention and control policy was up to date.

- The provider made sure staff had access to personal protective equipment such as disposable facemasks, visors, gloves, aprons and alcohol gel.

- People and families confirmed that staff washed their hands, used face masks at all times and wore personal protective equipment such as aprons and gloves for personal care.

- Infection control checks were undertaken to ensure staff followed the correct procedures to prevent cross infection risks and used personal protective equipment effectively and safely.

- All staff had weekly tests for COVID 19 and where any concerns were identified, staff followed self-isolation procedures.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service to ensure they could be met. Evidence based tools were used to assess people's moving and handling, nutrition and skin care needs. Care plans gave detailed guidance to staff about how to meet people's individual needs.
- People's care and support needs were regularly reviewed with them and care plans were reviewed and updated as their needs changed.

Staff support: induction, training, skills and experience

- People received effective care and support from staff who had the skills and knowledge to meet their needs. Comments included; "Trained and skilled, they are a brilliant group of people," and "Staff are trained, they are very good."
- All new staff completed an initial training and assessment day to ensure they had the right skills for the role. They worked alongside experienced staff to get to know people's needs, known as shadowing. Staff completed the care certificate, a nationally agreed set of standards. Staff comments about induction included; "Very thorough" and "Shadowing been excellent."
- Staff undertook regular training. Online training included infection control, food safety, first aid as well as equality and diversity training. Where people had moving and handling or equipment needs, staff received face to face training and had opportunities to practise under supervision using equipment kept at the office. This meant people could be confident staff were using safe, up to date techniques.
- Regular observation checks were carried out on staff working in people's homes to ensure they had the required skills. Where any additional training or support needs were identified, these were provided. For example, following an observation visit one staff said, "The branch manager walked me through the use of [slide sheets for moving and handling]. I tweaked my technique and felt more confident."
- Staff praised training and development opportunities at the agency. They felt well supported in their work and had opportunities to receive feedback through regular supervision and appraisals.

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

- People were supported with changing healthcare needs.
- Care plans showed staff recognised changes in people's health, sought professional advice appropriately and followed that advice. For example, staff recognised when a person was suffering from low mood and supported the person to contact their GP who visited and reviewed their medicines. Care staff also sought professional advice from community and hospice nurses and from occupational therapy services.
- Staff encouraged people to improve their health through encouraging people to exercise to keep moving

and maintain their mobility.

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

- Staff supported several people with menu planning and shopping. People said staff offered them drinks and meal choices and made sure they had drinks and snacks within reach before leaving. Staff were aware of people's likes and dislikes and any dietary restrictions.
- At a review of a person's care, a relative of a person living with dementia was concerned about their poor appetite. The branch manager suggested a range of evidence - based things they could try. For example, purchasing and offering the person their food on coloured plates/ bowls that are easier for people with dementia to see. Also, by offering snacks and smoothies as alternatives to meals. Their relative was delighted that the person was now eating well and gaining weight.

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.

We checked whether the service was working within the principles of the MCA and found they were.

- People said staff sought their consent before delivering any care or treatment. For example, for personal care.
- Staff had a good understanding of principles of consent. For example, about a person's right to make choices and to make decisions others may consider unwise. This showed people's rights and choices were balanced with their welfare and safety.
- Staff had undertaken training on dementia awareness, MCA and best interest decision making. Currently, none of the people the agency cared for lacked capacity, but there were systems and processes in place for assessing capacity and documenting best interest decisions, if needed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives praised staff who they said were caring and compassionate. They said, "They treat [person] with dignity and respect, talk to them and tell them what they are doing" and "Staff treat person like their parent, how I would like to be treated."
- The service respected people's diversity and care plans included details about what was important for person. Staff had received equality and diversity training, and understood the importance of treating people fairly, regardless of differences. The service had relevant policies in place, including, equality and diversity and Equalities Act 2010.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Care workers could describe how they protected people's privacy and dignity, including closing doors and drawing curtains when undertaking people's personal care.
- People were able to express their preferences about receiving support from male and female carers and said their choices were respected.
- Care records captured what people could manage independently and what they needed staff support with. For example, that a person could manage to wash their own face and hands but needed help to wash their back. A relative said, "They help [person] do things they can't and are helping them regain their independence."
- Staff supported people to keep in contact with families, friends and others in the community.

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

- People and families said they were consulted and involved in decision making about their care. One person said, "Staff from the office ring regularly to check how it's going. I can talk to them, they listen." A relative said, "Communication is good."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to interests and to take part in activities that are socially and culturally relevant to them

- People received person centred care, personalised to their needs and preferences. People appreciated that staff quickly got to know people and families and established a rapport with them. One person said, "I enjoy their company. They have got to know me, I feel comfortable with them." A relative said, "They are so friendly, with a good sense of humour, I hear them giggling and laughing with [name of person]."
- People's care plans were detailed, personalised and daily records gave a good sense of the person, what was important to them and the care and support they needed. For example, one person wanted to improve their mobility and independence after a serious illness. They needed staff to encourage them to do their exercises. Care records were reviewed and updated as people's health and care needs changed.
- Each person's support plan included details about their life history, so staff could engage in conversations of interest to them. Staff told us how they recently contacted a person's favourite football player who recorded a video message for the person, which meant a lot 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.

- People's care plans included information about the support people needed with any sight or hearing impairments. Also, ways in which staff could communicate information effectively. For example, for a person with a hearing impairment, the person's care plan instructed staff to: 'Ensure you give me face to face contact, use short, simple questions, give me time to process and reply.'
- information about the service was available in large print for people with visual difficulties.

Improving care quality in response to complaints or concerns

- People knew how to raise a concern or complaint if they were unhappy about anything. Where a person raised a concern, they said they were very satisfied with how the agency had dealt with it.
- Any complaints or feedback were responded to positively and used as opportunities to improve. A complaints log showed concerns were thoroughly investigated in accordance with the providers complaints policy and procedure. Apologies were given and responses showed actions taken to make further improvements.

End of life care and support

- People were supported to have peaceful, comfortable and dignified end of life care in their own home. Staff worked with local community nurses, GP's and the hospice at home team to ensure people were supported to remain at home with their family.
- End of life care plans captured people's decisions about end of life care and what was important to them. For example, the presence of family members and details of any religious or cultural preferences.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, relatives and staff said the service was well led. People and relatives said; "Extremely satisfied," "Carers have all been very friendly and approachable" and "They are doing a grand job."
- The ethos of the service was one of care and compassion for people. The branch manager said, "We live and we breathe it, I encourage staff to go that extra mile for clients."
- The branch manager understood the requirements of duty of candour, which is to be honest and open about any accident or incident that had caused, or placed, a person at risk of harm. They contacted families to make them aware of any incidents and outlined any actions taken in response.

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

- The branch manager set clear expectations about standards expected and led by example. Staff felt valued for their work and praised the communication and support. Staff comments included; "Great team work," "Management are absolutely amazing. My confidence has grown," and "The new manager has been really helpful."
- A staff award scheme invited clients and staff to nominate staff for going above and beyond to meet people's individual needs. Staff praised for their work were rewarded for good care with their favourite hot drink or a bunch of flowers when they visited the office.
- The agency had robust quality monitoring systems in place. Action plans showed continuous improvements were made in response to regular audits of health and safety, medicines management and care records. For example, through further training or individual supervision.
- The area manager kept in regular contact with the branch manager and completed a monthly audit of the branch, with an action plan completed for any areas for improvement identified.

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

- People were consulted and involved in day to day decisions. They received a regular calls and review visits to ask for feedback and check how things were going.
- Staff praised good communication and support between office staff and care staff. They were encouraged to seek support, share good practice ideas and identify further training needs through regular calls, supervision, via online groups and staff meetings.

#### Continuous learning and improving care

- Feedback from provider audits showed significant improvements made over the past few months in staff recruitment, training, communication and staff support.
- Regular newsletters kept staff up to date with developments within the company and with health and social care updates as well as related to the COVID 19 pandemic.
- The service kept up to date with best practice guidance through regularly updated policies and procedures. The branch manager worked with other local managers within the provider group to share learning and good practice ideas. They were supporting other managers within the group to implement the new care record system.

#### Working in partnership with others

- People benefitted because staff worked in partnership with health, social care professionals and family members to make sure people received the care and support they needed.
- The branch manager had gathered information about different community groups within the Taunton area. For example, a local reminiscence group and other social groups. They planned to encourage and support people to get out more and meet people, once the restrictions of the COVID pandemic have eased.