Midshires Care Limited

Helping Hands Warrington

Inspection report

Arpley House
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09 April 2019

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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 Warrington is a domiciliary care agency. It provides personal care to people living in their own houses in the community. Not everyone using the service receives a 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. At the time of the inspection, it was providing a service to 44 people.

People's experience of using this service and what we found:
Consideration into people's mental capacity was dealt with appropriately and the service acted consistent with legislation.
Staff were recruited safely.
The provider had arrangements to check and audit systems.
People were protected against avoidable harm, abuse, neglect and discrimination. The care they received was safe.
People's likes, preferences and dislikes were assessed and care packages met people's desired expectations.
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's care was person-centred. Care was designed to ensure people's independence was encouraged and maintained.
People and their relatives were involved in the care planning and review of their care.
The service had a stable management structure. The registered manager and provider had implemented systems to ensure they continuously measured the safety of people's care and quality of the service.
People had a say in how the service was operated and managed through meetings, surveys and reviews.

Rating at last inspection: The service has not been inspected previously.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure that people receive safe, high quality care and re-inspect based on the overall rating. We may inspect sooner if we receive information of concern.

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?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-led findings below.

Helping Hands Warrington

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. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of one inspector and an 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:
We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection:
Our inspection process commenced and concluded on 9 April 2019. It included visiting the service's office and telephoning people who used the service and their relatives. At the visit to the office location we saw the registered manager, provider's representative, care staff and office staff. We also reviewed care records and policies and procedures. We telephoned five people who used the service and four relatives during the inspection.

What we did before the inspection:
Our inspection was informed by evidence we already held about the service. We also checked for feedback

we received from members of the public and the local authority. We also checked records held by Companies House.

Our plan took into account information the provider sent us since the last inspection. We also considered information about matters the provider must notify us about, such as events involving injury. We obtained information from the local authority commissioners and safeguarding team and other professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection, we spoke with five people who used the service and four relatives. We spoke with the registered manager, a provider's representative, three senior staff who were based in the office and three care workers.

We reviewed five people's care records, five staff recruitment and personnel files, staff training documents and other records about the management of the service.

After the inspection we continued to seek clarification from the provider to corroborate evidence found. We looked at training data and quality assurance records. We spoke with one professional who visits a person who used the service.

Good

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
• People were protected from the risks of harm, abuse and discrimination. People and their relatives told us they felt safe using the service. One person said, "Staff are trustworthy and are aware of safety issues."
• In records of one example of a safety incident we looked at, we saw that the service acted quickly to prevent a person being harmed.
• The service had a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff. We saw good examples of where the service had done this to alert the authorities of concerns.
• Staff and management had a good understanding of their responsibilities. Staff completed safeguarding training to provide them with knowledge of abuse and neglect. One member of staff said, "If I could, I would immediately deal with the concerns then report to the manager."
• Staff completed safeguarding training to provide them with knowledge of abuse and neglect.
• The registered manager was able to describe the actions they had taken when incidents had occurred which included reporting to the Care Quality Commission and the local authority.

Assessing risk, safety monitoring and management
• The service managed risks to people's safety. People's care files included risk assessments based on their support needs. Risk assessments covered areas such as the home environment, moving and handling, smoking, medicines, falls, behaviours, cognition, communication, mobility, nutrition, continence and medicines.
• Staff were aware of people's risks and knew how to support people in a safe way, whilst maintaining their freedom.
• The provider had a comprehensive contingency plan in place to safely maintain the business and continuation of support to people in the event of an emergency.

Staffing and recruitment
• The provider had safe recruitment systems and processes. However, in one of the five files we considered, we found that there was insufficient consideration towards a person's history. All other checks such as criminal records and identity checks had taken place and were documented. This issue was corrected during the inspection.
• We received positive responses from people in relation to staffing levels. Staffing rotas supported that there were enough staff available to manage and support people's needs. Staff told us there were sufficient staffing levels and their shifts were covered when they were on sick and annual leave.
• Staff at the office monitored a computerised system that showed when staff visited a person's home. Where staff may have been running late because of traffic problems or because they were held up at a previous visit, office staff contacted people to let them know.

Using medicines safely

• People's medicines were administered safely. The service had a medicines policy in place which covered the recording and administration of medicines.

• Records showed staff were up to date with medicines training. Staff shadowed an experienced staff member and then were supervised with giving medicines. The registered manager or senior staff carried out checks of staff competency with medicines. This ensured they remained safe to continue to administer medicines.

• Where people were supported with medicines, they had a medication administration record (MAR). These were accurately completed and showed that people received medicines as prescribed. MAR records were returned to the office and regularly checked.

Preventing and controlling infection

• People were protected against the risk of infection. Staff were trained in the control and prevention of infection and food hygiene.

• Staff told us that they helped people to keep their homes clean and tidy. People told us that staff wore personal protection equipment.

Learning lessons when things go wrong

• The provider had systems in place to learn lessons when things went wrong and make improvements. Staff recorded incidents and these were reviewed by the registered manager.

• The registered manager followed systems to share lessons learnt following incidents and complaints. We noted these were discussed in meetings and supervision sessions.

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.

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
• The service gathered as much information as possible about a person before a new care package commenced to ensure the service could meet their needs effectively. This included an assessment included an assessment of people's needs and information from health care professionals.
• Staff carried out regular reviews of people's support needs and incorporated people's views and, where appropriate, those of their relatives.
• Staff knew people's preferences, likes and dislikes. Information within care records included meal choices, and personal hygiene routines.

Staff support: induction, training, skills and experience
• The service had a robust system in relation to the induction, training and supervision of staff. Staff we spoke with confirmed they had an induction and received regular supervision and appraisals.
• Staff were well trained. We saw records showed staff had access to a number of courses including, safeguarding, first aid, end of life care, moving and handling, medicines, and dementia awareness.
• Staff said they had to qualify in external qualifications in health and social care. One staff member said, "We are all encouraged and supported to complete our qualifications."

Supporting people to eat and drink enough to maintain a balanced diet
• If it was part of the agreed package of care and support, staff supported people with their dietary needs. One person's relative told us, "Staff prepare breakfast and lunch for my relative and it is part of the support package." Care files contained a good level of information about how to support people with their individual dietary requirements.

Staff working with other agencies to provide consistent, effective, timely care
• Staff took timely action when people required the use of different services. We noted there was regular contact with district/community nurses and GPs.
• Records we looked at showed the service supported people to access other healthcare services such as chiropodists and dentists.

Supporting people to live healthier lives, access healthcare services and support
• Staff were aware of what action to take if people were unwell or had an accident. We noted in one case, a member of staff had recently raised concerns to the ambulance service and had received praise from the person's family and ambulance staff.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment with appropriate legal authority. When people are using services in the community, the Court of Protection has to agree to any restrictions on people's liberty.

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

• Staff followed processes to gain consent to care and support people. Most people who used the service had capacity to make their own decisions. However, in one case there should have been concerns raised around a person's capacity and inability to consent to supervision by staff. In this example, we noted that the assessment did not deal with these concerns but this was addressed during the inspection.
• MCA training was included as part of the induction so staff had an understanding of the legislation. The registered manager and senior staff understood their responsibilities in relation to this legislation.

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.

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
• The service ensured that people were well treated. One person said, "They are caring, kind and friendly people." One person's relative said, "The staff the office send are kind and considerate." People also told us staff at the office, including the registered manager, were easy to get on with and approachable.
• Staff we spoke with told us they felt they knew people well. This included their likes and dislikes, hobbies and interests. Care records contained information about people's histories and backgrounds.
• Care records showed how best to communicate with people who may have some form of disability that limited communication.
• The provider had a comprehensive equality and diversity policy which was covered during staff induction and available to staff at the office.

Supporting people to express their views and be involved in making decisions about their care
• People were supported to express their view and make decisions about their care. One person told us, "The service is really good and I'm involved in aspects of my care and support plan." All of the relatives we spoke with said they had been involved in developing their relative's care plan.
• People were able to choose how support was delivered to them. Care records directed staff to give people choices when supporting them. They also highlighted areas where people may require extra support when, for example, their relatives were on holiday.
• People had access to advocacy services. The service 'signposted' people to these services. Advocacy seeks to ensure people are able to have their voice heard on issues that were important to them. This often happens when people's relatives are unavailable.

Respecting and promoting people's privacy, dignity and independence
• Staff were able to describe how they promoted people's privacy and dignity. For example, they told us they respected people's dignity when providing personal care or when they had to speak confidentially to someone. One person said, "Staff always protect my dignity and I don't feel rushed or anything when they are here."
• Confidential information was stored securely and only authorised staff had access to sensitive material and records.

Good

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
• Care planning was person-centred and dealt with people as individuals with support arrangement to suit people's needs and requirements. All of the people we spoke with said they understood and had access to their care plan and had been involved in it and any reviews.
• Some people were supported by the service to access the community. One person's relative said, "My relative has a disability and needs support in the community and they regularly take them out into town and shopping."
• We looked at how technology was used in the service. Staff at the office monitored a computerised system to assist in supporting people in a timely way. We noted that the service was to introduce an enhanced system of monitoring in Summer of 2019. This would assist care and management staff to ensure that people were supported completely by allowing full access to information as it happened.

Meeting people's communication needs
From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.
• Reasonable adjustments were made, where appropriate, and the service identified, recorded and met people's information and communication needs, as required by this 'standard'. This included providing important documentation in accessible formats including easy to read.

Improving care quality in response to complaints or concerns
• People and their relatives knew how to feedback about their experiences or make complaints; they felt these would be listened to and acted upon in an open and transparent way. One person said, "I know how to complain but I've never had to. I'm sure I'd be taken seriously and the matter would be sorted out."
• The provider had a complaints policy and procedure to guide management and staff. Records we looked at showed the service had received one complaint in the past 12 months. This had been acknowledged, investigated and responded to, consistent with the provider's policy. We noted that a staff meeting was held to discuss learning from the incident.

End of life care and support
• The registered manager said the service had a policy and systems to support people with end of life care that incorporated extensive involvement with family members and local GP's. At the time of the inspection, no one was being supported at the end of their life.
• Some staff had completed training in end of life care and support.

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.

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 service demonstrated a commitment to provide a person-centred and high-quality care approach by engaging with people, their relatives and health care professionals.
• All of the people and relatives we spoke with told us they had regular communication with the office, staff were accessible and they knew who the registered manager and senior staff were. People told us staff arrived on time and provided support for the right amount of time. This was monitored by staff at head office.
• Records relating to the care and support of people who used the service were accurate, up to date and complete. Policies and procedures were available to support staff in care delivery.
• The service had a policy and an understanding of their responsibility of duty of candour. Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology.
• The registered manager said, "We are open, acknowledge any errors and do our best to sort them out quickly."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The registered manager and staff members understood their roles, and the importance of quality performance and support and risks assessment requirements. One member of staff said, "We are well-led and know our roles and responsibilities."
• Notifications the registered manager and provider were obliged to make such as those alleging abuse, had been made to the CQC and local authority.
• There was an on-call system that provided support to people and staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The service engaged with people who received support and staff. All the people and relatives we spoke with told us management staff were approachable.
• Staff members we spoke with were complementary about the registered manager, provider's representative and support they received from office staff. Records we looked at showed that regular staff

meetings were being held.
• There were recruitment and retention incentives for staff including employee of the month and year awards.
• The service had received a number compliments from people and relatives about the service and individual staff members. One person said, "I think it is an excellent company and I would recommend it. Staff are always willing to do whatever they can for me."

Continuous learning and improving care
• The service had quality assurance processes and systems to monitor and improve the service. We noted that the registered manager discussed with staff areas of improvement at team meetings.
• Annual surveys were sent out to people who used the service and its staff. We noted that the results from the 2018 survey were positive about the care and support people received.
• During inspection, we saw the registered manager and senior staff encouraged feedback from people and relatives when speaking with them on the telephone. The registered manager said they always acted on feedback to continuously improve the service.
• There were plans to continue improvements within the service and we noted that this was discussed at meetings with staff. For example, the provider's representative said that meetings would be held with staff around implementation of the advanced monitoring system referred to in the 'Responsive' section of this report.

Working in partnership with others
• The service worked in partnership with key organisations to support care provision and service development. For example, the registered manager told us the service had worked with local health services. This included work with district/community nurses to ensure 'joined-up' care. A member of staff said, "At the moment I am working closely with the nurses to ensure that my client's condition improves."