

Midshires Care Limited

# Helping Hands West Bridgford

## Inspection report

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Date of inspection visit:  
16 March 2018

Date of publication:  
10 May 2018

## Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

We carried out an announced inspection of the service on 16 March 2018. Helping Hands West Bridgford is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It currently provides a service to older adults. Not everyone using Helping Hands West Bridgford receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission 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. The current registered manager was due to leave their post soon and a new manager is currently in the process of becoming registered with the CQC. We shall monitor this application.

At the time of the inspection 82 people received some element of support with their personal care. This is the service's second inspection under its current registration. At the previous inspection, the service was rated as 'Good' overall. At this inspection, they maintained that rating. However, the rating for the question, 'Is the service safe?' has changed from Good to Requires Improvement. This was because we had concerns with the way people's medicines were managed.

People told us they were happy with how their medicines were managed. However, we found issues with the way staff recorded when people had or had not taken their medicines and the processes for the administration of 'as needed' medicines. People told us they felt safe when staff supported them. The risks to people's safety were assessed and acted on. More detailed plans for the safe evacuation of people from their homes in an emergency were needed. Staff arrived on time for calls. Robust recruitment processes were in place. Staff understood how to reduce the risk of the spread of infection. Accidents and incidents were investigated and plans were put in place to reduce the risk of them happening again.

People's care was provided in line with current legislation and best practice guidelines. Staff were well trained and understood how to support people effectively. Staff performance was regularly monitored. The risks to people's health because of poor nutrition were assessed and acted on.

Information was available to support the involvement of other health and social care agencies where further support was needed for people. 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 support this practice.

People liked the staff who supported them and they found them to be kind and caring. People were treated with dignity and respect. People felt involved with making decisions about their care. People were encouraged to do as much for themselves as possible. People's diverse needs were respected. People were

provided with the information needed to access an independent advocate.

People's needs were assessed prior to them starting with the service. This enabled the provider to be satisfied that they could meet people's needs. People felt involved with their care and people were treated equally without discrimination. This included ensuring people with communication needs were offered equal opportunities to access records relating to their care. The majority of people felt care staff responded to their complaints well, although some felt office staff could do more to improve the service they received.

The service was led by a caring registered manager who was well liked by people and staff. Staff enjoyed their jobs, they felt appreciated and excellent performance was rewarded. Relatives had been given the opportunity to comment on the quality of the service provided. People who used the service were soon to have their opportunity to give their formal feedback. The provider ensured the registered manager had the support needed to manage the service effectively. Auditing processes were in place and these had identified some of the issues we identified and were being acted on. The registered manager carried out their role in line with their registration with the CQC.

## 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 not consistently safe.

People were happy with how their medicines were managed. However, there were issues with the way staff completed people's medicine records.

People told us they felt safe when staff supported them. The risks to people's safety were assessed and acted on. More detailed plans for the safe evacuation of people from their homes in case of an emergency were needed.

Staff arrived on time for calls. Robust recruitment processes were in place.

Staff understood how to reduce the risk of the spread of infection.

Accidents and incidents were investigated and plans put in place to reduce the risk of them happening again.

**Requires Improvement** ●

### Is the service effective?

The service remains effective.

**Good** ●

### Is the service caring?

The service remains caring.

**Good** ●

### Is the service responsive?

The service remains responsive.

**Good** ●

### Is the service well-led?

The service remains well led.

**Good** ●

# Helping Hands West Bridgford

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 16 March 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because we needed to be sure the registered manager would be available.

Before the inspection, we reviewed information we held about the service, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted Local Authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Inspection site visit activity took place on 16 March 2018. We visited the office location to see the registered manager and office staff and to speak with care staff.

The inspection team consisted of an inspector and two Expert by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They carried out the telephone interviews with people prior to the office-based inspection. They spoke with 28 people who used the service and 11 relatives.

The inspection was informed by feedback from the telephone interviews as well as questionnaires completed by a number of people using service, relatives, staff and community professionals. We sent 150 questionnaires out and received 39 responses. These responses highlighted people received good quality care from kind and caring staff, although some people felt communication with the office-based staff could be improved.

During the inspection, we spoke with four members of the care staff, quality partner, registered manager, the new manager and regional head of home care.

We looked at records relating to six people who used the service as well as three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

We asked the registered manager to send us a copy of their training matrix and various policies and procedures after the inspection. They did this within the requested timeframe.

# Is the service safe?

## Our findings

Where people required the support of staff to manage their medicines, they and their relatives were happy with the way this was provided. One person said, "[Staff] help me to put the tablets in the box and to hold the tablets." A relative said, "They assist [family member] to take them (tablets). They won't leave until they have taken them."

We looked at people's medicine administration records (MAR). These are used to record when people had taken or refused to take their medicine. We noted these had not always been appropriately completed. Whilst some of the MAR had been correctly completed, we noted there were unexplained gaps in some people's records. We raised this with the registered manager. They told us they had recently identified that some staff were not carrying out their role effectively. They told us that all staff will be having their competency to manage people's medicines safely reassessed. Where staff were identified as falling below the required standard they would have to retrain. Records confirmed the registered manager had already commenced this process.

We also noted some medicines that were to be administered on an 'as needed' basis did not always have sufficient guidance for staff to know when to administer these medicines. This could lead to inconsistent administration. Records showed that people had not received their medicines inappropriately. However, the registered manager acknowledged that these protocols were essential to ensure that people continued to receive their medicines safely. They told us they would address this immediately.

People told us they felt safe when staff supported them within their homes. Relatives also felt reassured that their family members' were safe. One person said, "I feel safe when the care staff call." A relative said, "We regularly ask [family member] if they feel uncomfortable or dislikes anyone [staff] but they do not."

All staff spoken with were able to explain how they supported people to remain safe. All staff had received safeguarding adults training. They were aware of the provider's safeguarding policy and knew how to report concerns both internally and to external agencies such as the local authority safeguarding team. The registered manager had a good understanding of their responsibilities to ensure any allegations of abuse were appropriately acted on and reported where needed. Records viewed showed appropriate actions had been taken where needed. This reduced the risk of people experiencing avoidable harm.

The risks to people's safety were assessed and acted on. These included people's ability to manage their medicines and their own personal care. Guidance was provided for staff on how to support people safely, reducing the risk to their welfare. The assessments also took into account people's right to lead their lives as they wished and therefore no unnecessary restrictions were placed on them. We noted that information to help people evacuate their homes in an emergency was quite limited in places. This could pose a risk to their safety. The registered manager told us they would review this and would update people's records accordingly.

People told us that staff normally arrived on time and if they were going to be late then they were notified.

One person said, "They are quite reliable and punctual. I might phone the office after 30 minutes waiting. They will say that the traffic is bad. Usually the carer will let me know." A relative said, "They are very reliable. They always ring me if they are held up in traffic." Over three quarters of the staff who responded to our questionnaire and all of the staff we spoke with told us their calls were planned in a way that meant they were able to arrive on time for their calls. The registered manager told us they reviewed staff arrival times and they were satisfied that everything was done to ensure staff arrived on time. This ensured people received their care when they needed it, reducing the risk to their safety.

Records showed robust recruitment procedures were in place. These included checks on staff member's criminal records, identification and work history. These checks enabled the registered manager to provide people with safe and suitable staff.

People who responded to our questionnaire felt confident that staff did all they could to prevent the spread of infection within their home. One person we spoke with told us staff always wore aprons and gloves when supporting them with their personal care and that reassured them.

The registered manager ensured any accidents or incidents that could have an effect on people's health and wellbeing were appropriately investigated and acted on. They were also provided with support and guidance from a representative of the provider who had the skills and experience to offer solutions where needed. The registered manager told us they ensured if mistakes were identified then they supported staff with learning from them to reduce the risk of reoccurrence. This helped ensure people received safe care and support from staff.



## Is the service effective?

### Our findings

The registered manager ensured people's physical, social and mental health needs were provided in line with current legislation and best practice guidelines. Helpings Hands West Bridgford had access to an internal trainer who, on behalf of the provider, ensured staff training and competence met the required guidelines. Where people had complex health needs, staff could access a clinical specialist team, employed by the provider to offer advice, guidance and training to assist staff in supporting people. This included health needs such as catheter care. This approach ensured staff were able to support people effectively with all aspects of their health and care needs.

The majority of the people and relatives told us they felt staff had the required skills to support them or their family members' effectively. One person told us staff cared for them in the way they wanted them to. A relative said, "The care staff are better than previous agencies that we had used." Records showed staff had completed a wide range of training relevant to their role. This included moving and handling and safeguarding adults. Where people had developed specific health needs, records showed staff had received training to support them. For example, we saw staff had received training on how to safely administer people's eye drops.

Staff felt supported by the registered manager and the provider and felt confident in their role. One staff member said, "I know I have the support I need to do what I need to do. If I'm unsure of anything I can just ask." Staff received regular supervision of their role and checks of their competency. This included unannounced spot checks covering many aspects of the staff member's role. This process contributed to people receiving effective care and support.

People and their relatives told us that when support was provided by staff with preparing and eating meals, this was done effectively. One person said, "They make me bacon sandwiches for breakfast and they treat me with kindness and we have a laugh." A relative said, "[My family member] is given a choice of food and drinks but is always able to say what they want. They [staff] encourage them to eat and drink." Records showed a person required their food to be provided in a soft format. Best practice guidelines had been followed that ensured this was done appropriately. This meant where people had specific needs in relation to their nutritional intake, these had been assessed and plans put in place to support them effectively.

Records showed the registered manager and the care staff were aware of which health and social care agencies to contact to ensure that people continued to receive care and treatment for their current and changing health and social care needs. We saw referrals had been made to dieticians and occupational therapists in good time. People's records contained sufficient information that enabled a smooth transition should they require the input from other health care agencies, such as a stay in hospital. People's records showed that staff also supported some people with attending appointments where needed. This included visits to people's GP and dentist. This ensured people's on-going health needs were managed effectively.

People felt able to make decisions for themselves. They told us staff actively requested their views and acted on them. One person said, "They [staff] always base what they do on things I like." A relative said, "It's all led

by [my family member]. For example, If [family member] doesn't want to have a wash they [staff] don't force them."

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 that they were. We were told that there was currently a provider wide review taking place of how the MCA was applied to ensure a consistent approach across all services within the provider group. The regional head of home care told us protecting people's rights was a fundamental aim of the provider and the review of the application of the MCA would contribute to this.

## Is the service caring?

### Our findings

People and relatives told us they felt the staff were kind and caring. One person said, "This company is exceptional and really care." A relative said, "I've witnessed it. They treat [my family member] with care and consideration."

People enjoyed the company of staff and told us they were treated with dignity and respect. One person said, "They treat me with dignity and are kind." Another person said, "They treat me with respect because I won't stand for it otherwise." A third person said, "I've never had a person who didn't respect me." Staff were able to explain how they supported people to maintain their dignity when they supported them with personal care. One staff member told us they ensured people's privacy was maintained by shutting curtains and bedrooms doors as well as using towels to cover people. This approach was confirmed by one person who said, "They treat me with dignity and respect and cover me with towels when I am being washed."

Some people told us they had a consistent team of staff who attended their home. They told us this made them feel reassured and confident that staff understood their care and support needs. However, some people did say there were occasions when new staff were not always introduced to them prior to attending, which meant they had to explain how they wanted their care to be provided. We raised this with the registered manager. They told us the normal process would be for new members of staff to 'shadow' staff members for people who they would be supporting. They also told us the office staff tried to ensure that people were always notified if a new member of staff was attending their home. They acknowledged that this did not always take place and this process would be reviewed to improve the experience for all people.

Staff had a good awareness of how to support people living with dementia. They were able to explain how they communicated effectively with them and how they gave people the opportunity to contribute to decisions about their day to day care. One staff member said, "Dementia should not be a barrier to people receiving good quality care. I try every day to engage with all people and treat them all equally." Records showed staff had received 'Dementia Awareness' training and this contributed to people being treated equally, without discrimination.

The majority of the people who responded to our questionnaire told us they felt involved with making decisions about their care. Others who we spoke with agreed. Many people we spoke with had seen their care records and had contributed to them. A small number of people we spoke with told us they were unaware if they had a care plan. The registered manager told us the care plans were discussed with all people and their relatives where appropriate to agree their content. They were then reviewed quarterly within the first year and then at least annually after this. The records for the people we looked at during this inspection confirmed this. Where people were unable to contribute to decisions about their care and they did not have appointed representative to speak on their behalf, details of advocacy services were provided. This enabled people to have access to independent people to speak for them when important decisions were made about their care needs.

All of the people who responded to our questionnaire told us staff encouraged independence, supporting

them to do as much for themselves as possible. People and relatives we spoke with agreed. A relative said, "They maintain [my family member's] independence. They can choose their own clothes. They will not touch them. They let them do it for themselves." Another relative told us that as a result of the support of staff, "[My family member] is more confident than they were."

People's care records were treated respectfully within the service's office. Records were stored electronically and access to these records could only be gained via password. Where paper records were in place, these were stored safely in locked areas to prevent unauthorised people from accessing them. The registered manager explained how they ensured all records were managed in line with the Data Protection Act.

## Is the service responsive?

### Our findings

Assessments were carried out prior to people receiving care from this service. The assessments we viewed were thorough and ensured that where people had complex needs that needed specific support from staff, this could be provided. People and their relatives were involved with the process that ensured all were in agreement prior to the care commencing. We saw where people were able to sign their care records they had done so to show they have agreed to care and the support they would be receiving.

80% of the people who responded to our questionnaire told us they were involved with decisions relating to their care. A person we spoke with said, "I am always involved with (decisions about) my care needs." People's care records were reviewed to ensure they were up to date and reflective of people's current health needs. Where changes were needed, these were completed during a regular review process. Some people told us a member of the office based staff had come to see them at their home to discuss their on-going care needs. Others told us this had occurred on the phone. A small number of people told us they would welcome more regular reviews of their care to ensure their needs were being met appropriately. The registered manager told us they were confident that all people were given the opportunity to contribute but would review their processes to ensure this continued.

People's care records were person centred. They contained detailed information about their likes, dislikes and personal preferences. This included the support they wanted with their personal care. One person said, "They [staff] complete all tasks that are requested and needed and always ask me what I would like to eat and drink. They present my meals and drinks well." 81% of the people who used the service and 100% of the relatives who responded to our questionnaire, told us staff completed all tasks as required. The staff we spoke with were knowledgeable about people's needs. When we asked them questions about people's specific health needs, or their personal preferences and choices, they spoke confidently and knowledgeably about how they supported them. They were also able to refer to people's personal life history and they told us they used this information when supporting people. This ensured people received personalised care and support that met their needs.

People's religious and cultural needs were discussed with them prior to starting with the service. The registered manager told us that although currently people did not have specific needs that could place them at risk of discrimination, they would ensure that if people required support in the future, this would be provided. This meant people were not discriminated against.

The registered manager had a good understanding of the Accessible Information Standard (AIS). The AIS requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. We noted provider's service user guide was available in large print, braille and alternative languages should people require it. This contributed to people being treated fairly, equally and without discrimination.

People told us they knew how to make a complaint. When these complaints had been reported to care staff, 79% of people felt their complaints were acted on appropriately. This number dropped to 55% when

complaints were reported to office staff. Some people felt office staff responded quickly to minor concerns they raised however others felt there was sometimes a delay in getting a response. We raised this with the registered manager who assured us they took people's concerns seriously and would remind staff of the need to respond appropriately to all concerns or complaints, whether reported informally or formally. We looked at the log of formal complaints made. We found these had all been responded to appropriately and in line with the provider's complaints policy.

## Is the service well-led?

### Our findings

A registered manager was present during the inspection. 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.

The registered manager was aware of their responsibilities to inform the CQC of any notifiable events such as a serious injury or allegation of abuse. We were notified during the inspection that a new manager was working with the registered manager with a view to taking over the role soon. At the time of the inspection they were undergoing their training. They told us they felt confident that they had been given the support they needed to carry out their new role successfully. The current registered manager assured us they would continue to support the new manager until they were confident they could take over the role. This reduced the impact of the change on people and staff.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on both the provider's website and their office.

The staff we spoke with and who responded to our questionnaire told us they found the registered manager to be approachable and listened to what they had to say. Staff enjoyed their jobs. They felt supported and valued and they had the opportunities to build a career at the service. We spoke with staff who had recently successfully been promoted and they were currently receiving the training they needed to carry out their new role. Excellent staff performance was rewarded with 'Carer of the month' awards. The provider also recognised high quality performance and Helping Hands West Bridgford won the 'Branch of the year' award for 2017. This helped ensure staff were motivated to provide high quality care for people.

Many of the people we spoke with told us they had met or had spoken with the registered manager. The comments we received were largely positive. One person described her as "nice". Another said, "She is quite nice on the phone – quite caring."

People and relatives felt they or their family member's received good quality care and support. 95% of the people and 71% of the relatives who responded to our questionnaire told us they would recommend this service to others. These figures dropped slightly when we spoke with people during the telephone interviews. People told us the main area for improvement was communication with the office based staff. Some told us this had improved recently, however others felt there was still more that needed to be done. People felt able to contribute to the development of the service and would welcome a formal annual questionnaire to give their views. We were told a survey had recently been sent out to people's relatives with a questionnaire for people who use the service soon to follow. The registered manager told us the information would be used to identify any areas for improvement and development.

The registered manager was supported in their role by a variety of personnel who worked on behalf of the provider. These included a 'quality partner', area manager and regional head of homecare. The quality partner and head of homecare were present during the inspection. They explained how they and other colleagues supported the registered manager, this included training for staff and guidance on how to act on specific incidents. The registered manager told us they welcomed this support and they felt it contributed to the successful running of the service.

Quality assurance systems were in place. The registered manager told us this helped them to improve the performance of staff with the ultimate aim of improving the quality of service people received. The systems were effective in identifying some of the issues identified during this inspection and they were already being acted on. The main example being the reassessment of staff competency to administer medicines safely.