

Midshires Care Limited

# Helping Hands Maldon

## 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

Helping Hands Maldon is a domiciliary care agency providing personal care to younger and older people with a physical and sensory disability, people with a learning disability and autistic people, and those with dementia living in their own homes. At the time of our inspection there were 14 people receiving a regulated activity.

Not everyone who used the service received a regulated activity. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People's support was planned and delivered in a way that ensured people's safety and welfare. Assessments of people's needs, and associated risks had been considered in the care planning process.

There were enough staff to meet people's needs. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed.

There were systems in place to ensure people were safeguarded from harm. People were protected as infection control processes were in place. The provider had learnt lessons from incidents to improve the service. People's medicines were given by staff who had received training to do so.

The registered manager enabled staff to develop their skills to provide good quality care. People were supported with meals and drinks to maintain their well-being. Staff worked well with people, their families and professionals to enable people to live as well as possible in their own homes.

People's care was personalised around their needs and preferences. Staff reviewed and adapted support as people's needs changed. End of life care was discussed as part of the assessment.

The registered manager had systems in place to monitor the service, measure outcomes for people and make improvements where needed. Staff felt well supported by the provider and involved in the development of the service.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

#### Right Care:

Care was person-centred and promoted people's dignity, privacy and human rights.

#### Right Culture:

The ethos, values, attitudes and behaviours of the registered manager and care staff ensured people using services could lead confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 17 May 2022 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Helping Hands Maldon

## 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. We checked 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 2 inspectors 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

Helping Hands Maldon is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed information in advance and to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 July 2023 and ended on 2 August 2023. We visited the location's office/service on 13 July 2023. The Expert by Experience made phone calls to people and relatives on the 13 July 2023.

#### What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people and 5 relatives who used the service about their experience of the care provided. We spoke with 5 members of staff including the registered manager, care and training practitioner, care coordinator and care staff and had email information from 1 care staff.

We viewed a range of records. This included 2 people's care records and risk assessments. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service were viewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training on how to safeguard people.
- There were policies in place for staff to follow when raising safeguarding concerns. The registered manager knew how to notify the local authority and CQC when concerns arose.
- People and relatives told us they felt safe using the service. Comments included, "I am fully trusting that [relative] is in good hands." And, "Once we had an incident where [relative] fell just before the staff arrived so they stayed until medical help was available. Helping Hands offered to stay all afternoon if need be and I really can't ask for more."
- The registered manager had worked with the local authority to investigate safeguarding concerns and worked with them to keep people safe.

Assessing risk, safety monitoring and management

- Risk assessments and care plans were person centred and provided guidance to staff on how best to support people.
- People were supported to live as independently as possible. Risk assessments helped to mitigate the risks to people by identifying how best to provide support.
- Risks associated with people's personal care, eating and drinking, mobility, pressure care and continence needs were clear and up to date to ensure people had the care they needed to stay safe.
- Environmental risks had been explored and recorded to enable people to be safe at home and staff to provide the required care and support.
- The registered manager had a plan in place to monitor people's care, staff wellbeing and the service as a whole to ensure it was managed well for the safety of everyone using it.
- People told us staff arrived on time and they had not missed a call. They knew who would be visiting them and if there were any changes, they were informed. A family member said, "I now get a rota which helps. It's important we know who's coming and what time."

Staffing and recruitment

- People were supported by a regular staff team who worked on a rota basis. People told us they saw the same staff and had got to know them. A family member said, "The same member of staff is here unless one goes on holiday with advance notice, we understand it can't possibly be the same one every day so have a regular few that [relative] is familiar with."
- The registered manager told us they had a good team of staff who were consistent and knowledgeable. A staff member told us, "It is a good place to work, the rotas are organised well, and good support is provided to us in order to do our job."

- Appropriate checks were in place before staff started work which included references, identification and a Disclosure and Barring Service (DBS) check. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received their medicines safely. Staff had been trained in how to administer medicines and had their competency to do so regularly checked.
- Where people were supported with medicines, this was clearly recorded in their care plan along with any risk assessments needed.
- People told us about the support they received with their medicines. A person said, "Staff are always so nice; they explain my medicines to me, but I do it myself." A family member told us, "I'll leave [relative's] medicines ready and instructions on the table that the staff follow."

#### Preventing and controlling infection

- Staff had received training in infection prevention control and knew how to support people safely in their own homes.
- The registered manager had systems in place to safely manage infections or infectious disease outbreaks should these happen.
- Staff informed us they had adequate supplies of personal protection equipment (PPE) should they need these. A staff member told us, "We have plenty of PPE and I am very aware of making sure I wear it, to protect people I care for."

#### Learning lessons when things go wrong

- The registered manager had systems in place to learn from safeguards, accidents, and incidents. The registered manager told us they had a system in place to enable them to identify any themes and to deal with them quickly.
- Lessons learned were shared with staff during team meetings and supervision to increase knowledge and awareness to improve the service for everyone.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service to ensure they could be met. People were involved in all aspects of their care planning and chose how they wished to be supported.
- The service delivered care and support in line with good practice standards and the registered manager was able to utilise resources to ensure they kept aware of current guidance.
- People's protected characteristics under the Equality Act 2010 such as age, gender, sexual orientation, ethnicity and religion were recorded to ensure support and care was specific to their needs.

Staff support: induction, training, skills and experience

- New staff had a full induction to the service. Learning was provided through a mixture of e-learning and face to face training, staff worked shadow shifts to get to know the people they would be supporting. A staff member told us, "We have time to read the care plan before we visit anyone new and are also given person specific training where required."
- Staff had the opportunity to complete specialist training such as continence care and end of life care. Staff also completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff had regular meetings and supervision, where they could discuss any training or support needs, they may require.
- Staff felt supported by the registered manager and staff team. A staff member said, "I definitely am supported, can contact the office any time and feel they have given me the skills to care for people."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people with their meals and drinks as required.
- People's preferences and choices around their meals, food and drinks were recorded so staff were aware of their wishes and any support required.

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

- Any need for professional input was recorded and referrals were made as appropriate. A family member told us, "Whenever there's been a problem the district nurse has been called out by staff and I'm contacted if there's something urgent that I should know of."
- Staff were available to support people to attend any health appointments such as GPs, dentists, and opticians if required.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff had received training on MCA and understood about gaining consent from people when undertaking any tasks. Staff encouraged people to make their own decisions and helped them with offering choices in their day to day life.
- People's capacity to make decisions for themselves were recorded. People or their representatives signed their consent to their plan of care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives were very positive about the level of support they received from staff. A person told us, "Yes, Helping Hands Maldon work well with me. Staff are very good; I can't speak highly enough of them. Anything I want I just ask." Another person said, "Staff help me up in the morning and put me to bed and do anything else I want within reason. There's never been a time when I've been unhappy with the care. Staff are always so nice." A family member said, "[Relative] has one member of staff per visit. it's always female as requested. We have no communication problems, things are very good, we are confident, at ease and content with the situation."

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

- People's care plans were person centred and support was tailored to meet their needs.
- Staff knew people well and how they liked to be supported.
- People and their relatives were involved in discussing their care arrangements. They felt listened to and able to raise concerns. A family member said, "Once [relative] didn't click with a staff member, although they were good at their job. Helping Hands were able to change this after listening to [relatives] views. They were very good at doing this without making anyone uncomfortable."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. A person said, "I am well treated and the staff who come are brilliant, and I'm pleased with the overall service of Helping Hands." A family member told us, "Staff are so respectful when they come to our home. They are very kind and caring and support [relative] in a very dignified way."
- Staff supported people to maintain their independence. A person told us, "Staff are always so nice; they explain my medicines to me, but I do it myself." Another person said, "I feel they've got my best interest at heart and I'm very happy with the support and encouragement I get from everyone."
- Staff spoke about people in a very respectful caring way. A staff member told us, "One person I go to I fully involve them in everything I do when I am there and they go with me from one room to the other, such as making the bed, or tidying up. We do things together."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Before people started using the service a full assessment of their care needs was completed to see if they could be met by the service.
- Care plans were person centred and provided staff with all the information they needed to support people. This included understanding people's physical, sensory, and mental health needs and ways of communicating those needs. The daily notes about visits to people were written in a clear respectful way.
- Peoples preferences and wishes were recorded which included the gender of staff they wanted and what they liked to be called. A person told us, "It's a very pleasant experience being with the company."
- People were involved in their care and relatives told us the service was responsive and adaptable should they need it to be. A family member said, "I like the fact they are so flexible, and nothing is too much trouble to change if needed."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of the AIS requirements. They told us that people's communication needs were assessed and addressed at the start of the service, such as any eyesight, hearing or language difficulties people had. Should a person's first language not be English they would seek support from families to assist with putting together picture cards for example. Also, they would support staff to learn polite terms like please, thank you, good morning in their language to break down barriers.
- Information could be provided if needed in different written formats so people were able to access this in a way they could understand.

Improving care quality in response to complaints or concerns

- The provider had a policy in place to address and deal with complaints. Complaints were responded to in a timely way. People and their relatives told us they were confident to raise any concerns they may have. A family member said, "We have no complaints, I contact any of the management team if I have any queries or any urgent matters." Another told us, "I'd definitely be okay raising a concern as I want [relative] to be comfortable."

#### End of life care and support

- There was nobody actively being supported with end of life care at the time of the inspection.
- We saw in people's care plans that people's wishes had been discussed and recorded. This included any arrangements if the person had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in the event of a cardiac arrest.
- Staff were trained in providing end of life care should anyone need it.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us they were happy with the support they received, and this enabled them to live at home. A person told us, "They are very lovely staff, open and friendly and very encouraging." A relative said, "We have team reviews from time to time and I know that Helping Hands will do their best to support us. I can also email or text message everyone to keep them updated, and if I want a quick response."
- The providers values were promoted by the registered manager who was a good role model. They and the staff displayed loyalty, compassion and dignity when talking about the service and the people they cared for. A staff member said, "Being a caring person, it is part of who I am, so caring for people comes naturally, it's not hard."
- The provider had systems in place to support the wellbeing of the staff and recognise talent. The registered manager told us, "Helping Hands as a company recognised good work through our 'Moments of Kindness' scheme. This has enabled staff, people and their relatives to nominate an employee who have gone above and beyond to receive this award."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- A clear management structure was in place and staff and the management team followed their defined role and responsibilities.
- Staff received regular individual supervision to discuss their personal and professional development. Staff meetings were arranged at different times to enable as many staff to attend as possible. We saw a range of topics were discussed and actions taken.
- The provider had policy and procedures in place for staff to follow to meet regulatory requirements.
- The registered manager understood their responsibility under duty of candour to be open and honest and investigate when things went wrong.
- Quality assurance systems worked well. Audits of quality and safety, spot checks, care plan reviews and staff management were all completed to ensure people received high quality care.

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

- The management team engaged with people to ensure they had a say about their care and support. A person said in their care plan review, "Contact with the office is good, staff are really professional and always

dealt with well. They phone a lot to see if things are okay."

- Staff were involved in developing the service through suggestions, discussions, and ways to make the service more efficient. One staff member said, "The management team have been great in adjusting my rota so I can work flexibly. This means I can be 100% committed."
- The provider sent out surveys to people, relatives, and staff to gain an insight on the care being provided and levels of satisfaction. Newsletters to people, their families and staff were informative and promoted the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager had systems in place to audit care being provided and to maintain oversight of the service. Lessons learnt included reflection on incidents and concerns and how to ensure they did not happen again.
- Staff were supported with training and development to help their career progression and develop the skills they needed to support people.
- The service worked in partnership with other professionals to ensure people received joined up care.