

Midshires Care Limited

Helping Hands Torquay

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 is a domiciliary care service which provides personal care to adults with a range of support needs in their own homes.

The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'. Where they do we also take into account any wider social care provided. Helping Hands was providing personal care to 35 people at the time of the inspection.

People's experience of using this service:

People told us they were treated with kindness and spoke warmly about staff that supported them. One person told us, "I haven't found carers better than these, they really are first class." People were treated with dignity and respect and were supported to express their views and be involved in making decisions about how they wanted their care and support.

People and their relatives had no concerns about their safety. They told us staff understood their needs and supported them to be safe when providing care. One person said, "I have never felt at risk. I've been very impressed by the care I get." Staff had received training in safeguarding vulnerable people and told us they had full confidence that the management team would act on any concerns raised.

Staff were recruited safely and there were enough staff to meet people's needs. Staff received appropriate training and they told us the training was very good. People commented positively on the competence and skills of staff. One person told us, "I'm confident they know what they are doing. They are better trained and knowledgeable than I expected."

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 were supported to have choice and control of the care and support they received.

Staff knew people well and could tell us about people's physical and health needs explaining how they supported them to be safe, whilst maintaining their independence. Care records did not always contain risk assessments or care plans related to some specific health needs. We made a recommendation to the provider about this.

Other risk assessments and care plans were extremely detailed and provided staff with the information they needed to support people in line with their preferences. People and their relatives were involved in developing and reviewing their care plans.

People had the opportunity to provide feedback on the service they received, and the provider had a quality assurance system and completed audits to monitor the quality and safety of the service. Systems and processes were in place to review accidents, incidents, complaints and safeguarding concerns

Rating at last inspection: This was our first inspection of the service.

Why we inspected: This was a planned inspection.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our inspection schedule for services rated Good.

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

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 Torquay

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one adult social care 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. It provides a service to adults with a range of support needs, including people living with dementia and people with a physical disability.

There was no registered manager in post. A new manager had been appointed and started with the service the day before the inspection. We were supported during the inspection by the area manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection: This inspection was announced, which meant the provider was given 24 hours' notice of our inspection visit. This was because the location provides a small domiciliary care service and we needed to be sure that someone would be available to meet with us.

On the 24 April 2019 we visited the office location. On the 25 April 2019 we visited people who used the service in order to obtain their views of the care provided.

What we did: Before the inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within the service. For example, where a person who uses the service has a serious injury.

Before the inspection we contacted the local authority's quality team and Healthwatch and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with four people who used the service and two relatives. We met with the new manager, area manager, care coordinator and carer training practitioner. We spoke with five members of care staff. We spent time looking at written records, which included five people's care records, three staff personnel files and other records relating to the management of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding vulnerable people and could describe actions they would take to report any safeguarding concerns they had. Staff told us they had full confidence the management team who would act on any concerns raised.
- The area manager and management team understood their responsibilities to report any concerns in relation to safeguarding vulnerable adults from abuse. We saw any concerns had been reported to the local authority and the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- People and their relatives had no concerns about their safety. They told us the staff understood their needs and supported them to be safe when providing care. One person said, "I trust them and I feel safe. They are very honest." Another person said, "I have never felt at risk. I've been very impressed by the care I get."
- Care records did not always contain risk assessments or care plans related to people's specific health needs. For example, risk's associated with the management of urinary catheters or people living with diabetes. Other risk assessments were extremely detailed. We discussed this with the area manager who agreed some care plans would benefit from additional information and risk assessment and action was taken to address this during the inspection.
- Staff could tell us about people's physical and health needs and explained how they supported them to be safe, whilst maintaining their independence. We saw this information matched what was recorded in people's risk assessments and care plans.

We recommend that the provider reviews care records to ensure all risks related to people's health care needs have been assessed and plans are in place to mitigate and manage risks.

Staffing and recruitment

- The provider had a system to ensure there were sufficient staff to meet people's needs. Care visits were planned in line with people's requirements, including the number of staff required at each care visit.
- People told us staff usually arrived on time and always stayed the full length of the care visit. People said they were always informed if staff were going to be late and no-one experienced a 'missed' call. People and staff commented they did not feel the care visit was rushed.
- Staff were recruited safely, and processes were in place to ensure staff were suitable to support people who may be vulnerable due to their circumstances. References were obtained for each staff member and a

disclosure and barring service (DBS) check. A DBS check helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with vulnerable people.

Using medicines safely

- The level of support a person required with managing their medicines was recorded in their care plan.
- The provider had medicines policies and procedures, covering all aspects of safe medicines management.
- Staff were expected to sign the person's medication administration record (MAR) to confirm they had given the person their medicines or record a reason why it had been declined.
- MAR charts were audited when they were returned to the office and checked by the senior staff when they were visiting the person at home.
- Staff received training to enable them to administer medicines safely. Staff also had their competency to do so, checked by the management team.

Preventing and controlling infection

- Staff had access to personal protective equipment such as gloves and aprons. Staff frequently popped into the office to pick up additional supplies and told us they always had access to the equipment when they needed it.
- Staff were aware of effective hand washing techniques and any restrictions in place for supporting people with infections or personal care. Staff received training in infection prevention control.

Learning lessons when things go wrong

- There was an open culture to learning from safety concerns. Incidents and accidents were thoroughly analysed and shared for prevention and wider learning. People and relatives told us they did not have to raise any concerns with the service.

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

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 received a full assessment of their needs prior to using the service. Personal choices and preferences were recorded in the assessment and captured in people's care plans.
- Staff knew people's individual preferences, likes and dislikes and routines.

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.

- The service was working within the principles of the MCA. The management team were aware of their responsibilities under the Act.
- The provider had mental capacity assessment documentation for use in the event that there were any concerns about people's capacity to consent to their care or particular decisions.
- The registered manager confirmed no people using the service were currently subject to any restrictions under the Court of Protection.
- Staff had received MCA training and understood the importance of supporting people to make choices and maintain their independence.
- People confirmed staff always asked their views and sought consent before supporting them.

Staff support: induction, training, skills and experience

- People commented positively on the competence and skills of staff. One person told us, "I'm confident they know what they are doing. They are better trained and knowledgeable than I expected. They [Helping Hands] do their own training and the staff go off and do their updates regularly."
- Staff completed a thorough induction prior to starting with the service, and benefitted from a comprehensive on-going training programme. One staff member said, "The induction and training really prepared me for the job. It's the best training I've had and I would definitely recommend it."
- The provider conducted spot checks and observations of staff delivering care, to check on their competence. Any issues about staff competence were addressed by the provider to improve practice.
- Staff received supervision and appraisal.

Supporting people to eat and drink enough to maintain a balanced diet. Supporting people to live healthier lives, access healthcare services and support

- Where it was part of someone's support package, staff provided support with meals and drinks. People told us they were satisfied with the support they received in this area and confirmed they were offered choice.
- Information about people's nutritional needs was recorded in their care plans.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked in partnership with other health and social care professionals to maintain people's health.
- Staff were aware of what action to take if people were unwell, were experiencing a new health concern or had an accident. For example, a relative told us staff alerted them to a new skin rash on their relatives body. This enabled the relative to seek early treatment from the GP and avoid unnecessary discomfort for the person. Another relative was alerted by staff to the persons swollen hand. They told us, "They [staff] are very good at noticing things and they let me know if anything is wrong straight away."
- People's care records contained information about people's medical history, their current needs, and the healthcare professionals to contact should relatives or staff have any concerns about people's deteriorating health.

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

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 told us they were treated with kindness and spoke warmly about staff that supported them. Comments included, "I have been totally impressed with them since the first day they came. They have been absolutely amazing and are all so caring", "They are excellent, so friendly, kind and considerate" and "I haven't found carers better than these, they really are first class." One relative told us, "They are absolutely excellent and [person's name] loves them."
- People received support from regular staff that they knew well. One person confirmed this and commented "I get rota and I know whose coming in. I am fine with it all."
- Staff talked about people in a caring, compassionate, respectful way and showed a good awareness of people's individual needs and preferences. One member of staff said, "I always try to put myself in their position and take people's feelings into consideration. I try to be kind and always smile and be happy."
- People and family members had been given the opportunity to share information about their life history, important relationships, likes, dislikes and preferences. This information was detailed in people's care plans and staff used it to get to know people and engage them in meaningful conversations.
- People confirmed staff spent time talking to them and getting to know them. One relative said, "They are part of the family."
- Staff could describe in detail people's personalities likes and dislikes.
- Staff received equality and diversity training as part of their induction. There was information in people's care files about any needs in relation to protected characteristics of the Equality Act, including those in relation to disability and age.

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

- People were supported to express their views and be involved in making decisions about how they wanted their care and support to be provided and were involved, as much as possible, in developing and reviewing their care plans.
- Telephone calls and home visits were carried out by staff to obtain feedback from people on the quality of service they received. All the comments received from people were positive.

Respecting and promoting people's privacy, dignity and independence

- People felt staff were polite and treated them with dignity. One person commented, "They always encourage me to do things I can do and always treat me with respect."
- Staff gave us examples to demonstrate how they maintained people's dignity when providing them with personal care. This included ensuring curtains were drawn and doors closed, and ensuring people were

appropriately covered when being washed.

- Staff promoted people's independence by adapting their support according to people's skills and wishes. Information about this was available in people's care plans.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People who used the service confirmed staff responded to their requests and provided support in line with their needs and preferences.
- Care plans were person-centred and contained detailed information for staff about the care people needed at each visit including people's likes, dislikes and what was important to the person. For example, one person's care plan contained photographs showing exactly how they liked staff to lay their table each day. This was extremely important to the person and would cause them anxiety and stress if this was not done correctly.
- Care plans contained information about people's communication needs and any sensory impairments. Information sent out by the provider, could be made available in alternative formats should anyone wish for this. For example, for one person who was registered blind, the service had purchased a recording device for the office staff to record the person's rota and the services' newsletters onto, so that the person was kept fully informed and knew what staff were visiting to provide their care. This showed the provider was working to the requirements of the Accessible Information Standard (AIS).
- Staff recorded details of the care they provided at each care visit. These records were reviewed by the management team to check that care was provided in line with people's care plan.
- Care plans were reviewed and updated when people's needs changed.
- Where it was part of someone's support plan, staff supported people to access activities and facilities in the community.

Improving care quality in response to complaints or concerns

- People were supported and encouraged to raise any concerns or complaints.
- People told us they felt able to raise concerns and complaints and felt listened to. One person said, "I've never had a complaint, if I did I would ring and I'm sure they would sort it out."
- Complaints had been recorded and investigated appropriately.
- The area manager told us, and staff and records confirmed, that checks were made at quality review visits to ensure people continued to be satisfied with the care and support they received.

End of life care and support

- Staff supported people to receive dignified, comfortable and pain free care at the end of their life.
- People's end of life care preferences were discussed and information was recorded in people's care plans about their needs and preferences.

- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The provider, management team and staff were committed to provide high quality person-centred care for the people they cared for.
- During our inspection staff reflected a friendly open and transparent culture and told us they were proud of the care they gave to people. This commitment shown by all staff at Helping Hands, had resulted in being nominated for the 'Outstanding Care Awards for Devon and Cornwall'. The Outstanding Care Awards celebrate the most dedicated individuals, providers and suppliers in the care industry.
- People and their relatives felt the management were open and approachable and kept them informed. They told us they were happy with the way the service was managed and would recommend them to others.
- Records of people's care needs were regularly evaluated and updated. This meant staff had access to current information that enabled them to provide person-centred care.
- The provider had a quality assurance system and the management team completed audits to monitor the quality and safety of the service. This included checks of care records and medication records.
- Systems and processes were in place to review accidents, incidents and safeguarding concerns.

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

- The area manager took overall responsibility for the management of the service, as at the time of the inspection, there was no registered manager in post. A new manager had been appointed and started with the service, the day before the inspection. We were told the new manager would be submitting an application to CQC to be the registered manager.
- The service was well-run and well-led and there was an open and transparent culture in the service.
- Staff and managers understood their responsibility to ensure risks were identified and care records indicated how risks were managed. Risks to people's health and well-being were effectively managed through ongoing monitoring and review, and policies in place, such as lone working policies, ensured the welfare of the staff.
- There was a clear staffing structure and staff understood their roles and responsibilities and when to escalate any concerns. Staff told us that the managers were all approachable and supportive. One staff member said, "I think the management are really good and they always sort things out. When a client needs something, the management makes sure that everything is put in place and advice from health professionals is always implemented."
- Staff performance was monitored through spot checks, supervision and appraisal. Similarly, the length

and times of visits was monitored. This ensured staff were allocated the right amount of time for each visit and helped to identify any further resources which might be needed.

- The management team understood their duty to report any issues affecting the service, such as safeguarding concerns or serious incidents to the Care Quality Commission (CQC).

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

- There was an open-door policy at the service whereby the provider encouraged feedback from people, their relatives and staff. One relative told us they often visited the office for a chat and a cup of tea and felt the team supported them as much as their relative who was receiving the care package.
- People were asked to comment on the service they received during their six monthly reviews, spot checks, telephone reviews and six monthly surveys sent out by the provider. The results from the last survey had been analysed and used to compile an action plan to improve the quality of the service.
- The provider produced a newsletter to keep people informed. They also gave people a handbook containing useful information and contacts.
- Staff told us there were regular staff meetings and they communicated well with one another, and felt they were able to raise and discuss issues with the managers. They told us they were encouraged and given opportunities to suggest ideas or voice opinions on how the service operated.

Working in partnership with others

- The provider worked in partnership with other organisations and built links in the community. This included working with health and social care professionals, such as community nurses and occupational therapists.
- Records showed that staff communicated effectively with a range of health care professionals to ensure that people's needs were considered and understood so that they could access the support they needed.