

Midshires Care Limited

# Helping Hands Newport Pagnell

## Inspection report

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Tel: 01908049329

Date of inspection visit:  
22 January 2020  
24 January 2020

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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 Newport Pagnell is a domiciliary care service providing personal care to people living in their own homes. At the time of the inspection there were 81 people using the service.

Not everyone who used the service received personal care. The Care Quality Commission (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. During this inspection there were 50 people receiving personal care.

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

People received safe care and were protected against avoidable harm, neglect and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce the risks.

People received support from staff who had undergone a robust recruitment process. They were supported by regular, consistent staff who knew them and their needs well.

Where the provider took on the responsibility, people's medicines were safely managed. Systems were in place to control and prevent the spread of infection. The provider ensured that lessons were learned when things went wrong, so that improvements could be made to the service and the care people received.

People's needs, and choices were fully assessed before they received a care package. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People were supported to eat and drink enough to maintain their health and well-being. Staff placed a strong emphasis on the dining experience to ensure it was enjoyed by all. For example, staff were able to cook people meals from fresh if they wanted to use this service.

Staff supported people to live healthier lives and access healthcare services. People could be supported to attend healthcare appointments if it was required.

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.

Staff had built up caring and compassionate relationships with the people they provided care to. People and relatives, where appropriate, were involved in the planning of people's care and support. People's privacy and dignity was always maintained.

Care plans were detailed and supported staff to provide personalised care. There was a complaints procedure in place and systems to deal with complaints effectively. The service provided appropriate end of life care to people when required.

The service was well managed. There were systems in place to monitor the quality of the service and actions were taken, and improvements were made when required. Everyone without exception praised highly the registered manager and senior staff team who they said were approachable, resourceful and provided strong leadership.

The service worked in partnership with outside agencies. Staff, people using the services and relatives were encouraged to provide feedback which was analysed and acted upon.

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

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Rating at last inspection

The last rating for this service was Good. (published 1 August 2017)

#### 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 safe findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our safe findings below.

Good ●

### Is the service responsive?

The service remained responsive.  
Details are in our safe findings below.

Good ●

### Is the service well-led?

The service remained well-led.  
Details are in our safe findings below.

Good ●

# Helping Hands Newport Pagnell

## **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

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 22 January 2020 and ended on 24 January 2020. We visited the office on the 22 January 2020 and spoke with people who use the service and relatives on the 24 January 2020.

#### What we did before the inspection

We looked at all the information we held about the service which included notifications. These are changes notifications about events or incidents that providers must tell us about. We also sought feedback from the local authority.

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 this information to plan our inspection.

During the inspection

We spoke with six people who used the service and seven relatives about their experience of the care provided. We spoke with seven staff that include the Compliance Business manager, the area manager, registered branch manager and four care and support staff.

We reviewed a range of records. This included seven people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures, quality assurance checks, staff training records, and accident and incident information.

After the Inspection

We continued to seek clarification from the provider to validate evidence we found such as staff file audits and staff training records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who cared for them and trusted them. A person said, "I feel totally safe with them [meaning staff]. They make sure I'm safe and secure [my home] before leaving." Relatives were confident that staff were trained and able to care for people safely.
- Staff had received training in how to keep people safe from abuse and recognise signs that might indicate a person was being abused. Staff were clear on how to report concerns both with the registered manager and external agencies.
- Records showed the registered manager had worked with the local safeguarding authority when concerns were raised, and action was taken to keep people safe.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals or as their needs changed. We saw that risk management plans covered a range of known risks such as use of mobility, moving and handling and skin integrity.
- Care and risk support plans informed staff how to provide care that reduced known risks. Care plans were updated swiftly if potential risks to people changed.

Staffing and recruitment

- The provider followed robust recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.
- People were supported by regular reliable staff. One person said, "I have a team of carers who come and provide my care. They're always on time and reliable." A relative told us, "[Family member] has the same carers and it helps because they are always on time. If they're going to be late then the carers will ring to let them know."
- Staff told us the rotas were planned so they visited the same people, able to be at the call on time and enough time to deliver the care and support people needed. Staff told us there was always enough time to allow for travel between calls. This promoted continuity of care for people.

Using medicines safely

- Where people required support with their medicines, their ability to do so was assessed and they were supported with their prescribed medicines. One person said, "Staff gives me my tablets and a glass of water; they watch me take my tablets."
- People's care plans detailed the medicines prescribed and described the level of support required and

how they took their medicines for example, with water or juice.

- Staff had received training to support people with their medicines and knew what action to take if the person declined to take their medicine or in the event of a medicine error. The registered manager as part of their quality assurance system checked people were supported with their medicines in a safe way and clearly documented the support provided.

#### Preventing and controlling infection

- People and relatives all told us staff used personal protective equipment (PPE) and disposed them safely. One person said, "My carers wear uniforms, gloves and aprons, and always wash their hands."
- Staff were trained in infection prevention procedures and their practice was checked by senior staff to ensure infection control procedures were followed. A staff member told us they had a good supply of PPE and disposed of them after each task such as personal care and meal preparation.

#### Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns in relation to health and safety and near misses.
- Lessons were learnt when things went wrong, and actions taken to reduce the risk. These were shared at staff meetings and during staff supervisions which meant ongoing improvements could be made to the service people received.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Senior staff carried out thorough assessments of people's needs before they began to use the service and regularly reviewed them to ensure people's needs could be fully met.
- The assessment documentation showed that all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as people's religious and cultural needs.

Staff support: induction, training, skills and experience

- People received support from staff that were competent and had the skills and knowledge to care for their individual needs. One person said, "The carers are well trained. They know what to do and they get [family member's] care just right." A relative commented, "I have peace of mind that [family member] is well looked after by staff who are professional and knowledgeable."
- Staff told us, and records confirmed they completed an induction and regular ongoing training that was relevant to their role. One staff member said, "In my opinion the training is very good. We get all the training we need and extra training if we need it. We only have to ask."
- Staff told us, and records confirmed that staff received support through one to one supervision and staff had received spot checks of their practice to ensure they were providing care in line with people's needs.

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

- Where the provider took on the responsibility, staff supported people to eat and drink enough. People were given a notice in their welcome pack that informed them staff could cook freshly prepared meals, rather than ready meals. One person said, "The girls always make me something from scratch. Its better than a microwave meal."
- People were assessed for risks related to nutritional needs to maintain good health. People's food choices and dietary needs to meet cultural or health conditions such as diabetes were documented in their care plans. One staff member told us, "We support people with their meals. We can cook them a meal of their choosing, either from scratch or a microwave meal."

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

- The service worked in partnership with other agencies and health and social care professionals to maintain people's health. For example, other care providers, people's GP's and district nurses.
- People gave us many examples of how staff had supported them to attend health care appointments. For example, one person told us how they had been supported to attend a hospital appointment.

- Care records contained information about people's medical history, their current needs, and the healthcare professionals to contact should relatives or staff have any concerns about people's deteriorating health.

#### 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. At the time of our inspection no one was being deprived of their liberty.

- The service continued to work within the principles of the MCA. People's ability to make informed decisions had been assessed. There was evidence of mental capacity assessments when needed and their outcomes. These processes were clearly documented and included evidence where the person's relative had the legal authority to make best interest decisions.
- Staff received training for MCA and ensured people's rights were respected and promoted. People told us staff sought their consent and respected their decisions.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 valued the service they received. One person said, "I am extremely happy with the care I get. My carers are excellent. Absolutely brilliant." A relative said, "[Family member] is very happy with the carers. They have got to know each other very well and love to have a bit of a chat and laugh together. It makes my [family members] day."
- People were cared for by staff who enjoyed their work. Staff had developed caring and trusting relationships with people and their relatives. One staff member said, "I love my job. I get a lot of satisfaction from helping people. They are like my dear friends."
- Staff knew people well and gave examples of people's preferences and likes and dislikes. For example, one staff member described a person's routine in the morning and how they liked things to be completed in a specific way.
- Staff completed training in relation to equality and diversity and understood the importance of promoting these values. For example, staff could support people to attend local places of worship, if they wanted to, and follow their own religions or beliefs.

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

- People were involved and made decisions about their care. For example, people were offered choices about their day to day decisions such as what they wanted to wear and what they want to eat and drink.
- People and relatives were involved when care plans were written and reviewed. A relative told us staff always discussed their family member's care plans with them and told them if there were any changes to their care and support needs.
- Care plans described people's individual needs, daily routines, cultural needs and preferences such as the gender of staff. For example, a person was supported with personal hygiene needs by a female staff member, which respected their dignity.
- Staff told us they were kept informed about any changes to people's care needs swiftly and they read through relevant care plans to ensure they provided care to people as required.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was promoted. One person said, "I can do somethings by myself and the staff help me with the things I can't do." A relative told us their family member did not feel uncomfortable or embarrassed when they received personal care. They said, "[Family members] privacy and dignity are always respected." A staff member said, "I always cover people up, and make sure the door and curtains are closed." This showed staff respected and maintained people's privacy and dignity.

- A confidentiality policy was in place. The registered manager and staff understood their responsibility and ensure all records were stored securely in the office.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 received person centred care from regular reliable and consistent staff, which helped to build trust and support. People were involved in the care planning process to ensure their individual needs were identified and could be met. One person said, "My carers read the care plan and make sure I'm happy with my care."
- People's care plans were personalised and identified how people wanted their needs met. They focused on what people could do for themselves, for example if people could do some of their own personal care this was highlighted to help ensure they maintained their independence.
- Staff understood what personalised care meant in practice. For example, a staff member said, "It's about supporting people in the way they want and making sure people stay as independent as possible."
- Staff provided continuity of care, they monitored and identified any changes to people's needs. A relative told us the daily notes completed by the staff were detailed and showed their family member received the care as per their care plan.

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 considered as part of their pre-assessment and their care plans described how people communicated, preferred language and the best way for staff to offer choices and support.
- The registered manager said they could make information available in formats people could easily understand. For example, one person had their care plan in a large print format, so they were able to read it and agree its contents.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People required minimal support with social needs. Staff had good insight about people's family, hobbies and interests. Staff found the information documented in their care plans useful topics of conversation when providing care and support to people.
- Staff worked flexibly to enable people to maintain links with family, friends and the wider community. One person told us staff supported them go shopping.
- The provider told us the timing of care visits were adjusted to accommodate planned appointments or to

attend family gatherings or social or cultural events.

Improving care quality in response to complaints or concerns

- People and relatives did not have any complaints and knew how to contact the office or the registered manager. One person said, "I have no complaints about this company, but if I wasn't happy with something I would certainly raise it with the office staff." A relative told us, "No complaints or any improvements needed, it's all managed really well."
- People were given a copy of the provider's complaints procedure which included the contact details for advocacy services and the local government ombudsman.
- Records showed that the service had dealt with complaints swiftly and in line with the providers complaints procedure. Records were detailed and showed that lessons were learnt when things went wrong.

End of life care and support

- The service was able to offer care to people at the end of their lives although there was no-one at the time of inspection with a specific end of life care plan.
- The service had an end of life policy in place which set out the way people could expect to be cared for according to their wishes.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 service had an open and inclusive culture. People and relatives were positive about the care they received and the way the service was managed. One person told us, "I would recommend this company to anyone." A relative commented, "The carers and our family all work together. We are partners in [family members] care. They really do care for [family member] and the carers do go out of their way to do things for them."
- Staff spoke positively about the leadership and management of the service. Staff felt well supported and able to approach the registered manager and senior staff with any concerns, issues or new ideas. They said they felt listened to and valued.
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support systems to staff. For example, the registered manager always sent staff emails with updates and there were regular staff meetings and supervision to ensure staff were kept up to date with work schedules and any changes in people's needs.
- People, relatives and staff felt the service was well-led. They all knew who the registered manager was by name, knew they could contact them anytime and were confident any concerns would be resolved.

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

- The registered manager understood their legal responsibilities. They had notified the Care Quality Commission as required and had displayed the previous rating in line with regulations.
- The registered manager understood the information sharing requirements when concerns were identified and the duty of candour. Accurate records were kept of incidents and accidents which they analysed. Information and learning were shared with the staff to reduce the likelihood of reoccurrence.
- The registered manager was open and honest when things had gone wrong and were responsive to issues raised during this inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager notified CQC of significant events appropriately. Policies and procedures were in place and updated regularly to ensure information was current and supported best practice.
- There was a systematic approach to the quality monitoring of the service. Audits and checks were carried out on people's care and their care records to ensure people continued to receive safe and appropriate care.

- Staff were supervised, well trained and their practices were checked to ensure they remained competent to undertake their roles. One staff member said, "Unannounced spot checks are carried out by the senior staff to check we are doing our jobs properly." These checks assured people and the provider that people's care needs were met safely and as agreed.
- Policies and procedures were reviewed and updated regularly. The provider ensured staff understood these and discussed them in training and communications to keep staff up-to-date with any changes.

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

- People were regularly asked for their views about their care individually and during reviews of their care. One person said, "I am asked about my care and whether I'm happy with it." All responses were positive about the service and the care people received.
- Staff felt supported by the registered manager. A staff member said, "We have regular staff meetings in the office." Staff meeting minutes showed staff were informed about changes to the service and their views and ideas were sought about how to improve people's quality of care and life.
- Staff told us they felt valued and appreciated by the registered manager. The service had received compliments, cards and letters of thanks from people, relatives and professionals, which had been shared with the staff team.

Continuous learning and improving care

- The registered manager analysed accidents, incidents and complaints and shared learning with the staff to improve the quality of care provided.
- The registered manager kept themselves up to date with changes in best practice by reviewing the CQC guidance, changes in legislation and industry best practice guidance. They shared information and learning from these with the staff team.

Working in partnership with others

- The registered manager and staff team worked in partnership with other professionals and agencies such as the GP, community nurses and the local authority to ensure people received joined up care.