

Midshires Care Limited

Helping Hands Ramsgate

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Helping Hands Ramsgate is a domiciliary care agency providing personal care and support to older people over 65 in their own homes. The service was supporting 10 people at the time of the inspection who received personal care.

Not everyone who used the service received personal care. 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 were protected from the risk of abuse and were supported to stay safe in line with their needs. People received regular visits and were supported by consistent, safely recruited and suitable staff. People were supported with their medicines safely. The registered manager reviewed any incidents to learn from these.

People received care from skilled staff to meet their individual needs. People were supported to access any health care they needed, and staff worked with other health professionals to ensure their needs were met. Where required people were supported with meal preparation and ensuring they ate and drank enough.

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.

Feedback from people and relatives confirmed that staff were caring and treated people with dignity and respect. Peoples independence was promoted to enable them to remain living in their own home. People and their loved ones were involved with their care and their privacy was respected.

People received care which was person centred and met all their needs. Staff knew people well and had the time to sit and chat to them. People were able to raise any concerns they had, and the registered manager was responsive to these. People's wishes for their end of life were known.

People received a safe, quality service as there was good management which included checks to ensure this. There was an open and caring culture in the service and the providers values were promoted. Staff were engaged with the service and well supported to provide effective care to people. The registered manager sought feedback to look at how they could make improvements and worked with others to enable this.

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

Rating at last inspection

This service was registered with us on 25 February 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 Ramsgate

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 Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 February 2020 and ended on 5 February 2020. We visited the office location on 5 February 2020.

What we did before the inspection

We reviewed information we had received about the service since it registered. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, care co-ordinator and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 for 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

- Systems and policies were in place to protect people from abuse and avoidable harm. One person said, "I feel completely safe." Relatives told us they felt their loved ones were safe with the staff supporting them.
- Staff had received training in this area and were confident the registered manager would listen and act upon any concerns quickly. Staff understood their responsibilities to safeguard people, were aware of the signs of abuse and knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The provider and registered manager promoted an open culture to encourage staff to raise any concerns. They were aware of local safeguarding policies and procedures and the need to notify CQC of any concerns.

Assessing risk, safety monitoring and management

- Individual and environmental risks to people were identified, assessed and managed safely. Risk assessments were used to provide guidance to staff how to reduce the risks to people. For example, ensuring people using incontinence pads were changed regularly to prevent irritated skin. Relatives told us how staff responded appropriately to risk. For example, when a person had a fall, the carer immediately assessed, called an ambulance and their office and let their relative know.
- Risk assessments were in place to ensure any equipment was used safely and staff confirmed they received training around this, for example how to lift someone safely using a hoist.
- Emergency evacuation plans were included in people's care plans to provide guidance on the support people needed in these circumstances.

Staffing and recruitment

- Staff were recruited safely, and all the appropriate pre-employment checks were completed by the provider to protect people from the employment of unsuitable staff. These included two references, a full employment history and Disclosure and Barring Service (DBS) background checks for all staff. DBS checks help employers to make safer recruitment decisions.
- One person and relatives told us staff arrived for their scheduled visits and they didn't feel rushed. They also told us they were always informed if their carer was running late. One relative said, "We have never been let down by them." The registered manager monitored for missed visits and late calls and could confirm there had not been any missed visits. There was also a system to monitor this out of office hours.
- There were enough staff to keep people safe and meet their needs. Care packages were assessed, and the registered manager had ensured these continued to meet people's needs through regular review. Rotas evidenced enough staff were deployed to meet people's needs and an electronic system was used to ensure all hours were covered. People were supported by a consistent staff team and there was no use of agency staff. Where any cover was needed senior staff including the care training practitioner and care co-ordinator would help. One relative said, "They try their best to keep staff regular so (person) gets used to staff."

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed. Staff received training to administer medicines and their competency was checked regularly.
- Written protocols were in place for 'as required' medicines to ensure staff knew when people needed these medicines. Body maps were used for people who had topical medicines to ensure these were administered correctly.
- Monthly medicines audits were completed to ensure people received their medicines safely. Lessons were learnt from any medicines errors and appropriate action taken to prevent any reoccurrence. For example, one person had missed their medicines on one occasion as they were asleep, and it was important these medicines were taken regularly. The registered manager had therefore met with the staff member involved to reflect on their practice. They also ensured all staff knew they would need to wake the person to ensure these medicines were taken to prevent any future reoccurrence.

Preventing and controlling infection

- Staff had received training in food hygiene and infection control and could tell us what they did to prevent and control infection, such as wearing gloves and aprons.
- Personal protective equipment (PPE) was made available for all staff.

Learning lessons when things go wrong

- Accidents and incidents were recorded, monitored and action taken to prevent a reoccurrence. For example, around medicines errors and falls.
- Staff knew the process for reporting incidents and accidents and what to do in the event of an incident such as a fall or someone becoming unwell. Relatives told us they were informed of any incidents or concerns.
- The registered manager had logged incidents to identify any learning. Lessons were clearly learnt as care plans had been reviewed and appropriate action taken.

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 fully assessed and looked at their planned care and agreed outcomes so staff could support them effectively. One person told us, "The manager met with me for my first appointment, discussed what my needs were and what I would like the service to be like."
- Care plans offered clear guidance for staff how to support people in line with their needs. For example, personal care plans included guidance around what people can do themselves and what they need support with. Such as the person can wash them self and only need assistance in areas they can't reach.
- People's protected characteristics under the Equality Act 2010 were identified as part of their needs assessments. This included people's needs in relation to their culture, religion and gender identity. Staff completed training in equality and diversity and the registered manager was committed to ensuring people's equality and diversity needs were met.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled. All staff had received a full induction to the service which included training in all areas, such as medicines, safeguarding, first aid and moving and handling. Staff competency was assessed and recorded before they worked on their own. New staff shadowed care training practitioners before providing care. Staff told us their induction was good.
- All staff were up to date with their training, supervisions and direct observations and this was monitored by the registered manager. All staff were required to complete the Care Certificate. This is a nationally recognised training program to ensure that new care staff know how to care for people in the right way. Staff were encouraged by the registered manager to access additional training to continually develop their knowledge and skills. Staff were given the opportunity for further training once they had completed their care certificate.
- Additional training was identified for people's individual needs. For example, one person's needs around their dementia had increased and therefore staff had identified a need for more in-depth training on dementia. The registered manager supported this.
- Staff told us they were supported by the registered manager and received regular supervision and competency checks. One staff said, "Supervision is good, time to sit down on a one to one and raise concerns if you have any, it puts you in the position where you can share more."

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

- Where required staff would prepare meals for people. Staff ensured people's dietary needs and preferences were met and they were given choice. Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance for these. For example, one person with diabetes

had clear information about this for staff in their risk assessment.

- People's care plans highlighted when people needed encouragement to drink enough, for example to prevent urine infections. One person told us they were encouraged to drink more water.

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

- Care plans provided clear guidance for staff for all people's healthcare needs. Where people had a specific health condition for example, diabetes, there was additional information provided for staff.
- People were supported to maintain good health and were referred to appropriate health professionals as required. For example, GPs, and occupational therapists. One relative told us how their loved one was supported whilst in hospital. They said, "When going into hospital, the manager usually speaks to me to talk about the situation. The manager goes in when (loved one) has been in hospital to make sure they are getting what they need.
- People's health and wellbeing was monitored to promote early prevention and positive outcomes. For example, where people were prone to urine infections, they were monitored. One relative told us staff would identify infections straight away and if they had any concerns they would contact the office for advice. One person said, "They (staff) can tell if I'm feeling unwell. They say what's wrong with you? They know how to approach me."

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 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.

- People were asked to consent to their care and care plans had been signed. No-one was being deprived of their liberty.
- People had mental capacity assessments completed which followed the principles of the MCA, for example they involved those important to them and decisions were made in people's best interest. Best interest decisions were recorded in detail and included the advantages and disadvantages of the decision.
- Staff were aware of the principles of the MCA and clear guidance was provided to staff within people's care records. There was information around MCA for staff in the office.
- Where people had a Lasting Power of Attorney (LPA) in place this was recorded in people's care records. An LPA is a legal document that lets the person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. The registered manager had checked with the office of the public guardian where they had been told an LPA was held.

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

- Staff were kind and caring with people. One person told us, "I trust all the girls, we have a laugh, they know me. I have a very good relationship with them, such lovely communication. They are amazing." They also told us how their carers brought them little treats and wouldn't accept payment from them.
- Relatives also told us staff were caring. Comments included, "I can't fault them, they are very friendly and sociable. They take the time to sit and talk with (loved one)."; "They make the time to have a chat with (person), who likes talking about past times, they seem caring and engaging." And, "The ladies are very kind, very patient, (carer) is lovely with (loved one), they engage with a smile, and a happy voice."
- Staff were given the time they needed to spend time just chatting with people. One person told us, "We sit and chat and laugh, talk about the news, I'm very into history and tell them about the wars. I tell them a thing or two." One staff said, "I have a small number of clients, I do feel like we build up really good relationships. I have a good amount of time to see people and talk to them and we get to know each other."
- Staff respected people's rights to equality and diversity. For example, we discussed with staff how they would support people with their sexuality or gender identity. One staff said, "I wouldn't think anything of it, it's about being open, kind and understanding. I would encourage them and make it obvious that it wasn't a problem."

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

- People were involved in the care they received on a day to day basis by the carers supporting them. For example, one relative said "If (loved one) says to them (carers) no, I don't want to go to bed, they help (loved one) get ready for bed, they don't make (loved one) get in to bed." The care co-ordinator involved people and where appropriate relatives in their care plans. One relative said, "We had an initial meeting, and a follow up meeting and then yearly reviews to discuss the care plan, discuss medication, there have been some changes along the line."
- Staff showed a good understanding of people's needs and preferences and people's care plans included details which helped new staff learn about how people expressed their needs. One staff described how they promoted choice for one person. They said, "(Name of person) knows what clothes they want to wear, they know what colours they like. So, I say, do you want to put your dressing gown on? What pyjamas? Not these? Then I get another pair. I don't want to presume, it's their choice."
- The registered manager and care co-ordinator regularly and consistently sought people's views on the quality of the care they received. They checked people knew how to make a complaint and that the service was meeting all their needs.
- No-one was using advocacy services at the time of our inspection. However, the registered manager informed us they would support people to access advocacy services if needed. Advocacy services offer

trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- People's confidentiality was supported and information about people was held securely.
- Staff respected people's privacy and told us how they upheld their dignity when providing personal care. One staff told us, "I draw the curtains, shut the door, cover body parts and explain what I am doing, I ask permission to do things."
- People were encouraged to maintain their independence where possible. One relative said, "They (staff) encourage (loved one) to put their shoes on, just needs help with clothes, and order of clothes, they put cream on (loved one's) face and (loved one) can rub it in." One staff said, "Promoting people's independence is about encouragement and prompting as opposed to doing it for them. Give them the flannel, say this is for your armpits and they do it themselves, encourage them and offer support if they can't do it. Ask them would you like me to help you or show you?"

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

- People's care was person centred and planned to meet their needs. People were given choice and control over their care. Staff listened to people and promoted choice. One staff told us, "I always ask, I never presume, what do you want to wear? What do you want to eat? Do you want to get up now or later? I give people as much choice as possible? I ask even if there are routines and even though I know, it's their right and things change."
- Peoples likes, and dislikes and daily routines were recorded within their care plans to ensure staff supported them in the way they liked. Staff knew people's needs well. For example, one staff described how they supported one person living with dementia when they became anxious. Staff said, "(Name of person) likes to talk about holidays and what music they like. We put Elvis on to make them more cheerful, we play music in the shower. Usually when they get most anxious with their dementia, they lose focus, so we mention bits of the song and it calms them down."
- The provider had a clear review process to ensure people received the care they needed. This started as soon as the care package was provided and included a four-week, three month and six-month care review. People's care plans were updated to reflect their changing needs and staff were informed of any changes to people's care. People's relatives were involved in person centred reviews and information was shared about people's care appropriately to promote positive outcomes for people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were known and understood by staff. For example, where people had any hearing or sight loss. Information was shared with people in formats which met their communication needs.

Improving care quality in response to complaints or concerns

- There had not been any complaints about the service. One person, relatives and staff all told us they would feel comfortable raising any concerns with the manager.
- Relatives told us any concerns they had were resolved. One relative said, "I feel if things aren't right for my (loved one), I ring the manager and speak to them. Morning calls varied, I had a word with the manager because it started to get too late. They come now between 9 and 10 o'clock and they are there for an hour in the morning. They do listen to me, they looked in to it, rearranged a few things so they are coming earlier. Timing is better, now when I look through the report book. Another relative said, "I text the manager if there

are any problems. They always call if we need them to, they seem responsive, it seems to work.

End of life care and support

- The service was not supporting people at the end of their life at the time of the inspection. People's wishes and arrangements for the end of their life were recorded in detail and included their spiritual needs. Therefore, staff had the guidance they needed to support people in line with their wishes.
- Where people had chosen, they had a Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) order in their care records. This helps to ensure a person's death is dignified and peaceful.

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

- The registered manager promoted a caring culture which had led to person centred and high-quality care for people. This was supported by the providers vision and values. These values were the starting point for new staff induction and included 'the granny test'. This taught staff to stop and think if their granny would approve of their actions. This empowered staff to focus on the needs of people and to raise any issues that prevented this. The registered manager told us, "It is a very human company. I was at head office recently and the chief executive made me a coffee!"
- One person, relatives and staff were all positive about the registered manager and said they were supportive and approachable. One staff said about the registered manager, "(Name) is interactive, and on top of things, (name) knows what they are talking about, you trust what they say, they know what to do." There was a positive and friendly atmosphere in the office and all staff seemed happy and relaxed.

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

- There was an open and transparent culture within the service. The registered manager understood their responsibilities in respect of the duty of candour and had informed the relevant people of any incidents or accidents. The registered manager had been open with staff and people about any issues within the service since they started. The registered manager had an 'open door' policy. People, relatives and staff knew the registered manager and told us they could talk to the registered manager when they wanted.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The governance framework had ensured the delivery of high quality and safe care. Risks had been identified and managed to mitigate the risks. The registered manager worked closely with the staff to monitor the care provided and completed spot checks. Staff were knowledgeable in their roles.
- Quality assurance systems, such as audits and checks were used effectively. For instance, audits were completed on care plans, daily records, complaints, staff supervisions and training compliance. Actions were identified as a result and used to make improvements. For example, care plan audits had identified the need to ensure only black ink was used in records.
- Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The registered manager clearly understood their role and responsibilities and had met all their regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and those important to them were engaged with the service. The registered manager and staff team had clearly built up positive relationships with people and their families. The registered manager and provider sought regular feedback and all reviews were positive. Newsletters were given to people. The registered manager had planned to hold coffee mornings in the future for people and their relatives. The staff team worked in partnership with other agencies to ensure people's needs were met in a timely way. For example, people's district nurses and occupational therapists.
- Team meetings were held to share information. There was good formal and informal communication between the registered manager and staff team. The registered manager did a weekly email to staff to ensure they were kept up to date. These helped to set the culture of the service as they were personable and thanked staff for their work. The provider valued their staff and showed this through carer of the month awards.
- The service had a presence in the local community as its office was in the centre of the town. The registered manager planned to develop more links with the local community through sharing the use of their training room.
- The registered manager engaged with other agencies involved in the development of health and social care. For example, they were involved with Kent integrated care alliance which is an independent body supporting local care providers. The registered manager met regularly with other registered managers from the providers service to network and share good practice guidance.