Midshires Care Limited

Helping Hands Manchester Bolton

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

This was an announced comprehensive inspection which took place on 4 and 6 July 2018. This was the first inspection since the service was registered with Care Quality Commission (CQC).

This service is a domiciliary care agency. It provides the regulated activity personal care to people living in their own houses and flats in the community. It provides a service to older adults.

Not everyone being supported by Helping Hands receives a regulated activity; CQC only inspects the 'personal care' service being received by people; which includes help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there were 34 people using the service who were receiving support with personal care.

The service is required to have a registered manager in place. 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 service had a registered manager. The registered manager was newly registered with CQC, they had worked for the service for some time so knew people well. We found them to be caring and committed to providing a good quality person centred service. Other managers and staff we spoke with during our inspection shared their values and commitment.

Everyone we spoke with was positive about the registered manager, the service and the way the company was run. Staff we spoke with told us, "I love it. Its structured and well organised."

There was a safe system of recruitment in place which helped protect people who used the service from unsuitable staff. Staff were receiving training and regular supervision sessions and appraisal. This meant that staff were being appropriately guided and supported to fulfil their job roles effectively.

Medicines were managed safely and people received their medicines as prescribed.

Staff were aware of how to protect people from harm. Risks to people who used the service and staff were assessed. Guidance was given to staff on how to minimise those risks.

Suitable arrangements were in place to help ensure people's health and nutritional needs were met. Staff were aware of infection control procedures.

Detailed assessments of people's support needs were carried out before people started to use the service. Care records developed from these were very person centred and included what was important to and for the person, including their routines, interests and preferences. People were supported in their own homes and to access community activities.

Care and support provided was reviewed regularly and people and those important to them were involved in the reviews.

People were consulted about the care provided and staff always sought their consent before providing support. The requirements of the Mental Capacity Act (MCA) 2005 were being met.

Care visits were well organised and people told us visits were very rarely late or missed. People told us they usually had regular staff.

People told us staff were nice and caring. Staff knew people well and demonstrated to us they enjoyed the work they did and took pride in supporting people well. All the staff we spoke with placed great importance of maintaining and promoting people's independence.

There were robust systems in place to audit and monitor the quality of the service provided. Staff and people's views on the service and the company were sought.

Staff good practice was recognised and encouraged. Staff felt valued.

The service had notified CQC of any accidents, serious incidents, and safeguarding allegations as they are required to do.

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.

People felt safe and staff were aware of how to keep people safe. Risks to people were assessed and mitigated.

There was a safe system of staff recruitment in place. There were sufficient staff to provide the support people needed.

Medicines were managed safely. There were policies and procedures in place and staff had received training in administering medicines.

Is the service effective?

Good

The service was effective.

Staff received regular training, with a training facility situated in the main office. Staff were appropriately supported in their roles and their performance was monitored by management.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). People's rights and choices were respected.

Care visits were well organised and people were usually supported by staff they knew well.

Is the service caring?

Good

The service was caring.

People told us staff were nice and caring and treated them with dignity and respect.

Staff knew people well and demonstrated to us they enjoyed the work they did and took pride in supporting people well.

People were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

Care records were very person centred and identified what was important to and for them and how the person wanted their support provided.

The support provided was reviewed regularly, people and those who were important to them were involved in those reviews.

There was a suitable complaints procedure for people to voice their concerns.

Is the service well-led?

Good

The service was well-led.

The registered manager was committed to providing good quality care. The service was well run and well organised.

There were robust systems in place to assess, monitor and improve the quality and safety of the service.

Staff good practice was recognised and encouraged. Staff felt valued.

Helping Hands Manchester Bolton

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 was planned to check 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 inspection took place on 4 and 6 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that a manager would be available. We visited the office location to review care records and policies and procedures.
The inspection team comprised of two adult social care inspectors on the first day and one adult social care inspector on the second.

Prior to the inspection we reviewed information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. The provider had also completed the Provider Information Return (PIR) as required and returned this to CQC. The PIR provides key information about the service, what the service does well and the improvements the provider plan to make. We used the information to guide our inspection. We also asked the local authority and Healthwatch Bury for their views on the service. They raised no concerns.

During this inspection, with their permission, we visited one person who used the service in their own home and had telephone discussions with four people who used the service and one relative about their views of the service and the quality of the support they received. In addition, we spoke with the registered manager, the regional head of home care, the field care supervisor, the care coordinator and five care staff.

We looked at four people's care records, a range of documents relating to how the service was managed including medication records, three staff personnel files, staff training records, duty rotas, policies and

procedures and quality assurance audits.

Good

Is the service safe?

Our findings

People told us they felt safe using Helping Hands Manchester/ Bolton. One person said, "I've never had any reason to be concerned."

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. We found there were policies and procedures for safeguarding people from harm. These provided staff with guidance on identifying and responding to signs and allegations of abuse. The service had a whistleblowing policy. Posters displayed throughout the office also advertised the providers whistleblowing hotline, which could be used by staff at any time to raise concerns confidentially. This included the statement; 'If you see something, say something.' Staff we spoke with knew how to report any safeguarding concerns and were confident managers of the service would deal appropriately with any issues they raised. Staff we spoke with and training records we reviewed showed staff had received training in safeguarding people from abuse.

We found there was a safe system of staff recruitment in place. We reviewed three staff personnel files. We noted that all the staff personnel files contained an application form where any gaps in employment could be investigated. The staff files we looked at contained at least two appropriate written references and copies of documents to confirm the identity of the person, including a photograph. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help ensure people are protected from the risk of unsuitable staff being employed.

We saw the service had policies and procedures to guide managers and staff on staff recruitment, equal opportunities, sickness and disciplinary matters. These processes helped staff to know and understand what was expected of them in their roles.

We looked to see if there were safe systems in place for managing people's medicines. People told us that they were supported safely with their medication. We found that people received their medicines as prescribed and saw that medicines were stored and managed safely.

We found medicines management policies and procedures were in place. These gave guidance to staff about the storage, administration and disposal of medicines. The training matrix and records we saw showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines regularly checked.

Care records we saw included an assessment of any support people needed with their medicines. This included details of who was responsible for ordering the medicine.

We looked at five peoples Medicines Administration Records (MAR). We saw they were fully completed. We saw that when people required creams, body maps were used to identify the area of the body that these should be applied.

Managers of the service had systems in place to audit that people were receiving their medicines and that records were being kept accurately. Records showed that if errors were made by staff such as missed signatures, action was taken. We saw this included investigation, updates in supervisions and team meeting and checks relating to staff competencies in administering medicines.

The Regional head of Home Care told us that they planned to introduce electronic MAR sheets. They told us this would improve the accuracy of information inputted and reduce the risk of MAR being inaccurately completed as any missed medicines would be immediately flagged to the registered manager by the system.

We looked at the care records of four people who used the service who had different care and support needs. We saw that risk management plans were in place to guide staff on the action to take to mitigate the identified risks. Consideration to peoples' preferences and choices was given and how these risks could be managed as safely as possible. Risk assessments were person centred and included; personal care, oral hygiene, dressing, continence, pressure sores, risk of infection, nutrition and fluids.

When looking at peoples' care records we saw that where people required support with moving and handling these risks had been full assessed. These were very detailed about what a person could and could not do to enable staff to promote peoples' independence. We could see that details of the equipment being used, such as hoists were kept within a person's file, together with information about the maintenance of this equipment and who was responsible for this.

We saw that environmental risk assessments for hazards in people's homes were also completed. These were detailed and specific to the individual. These included, security, carpets/mats, lighting, temperature, plumbing, stairs, smoke alarms and chemicals such as cleaning fluids used within the home. These risk assessments help to minimise risks to people and those providing support so that people were kept safe.

We looked to see what arrangements were in place in the event of an emergency that could affect the provision of care and how risks were managed. A business continuity plan was in place to ensure peoples individual care needs would continue to be met in unforeseen circumstances. This guided staff on the action to take in the event of a serious incident that could stop the service, such as loss of communications, internet, gas or electric. We saw the provider had systems in place to link different branches so that they could link or 'buddy' and help each other if a situation arose.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. Records we looked at showed that accidents and incidents were recorded. The record included a description of the incident and any injury and action taken by staff or managers. We found that managers of the service kept an electronic log of all accidents and incidents to enable them to look for patterns and reduce help reduce future incidents. This log was also reviewed weekly by managers at head office.

The offices were modern, well-furnished and were on the ground floor. Checks and maintenance were completed for the safety of the building including fire alarms and electrical equipment such as computers.

We saw that consideration was given to people's safety and security and care plans reflected how people who used the service liked to have their property entered and secured at the end of a visit. During our visit to a person who used the service, we observed how staff did this in practice. Where necessary a key safe was in place. This is where keys are kept in a secure locked box outside the person's home and can only be accessed by people with the code. This was confirmed by people and staff we spoke with.

The service had an infection control policy; this gave staff guidance on preventing, detecting and controlling the spread of infection; this included hand washing, the use of personal protective equipment (PPE) including disposable gloves and aprons. Staff told us PPE was always available and people who used the service said that where needed it was always used.

Good

Is the service effective?

Our findings

People told us staff provided them with the support they needed. People who used the service we spoke with told us, "They always turn up on time" and "Our quality of life has improved with them. It's going very well."

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The 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 when this is in their best interests and legally authorised under the MCA. However, people cared for in their own homes are not usually subject to Deprivation of Liberty Safeguards (DoLS).

Care records we looked at contained evidence the service had identified whether a person could consent to their care and support. We saw that the records considered issues of people's mental capacity and obtaining consent to receive care and support. People we spoke with also confirmed staff sought their consent when supporting them.

Records we reviewed showed that staff had received training in MCA and DoLS. All the staff we spoke with during the inspection demonstrated their understanding of the principles of this legislation and the need to gain consent from people before they provided any care.

Before people started to use the service an assessment of their needs was completed by a manager of the service. We saw these included information about people's support needs and health conditions. There were details about people's life histories including interests and hobbies and activities they would like to try. We saw that part of the assessment identified peoples preferred methods of communication. The assessment identified what was important to and for the person, the support people required and how the service planned to provide it. We saw that the assessments were very detailed and were used to develop person centred care plans and risk assessments. This meant that peoples full care needs were considered when tailoring the support package and staff had this information and knowledge to ensure appropriate levels of support and care.

The service had booklets that could be given out to people as part of the assessment. These detailed the sort of support that the service could provide around specific illness or support needs. These included Parkinson's, multiple sclerosis, motor neurone disease. All these leaflets were available in larger print or alternative languages. We saw where other specific communication needs were identified, the service provided information in alternative formats such as easy read.
We looked to see if staff received the induction, training, supervisions and support they needed to carry out their roles effectively.

Staff we spoke with and records we reviewed showed that staff received an induction when they started to work for the service. The registered manager told us that all new staff whether new to care work or not received an induction to the service which was in line with the 'Care Standards Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care. This included training, an introduction to the service, working alongside an experienced member of staff and information about the individual staff member's role and responsibility.

We found that staff were supported to attend a range of mandatory training including; medicines management, person centred care, communication, fluids and nutrition, moving and handling, dementia awareness, first aid and basic life support and health and safety.

Records showed that staff's knowledge and competencies were assessed following the training. This ensured that staff had a good understanding of the training they had attended and how this applied to the support they offered to people and were competent to deliver care.

There was a training room at the office and we saw that lots of relevant information was displayed on the walls as a reminder for staff. The manager told us that staff could request one to one refresher on training to support good practice and improve staffs' confidence in practical areas of care work. Staff spoke very positively about the training they received. They told us, "The support and training are good" and "If you're not sure about something, you can go into the office for a refresher."

We could see that the training room was well resourced and a variety of information leaflets were available to staff. The provider had a training team who delivered face to face training and the field care advisor had started delivering some of the in-house training and was able to tell us how they planned training to be interactive and interesting.

Records we saw showed that staff had regular individual supervisions and an annual appraisal. Supervision is important as it provides the opportunity for staff to review their performance, set priorities and objectives in line with the service's objectives and identifies training and continual development needs. Staff we spoke with told us they were very well supported. They said, "They [managers] are amazing. I never knew you could get so much support from an employer."

We discussed staffing arrangements with the registered manager, staff and people who used the service. The registered manager told us that wherever possible staff were organised in geographical area teams. They said this helped to reduce travelling times and helped to ensure consistency of support as people had the same staff supporting them regularly. The service used an electronic system to plan visits. This calculated how long the travel time between visits would be for staff and this time was included when staff rotas were being planned. The system also alerted staff in the office if a planned visit was more than 15 minutes late. Everyone we spoke with told us that calls were rarely missed and that carers usually arrived at the time they were expected.

Staff were given mobile phones for their safety and to ensure they had access to the information they needed. The mobile phone also used global positioning satellites (GPS) which allowed the registered manager to see where staff were. If they were running late office staff could the person who used the service.

Out of hours 'on-call' support was available for people who used the service and staff in the event of an emergency or issue arising. Staff were also given a credit card sized card which had emergency contact telephone numbers on including out of hours contacts. People who used the service and staff we spoke with

told us they could always contact a manager if they needed to. One staff member said, "I call them very often. They always help."

We looked to see if people were supported to maintain a healthy diet. Staff we spoke with and records we looked at showed that staff received training in providing nutritional support. People lived in their own homes or with family support and could eat what they wanted. We saw that peoples care records reflected the support they required in relation to eating and drinking. For example, one person required staff to support them with eating due to mobility difficulties. Their care plan reflected this and the need for staff to gain consent when supporting this person with eating. Records we looked at showed that, where needed, a nutritional risk assessment was completed for the person who used the service. We saw that training had recently been provided to staff about helping to promote good nutrition and hydration. Information had been given to staff about the impact on people of inadequate hydration. It also detailed what signs and symptoms staff should look for and how they could support people to improve their fluid intake.

Care records contained information about people's health needs and showed that people had access to a range of health care professionals including general practitioners (GPs) and district nurses. Care plans we saw showed that people's health needs had been considered. Staff told us that they worked closely with other agencies such as GP's, occupational therapists, district nurses and mental health practitioners. One staff member described to us how during one of their visits the person who used the service had complained of pain. The staff member had contacted the persons GP and arranged a home visit.

Good

Is the service caring?

Our findings

People who used the service and their relatives to us staff were caring and nice. People told us, "They are really, really caring. Other agencies take on staff that are not committed to the job. But whoever takes these [staff] on is doing a good job" and "I like their [staff] companionship." Other people said, "[Staff] are always very nice", "They are nice, no doubt" and "I'm very glad to have the service, that someone cares."

We observed that the service considered peoples' wellbeing. During our inspection we saw that staff had contacted a person's G.P. as they had concerns about a pressure sore that was not showing signs of improvement. We observed that the office team were caring and supportive to people during telephone conversations and saw how the registered manager was responsive to requests for changes in people's support plans.

We saw that consideration was given to people's preference regarding their choice of carer and people told us they were generally supported by the same carers. The registered manager told us that when someone started to use the service they were shown profiles of the staff that would be supporting them. We saw these profiles contained a photograph of the staff member. They also gave information about the staff member including why they chose to work for Helping Hands and what their experience, qualifications and interests were.

Staff we spoke with knew the people they supported well and spoke about them in respectful and affectionate terms. Staff demonstrated to us they enjoyed the work they did and took pride in supporting people well. Staff told us, "I love the role", "People are getting a good standard of care", "We have time to spend with people, and their families too" and "It's great. The people [who used the service] are really nice. It's very rewarding, they appreciate you. The customers all have positive things to say [about the service]."

People told us that staff treated them with dignity and respect. We saw that care records reflected this. For example, one person's care records said, 'My privacy is important, I'm uncomfortable sharing personal information with people.' This helped staff to be informed on how best to support people. One staff member said, "It's about earning peoples trust. You are in their homes."

There was evidence that staff knew the people they were supporting well and could identify when a person was feeling unwell and acted to ensure that person was receiving sufficient nutrition and fluids. This included going shopping to get the food a person wanted when it was not available in the house.

The registered manager told us they placed great importance on maintaining and promoting people's independence and choice. Care records detailed what people could do for themselves and how staff could help to maintain and promote people's independence. Daily records also reflected that people's independence was being actively promoted by carers. Staff we spoke with told us, "We are helping them to carry on in their own homes. You can't just go in and take over" and "You have to encourage people to keep doing it for themselves."

Care records included information about peoples religious and cultural needs. They also detailed if people required support to practise their religion.

We saw staff had received information about handling confidential information and on keeping people's personal information safe. All care records that were in the office were stored securely to maintain people's confidentiality.

Good

Is the service responsive?

Our findings

People we spoke with told us that staff were responsive to their needs. People said, "[Staff] do whatever they are asked", "They are excellent, brilliant", "They are very helpful in the house. They will do anything you want" and "I usually tell them what to do. They do whatever I ask."

We looked at four peoples care records. Care records we reviewed were person centred and included support plans and risk assessments detailing information about medical conditions, nutrition, moving and handling, personal care, nutrition and hydration and activities.

We saw that care records had very specific details relating to every support need and how this should be done according to the preference of the person being supported. We saw there was information about what and who is important to the person receiving support. One person's plan referred to managing their pets to ensure that they were not a trip hazard whilst the person was receiving support.

We found records included information about people's life history. This would help staff understand a person's life story, interests and preferences. Care records included ideas for staff to explore with people, such as community based activities and things people wanted to achieve. Sections in the care records included, 'what is most important to me'. One said staff should cut the persons toast into six squares. Others said, 'I would like to stay at home for as long as I can and to be as independent as possible.' Another said 'I am a very good eater. Carers are to sit with me and ensure I have eaten my meals. If carers don't sit with me, I may get distracted and walk away from the table. This can mean I forget about the food and don't eat'.

Records demonstrated that oral hygiene was considered and promoted and where specific needs were, for example the management of dentures, this information was detailed to enable staff to support appropriately.

Records we saw showed that the person and people that were important to them had been involved in developing the support plans and risk assessments. This information was then reflected in the support provided. Records clearly identified the support to be given at each visit and how this should be done. This would help staff to provide a level of support appropriate to the individual's needs.

There was evidence within peoples records that their care and support needs had been reviewed and updated. People told us they, and people who were important to them, were always involved in reviews of their support. The registered manager told us that each week they telephone one person who used the service to ask them how their support was working for them.

Care records we reviewed included detailed daily logs of care and support provided. these contained detailed information about the care and support provided.

The service supported some people to access activities and their local community. The service had recently held a cupcake day to raise money for the Alzheimer's society and a 'magazine swap' was planned for the

coming weeks. These events helped people to meet up socially.

The provider ran a 'dementia hotline' which was available for both staff and people and their families to access when they had concerns about issues such as changes in behaviour for a person living with dementia.

People told us that they were given choices and staff always asked them how they wanted support provided. One person told us, "They bring two or three options out [for lunch and dinner]". During the inspection we saw that people were offered choice by staff regarding what they would like to eat and drink and we saw this was reflected in peoples care plans and in their daily records.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our review of records and discussion with the managers, staff, people who used the service demonstrated that discrimination was not a feature of the service. We saw that staff received training in equality, diversity and human rights and the service had an equality and human rights policy and procedure. This gave staff information on the risks to people's human rights in health and social care provision.

We looked to see how the service dealt with complaints. We found the service had a policy and procedure which told people how they could complain and what the service would do about their complaint. It also gave contact details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with. Records we saw showed that there was a system for recording complaints and concerns. This included a record of responses made and any action taken.

The registered manager told us there had been no complaints this year. People who used the service told us they could raise any concerns and would be able to make a complaint if they had one. One person said, "If anything disgruntled me I would tell them." We saw that people had information about how to make a complaint within their records at home.

The service had a policy and procedure detailing how the service would ensure people's wishes about their care was respected if they were at the end of their lives. This would help staff understand how they could best support people and ensure peoples end of life wishes were respected. Care records included information about peoples wishes for their end of life care.

Good

Is the service well-led?

Our findings

People who used the service were complimentary about how it was managed. One person said, "They are really very professional."

The service is required to have a registered manager in place. 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 service had a registered manager. The registered manager was newly registered with CQC. They had worked for the service for some time so knew people well. A person who used the service said of the registered manager, "She is good she listens to what you say."

Staff were positive about the registered manager and told us, "She puts time aside to talk to you", "She's lovely", "She supports me. She's a really good manager." Others said, "[Registered manager] is so supportive and the most patient person", "[Registered manager] pulls you to the side politely and privately if you have done something wrong" and "She is really good, really helpful, absolutely great."

The registered manager was undertaking additional training in leadership and management, through a nationally recognised organisation. During the inspection we spent time with the registered manager. We found them to be caring and passionately committed to providing a high standard of person centred care. Posters in the office showed that the values the organisation promoted were; focus on people, listening and understanding, excellence every time and building on success. The registered manager and all the staff we spoke with during our inspection shared these values and the registered managers commitment. One staff member said, "We want people to have a quality service."

Staff were positive about the overall management of the service. They said, "It's so organised and professional", "I love it. Its structured and well organised", "They [managers] are all so kind." Others said of working for the company, "The company are great. We all get along", "They are good people", "I love it. When I came for my interview I knew straight away. I got the best feeling. I can't praise them enough" and "I feel so lucky, I want to thank them for having me [at helping hands]. I have never worked for such a good company." Staff told us that when they started to work for the company they received a personal welcome text message from one of the owners of the company. They told us this made them feel welcomed and valued.

Compliment cards we saw from people who had used the service and their relatives said, 'Carers are a credit to the company and [person who used the service] couldn't ask for better care', '[Person who used the service] is really happy with the services Helping Hands are providing. [person] is really impressed with the amount of detail carers are writing in the log book'.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their

services. This ensures the service provides people with a good service and are meeting appropriate quality standards and legal obligations. We found there were robust systems of weekly, monthly and annual quality assurance check and audits in place. These were completed by managers of the service and senior managers who worked for the provider. The included medicines administration, safeguarding, care records, accidents and incidents, supervisions and training.

We could see that audits were undertaken with people's care records. Consideration was given to best practice, such as using black ink, managing errors and not leaving gaps in notes. This helped the service assure themselves that information was accurately recorded at the time.

Information gathered from all the audits was put onto the main computer system. This was then also reviewed every week by senior managers. This allowed senior management to have oversight and flag issues to the registered manager when they were concerned. It also alerted head office if any calls were missed, staff from head office would then contact the branch to find out why this had happened. The provider also gathered the same information from all their branches so that they could look for themes or patterns throughout their branches.

The registered manager told us that where issues or concerns had arisen they held 'fact finding' meetings with staff. These were one to one meetings with staff. Records we saw showed these included a summary of what had happened, and what action had been taken. One we saw showed that a staff member had not followed correct procedures when administering medicines. The records were detailed and included action that would be taken to prevent future errors. Staff we spoke with told us these meetings were positive, supportive and helped them to improve their practice.

We saw 'direct observations' were completed regularly. These were 'spot checks' used to assess and monitor the performance and support provided by staff. Records we saw showed these spot checks were very detailed and included; punctuality, medicines management, record keeping and nutritional support.

The regional head of home care told us that various meetings were held both for branch managers and regional and national teams. These were used to promote good practice and address any 'hot spots' or areas of concern.

Records we reviewed showed that staff meetings were held every month. There were also monthly newsletters which provided with updates regarding the service and other useful information. We saw that there was a box in the training room for staff to post any concerns, issues or ideas anonymously. The registered manager told us this had not yet been used but planned to encourage staff to begin using this to allow them to influence how services could be improved.

The service had a 'carer of the month' award which was used to recognise good practice. Examples we saw included one which said the staff member; 'Is very supportive towards her co-workers'. We saw that staff were also sent 'Wow, we think you're amazing cards'. This was to recognise good practice or to thank staff. One we saw said, 'We are delighted your part of the team'.

The regional head of home care told us there were annual ball with also included values awards. We saw these recognised staff who had 'gone that extra mile' and had exhibited the values of the organisation. The provider also held national conferences which promoted good practice and information sharing for all the 'Helping Hands' locations nationally.

Records we saw showed the provider regularly consulted with staff and people who used the service on their

experiences of working for or using heling hands. We saw people were sent response to the findings of the surveys. We saw that one completed nationally by people who used the service had identified that 99.5% of people felt that staff protected them from harm, 99% felt that staff respected and maintained their dignity and 98% felt staff met their needs. We saw that where people had identified areas that needing improving a 'You said we did' section informed people of the action the company had taken.

The registered manager told us that they wanted to develop links with the community. We saw they linked with improvement and support groups. The information was shared and we could see evidence of how this was promoted with carers, for example there were posters about the 'Herbert protocol' for people living with dementia displayed within the office. This is a national scheme which encourages gathering of useful information about a person that can be used to help find them if a vulnerable person goes missing. The registered manager also told us that the Bury Carers forum had come to speak with staff at a team meeting to promote the work they did. This meant that staff had a clear view of this service and could promote it with the people and their families when relevant to reduce isolation.

We saw that the service had a range of policies and procedures in place. The policies we looked at included infection control, medicines administration, complaints, the Mental Capacity Act 2005, safeguarding adults and whistleblowing. These provide information and guidance to staff about the provider expectations and good practise.

We saw there was a service user handbook and statement of purpose. These documents gave people who used the service the details of the services provided by Helping Hands Manchester Bolton. These also explained the service's aims, values, objectives and services provided. We saw that service agreements were in place for each individual and reflected the care and support that was being provided. This made clear for the person, relatives and significant others, as well as staff members who was responsible and for what. These documents helped to ensure people knew what to expect when they used this service.

Before our inspection we checked the records we held about the service. The service had notified CQC of incidents and events they are required to. Notifications enable us to see if appropriate action has been taken by the service to ensure people have been kept safe.