Midshires Care Limited

Helping Hands Chelmsford Live In

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 Chelmsford Live In is a domiciliary care agency which supports adults in their own homes with live in care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 92 people were using the service, 90 of whom received the regulated activity of personal care.

People's experience of using this service and what we found
Care plans were personalised and enabled staff to provide support in line with people's wishes and expressed preferences.

Detailed risk assessments informed staff how to support people and minimise risk in their daily lives. Incidents and accidents were monitored and analysed, the outcomes of which were used as opportunities to learn and lessen the potential for re-occurrence.

Medicines were safely managed and effective infection control procedures were in place.

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 were involved in the planning and review of their care. People's communication needs were met and information was provided in a manner they could understand.

The registered manager had oversight of the service through systems which enabled them to monitor the service, address concerns and drive improvement.

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

Rating at last inspection
This service was registered with us on 16 October 2020 and this is the first inspection.

Why we inspected
This was a planned inspection.

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.

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.

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 safe findings below.

Is the service caring?

Good

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our safe findings below.

Helping Hands Chelmsford Live In

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 team consisted of one inspector and two 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
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager
The 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 notice of the inspection as we needed information about people who used the service and to ensure the registered management would be available on the day.

Inspection activity started on 30 March 2022 and ended on 11 April 2022.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. 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 this information to plan our inspection.

During the inspection
This performance review and assessment was carried out without a visit to the location's office. We used 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.

We spoke with eight people and 18 relatives over the telephone about their experience of the care provided. We spoke the registered manager via telephone and video link and had email information from four staff members.

We reviewed a range of records. This included six people's care records and a variety of documents relating to the management of the service, including policies and procedures.

Good

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 of 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

- Systems and policies were in place to safeguard people against the risk of abuse.
- The registered manager understood their responsibility to report any concerns. Where concerns had been raised the registered manager was able to explain their actions and evidence the alert to the local safeguarding authority.
- Most people told us they felt safe under the care of the service. Comments included; "I have a lovely carer who looks after me well and I have got to reason to feel anything other than safe with them." And, "[Relative] has told me that she feels safe, that's important." And, "[Staff member] is amazing and we can't sing his praises enough. [Relatives] are really safe being looked after by [them] as [they] excels in every aspect of care and is a lovely person."

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

- Care plans included assessments which identified potential risks and measures for staff to minimise them. These included risks associated with mobility, choking and pressure care. One person was at risk of choking. Their care plan contained clear instructions for staff about how to prepare their food, position them correctly and what action to take if any concerns arose.
- Some people using the service had complex clinical needs, including spinal cord injuries and percutaneous endoscopic gastrostomy (PEG) feeding tubes. A PEG is a way to give food, fluids and medicines directly into the stomach via a tube if a person has difficulties swallowing or eating and drinking. Risk assessments contained clear guidance for staff about how to support the person and the level of training they needed to do so.
- Staff confirmed they could access risk assessments both electronically and via written care plans kept in people's homes. One staff member explained, "I have access to clients risk assessments via the app and as a paper copy kept in the home. Any changes to a risk assessment take place as a discussion with my manager who would have discussed with family if applicable."
- Systems were in place to learn when things went wrong. Incidents and accidents were monitored and analysed to identify trends or concerns and appropriate action had been taken to reduce future risks.
- Any lessons learnt were shared with the staff team to mitigate the risk of reoccurrence. This ensured learning was effectively used to manage risk and drive improvement.

Staffing and recruitment

- The service specialised in providing live in care to people living in their own homes. Where possible this was scheduled in eight-week blocks, with the same staff team rotating to provide consistency of care.
- We received mixed feedback from people and relatives about staffing levels. Some were very happy and

had no concerns. Others spoke about gaps in care and difficulty getting the right combination of carers.
● Comments included; "We had no problems during COVID, and everything was done to the letter," and "Generally it has all been good, but they did struggle a bit in COVID." And, "During COVID, there was the occasional delay in waiting for the carers PCR results or work permit, but we have never been left without care."
● However, other people said; "There has been a lot of trial and error in finding the right combination of carers." And, "Currently, we are doing ok with the care as we have a good main carer, a good couple of cover carers and a private carer to cover the breaks, but it has been very hit and miss."
● We spoke with the registered manager, who was aware of the concerns. They told us the travel restrictions imposed during the COVID-19 pandemic and the impact of the UK exiting the European Union had resulted in several staff members leaving and difficulties with recruitment. The provider was working to address the concerns. They had introduced weekly care manager meetings to review staffing capacity and were working alongside the Home Office to sponsor workers from outside the UK.
● Staff were safely recruited. Employment and criminal checks had been carried out before staff started work to ensure they were of good character to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● The provider reviewed existing staff members DBS every three years.

Using medicines safely
● Effective systems were in place to ensure people's medicines were administered by trained and competent staff.
● Feedback from relatives included, "There was an issue with the pharmacy putting two of one type of tablet in the blister pack. But the carer spotted it immediately and alerted us and made sure the incoming carer knew about it too." And, "[Staff member] knows that [relative] doesn't like taking her medication, so he has a joke with her and tells her it's time for her vitamins, so she stays looking young. It works!"
● Some people had been prescribed barrier creams to help manage skin integrity. Clear instructions were in place detailing where on the body and how often to apply the cream.
● The providers medication policy was regularly reviewed and updated. When changes were made to the policy people's risk assessments were updated to reflect this.

Preventing and controlling infection
● Staff had completed training in infection control and understood their roles and responsibilities in keeping people safe and preventing the spread of infection. We were told, "[Staff] are diligent about testing, protocols and precautions."

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.

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 individual needs were assessed and their choices recorded.
- Care plans were holistic taking into consideration people's physical, social and cultural needs.
- Records showed, where possible, people had provided verbal or written consent to the provision of their planned care.

Staff support: induction, training, skills and experience
- Feedback from relatives about staff training and experience varied, with some raising concerns about how staff were supported to maintain their knowledge and skills. One relative told us, "We have had a mix of carers with varying skills, some of which didn't really meet the brief, but it seems you have to go through this to find the good ones."
- We spoke with the registered manager about this who provided assurances staff were not able to complete a shift unless they had completed their annual training reviews.
- The provider had employed a nurse to develop staff's skills and knowledge through specialist on-going training, competency assessments and observations of practice.
- The registered manager supported the personal and professional development of staff through regular supervision and annual appraisals.
- New staff were supported in their role through an induction programme. This included completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Feedback from staff included, "All inductions and other learning had always been extensive and professional." And, "I do have access to training both online and practical. I am able to see myself when training is due as well as being reminded by my manager."

Supporting people to eat and drink enough to maintain a balanced diet
- Care plans detailed the support people required to eat and drink safely.
- Some relatives gave examples of occasions when they felt staff were not able to prepare or cook appropriate meals. We shared this information with the registered manager.
- However, most of the people and relatives we spoke with were positive about the support they received; "[Staff] do work with the Speech and Language Therapist and have devised nutritious food for [relative]." And, "They do make sure she has interesting meals as she struggles with her appetite sometimes." And, "One carer has come up with the excellent idea of sitting with us and coming up with a menu plan. We do the

shopping accordingly and it is really working well. We change it regularly, so [relative] doesn't get bored and we all know what we are doing." And, "[Staff member's] her cooking is homemade and delicious."

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

● Staff supported people to access a range of external health care professionals to improve their well-being.

● Staff kept relatives up to date with any changes in people's health. Comments included, "I had to go to hospital and my carer came with me and we had to stay 14 hours. She stayed with me all the time. We had lots of sing songs to cheer us up." And, "[Relative] had a mini stroke. The carer called the paramedics and then called us. She went with her to the hospital and stayed for as long as possible. She was excellent. We asked for her to be recognised (by the agency), she was so good. She is hard working, kind and very good in a crisis."

● The service was in the process of developing a transfer discharge form to support people when they go into hospital. The form aimed at providing a smooth transition of care and included information about a person's current medication, DNAR status and what items they had taken into hospital.

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.

● Staff had received MCA training and understood the principles of the MCA. They consulted people about their care and supported them to make day to day decisions.

● Where appropriate MCA's had been completed. They were task specific and included clear guidance for staff about how to support the person whilst encouraging them to remain as independent as possible.

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.

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
- Care plans included detailed information about significant events in people's lives, personal achievements, friends and relatives who were important to them and what activities they continued to enjoy.
- Feedback from relatives included; "[Relatives] dementia certainly seems to have stabilised because of the care," "[Staff member] has taken time to get to know me and my likes and dislikes." And, [They] tried to get [relative] involved in preparing the veg and is so patient." And, "[Staff member] is exceptional, she is superb, great fun. [Relative] is thriving."
- People's diverse needs, such as their religious or personal well-being needs were reflected in their care plans. For example, where people had expressed specific cultural or religious beliefs care plans included detailed information such as, the dates and meanings behind religious festivals, dietary requirements and how to prepare and serve food.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence
- People's views and preferences about how they wanted their care to be provided were incorporated into person centred care plans.
- Comments from relatives included, "[Relative] is lucky. She has regular carers who understand her needs and work round it accordingly. She gets a good quality of care and they have developed ways of communicating to encourage her independence. They [staff] have developed a lovely set of photos of the family which are on the walls and they talk about often." And, "[Staff member] should be the template for the ideal carer. He just loves his work and is so nice to be around." And, "I have lots of choices with things I want to do, we do them together."
- One relative explained how staff had suggested ways to increase their relative's activity levels and engage more; "One carer suggested to us that [relative] might like to listen to a radio. We were not sure at first as she is quite deaf, but now it is in place, we can see she really enjoys it and it stops her sleeping too much in the day."
- Staff treated people with dignity and respect and maintained their privacy. One person told us their care worker was, "Very respectful and always asking for permission." Another person said, "They spent time getting to know us which we appreciated. It's not easy having someone living in your home."
- A relative told us, "It all happened at once with [relative] coming home from the care home and the new carer arriving. But she made sure [relative] didn't feel overwhelmed by it all and handled it well. It really gave me confidence as we were new to all this at the time." Another said, "The successful carers are the ones that recognise they are not in their own homes and have respect. Respect is very important and mostly they do

have that."

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

- The registered manager told us before care was provided people were sent the profiles of care workers detailing information such as their training and previous work experience. Having reviewed the profiles people and their relatives selected which staff member they felt best met their needs.
- However, relatives told us the profiles did not always reflect the staff member who arrived and on occasions only one profile was sent, meaning there was no real choice. Comments included, "I would really like to see more detailed information on their profiles as they are very basic and could easily mask limited experience." And, "The information on the carer's profile is really not sufficient to make an informed decision." And, "We choose the carer and work with them, but we have learned to ask a lot of questions so that we can gauge what they are equipped to do. We use a partnership approach as it is almost impossible to see from reading a profile what their personality or skillset is."
- We spoke with the registered manager about these concerns. They told us the provider was in the process of reviewing the content of the profiles.
- Care plans were person centred, reflected people's current needs and detailed how staff should best support them.
- People told us they were involved in the planning and review of their care. One person told us, "The supervisors are well trained and do spot checks and a regular three-month review of the care which I am included in."
- A handover was completed when one care worker finished their shift and another one started. This ensured staff understood people's needs and how to meet them. Comments included, "The handover period is 24 hours and covers everything in detail as there can be changes in [relative's] care over that period," And, "There is a good handover done between one carer leaving and another taking over, so they cover everything in detail and do an update." And, "We have a Lithuanian carer who is excellent and comes for 6-8 weeks before returning home for a break for two weeks. We get all the holiday dates in advance."

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 recorded in care plans.
- Staff provided examples of how they supported people to communicate; "[We communicate with people] by means of picture cards, give them options and reduce distractions while they try to communicate and be

patient and not pressure them." And, "I would investigate what strategies are already in place with other carer/s, my manager and family members. I would then reassure them and pay close attention to their style of communication by observing body language, facial expressions and other methods such as lip reading, signing, writing down, pointing etc."

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

● Relatives and people told us staff supported them to take part in activities outside of the home. Comments included, "We go out every single day and sing a lot together and laugh. Singing makes us laugh and cheers us up. Today we went to a museum and then out for some tea." And, "If we want to organise family alone time with [relative], then we just say and the carer will take a longer break or if it is between carers, then we take a day off. It works for us."

Improving care quality in response to complaints or concerns

●The service had a complaints process in place which recorded the nature of the complaint and included the steps taken to resolve the complaint and the outcome.

● People and relatives knew how to raise concerns and complaints. Comments included "One carer did have trouble adapting to [relative's] routine and preferred to do it her own way, so we complained to the care manager. It took her three days to get a good match, but I feel it was handled well." And, "The senior management team have visited and worked with us through things when necessary."

End of life care and support

● Staff had completed training about how to care for people who were receiving End of Life Care.

● Once a person was assessed as being end of life staff received additional support from the clinical lead nurse as well as any relevant health care professionals involved in the person's care. The registered manager told us, "We will also offer ongoing support and will adapt the care plans as their needs change."

● The service was in the process of reviewing their end-of-life policy with a focus on supporting staff in recognising a deteriorating person.

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.

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 duty of candour responsibility

- Staff were complimentary about the support provided by the registered manager and the care managers who worked alongside them. Feedback included; "My manager is very capable and professional and always makes me feel valued." And, "I feel well supported by the management team. I am able to call or email with any concerns or just discuss situations. My manager is very capable and professional and always makes me feel valued."
- The registered manager understood their responsibility to work in line with the duty of candour. They had responded to complaints and concerns and informed the CQC and the Local Authority of incidents or events which impacted on the running of the service or the people using it. The Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that require registered persons to act in an open and transparent way with people in relation to the care and treatment they receive.

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

- Systems and processes were in place to drive improvements. Information about quality assurance trends and analysis were shared during senior operations team meetings. This gave an insight into recorded accidents and incidents, compliance, safeguarding cases and complaints and provided an opportunity to share best practice. The registered manager told us, "We try really hard to be proactive rather than reactive."
- The provider had a detailed business continuity and disaster recovery plan in place which was regularly reviewed and updated. The plan detailed what actions to take in the event of an emergency or incident and prioritised the continuous provision of care to people using the service. An additional plan had been developed specifically to provide guidance relating to the COVID-19 pandemic.

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

- Staff, people and relatives had the opportunity to contribute to the development of the service and engage with the registered manager. Comments included, "I am able to and have made suggestions that have been discussed and if necessary implemented." And, "They are very willing to listen and if the manager comes out to see the carer then they will also talk to relative."
- Annual surveys provided people using the service with the opportunity to feedback their opinions on the support they received. The information received was collated and used to drive improvements. However, relatives did not always feel they were made aware of the outcome of results of the information they

provided. One relative said, "There is an annual survey. We give feedback and it is respected but we are not given feedback on how matters are dealt with."

● The registered manager worked in partnership with other agencies to improve the care of people using the service and develop the service.

● The registered manager attended regular regional managerial meetings. This kept them up to date with developments and enabled them to share lessons learnt and best practice examples.