

Midshires Care Limited

Helping Hands Evesham and Cotswold

Inspection report

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Evesham
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Tel: 01789762121

Date of inspection visit:
14 October 2021

Date of publication:
17 November 2021

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 Evesham and Cotswolds is a domiciliary care agency that is registered to provide personal care to people living in their own homes. 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. At the time of the inspection, forty seven people were supported with their personal care needs.

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

People were kept safe by effective safeguarding procedures and staff who understood how to safeguard people from abuse. There were enough staff to meet people's needs and ensure safe care. Thorough recruitment procedures helped to ensure the right staff were employed. People received their medicines safely. People's care plans and risk assessments were detailed, person centred and kept up to date through regular review.

People were supported to make choices and staff supported them in the least restrictive way possible. People had a comprehensive assessment of their needs prior to using the service. The provider had arrangements for the induction of new staff and staff received regular training including training that was specific to people's individual needs. People were supported to access healthcare services when required.

People told us staff were kind and caring and treated them with dignity and respect. People, and where appropriate their relatives, had been consulted about their care needs and had been involved in the care planning process.

The provider had established governance and quality assurance systems with regular audits and checks that monitored the standard of the service.

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 17 March 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was first registered with the CQC.

Follow up

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

Further information is in the detailed findings below.

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 Evesham and Cotswold

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 and an expert by experience. The Expert by Experience made telephone calls to people and their relatives to obtain feedback about their experience of the care provided. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure a manager would be in the office to support the inspection.

Inspection activity started on 14 October 2021 and ended on 1 November 2021. We visited the office location on 14 October 2021.

What we did before the inspection

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

We reviewed information we had received about the service, such as notifications. These inform us of events that happen in the service which the provider is required to tell us about by law. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We visited the office and spoke with the registered manager, area manager, two care co-ordinators and the care and training practitioner. We also spoke with four people that used the service, four relatives and two care staff following our visit.

We reviewed a range of records. This included three people's care records and associated documentation. We also looked at the staff training records and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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

- People told us they felt safe and happy with the care they received. One person told us, "Yes I do think I am safe – they (staff) are pretty good at doing whatever I ask of them. They always ask permission and chat with me all the time." Staff were able to explain the actions they would take to safeguard people from the risk of abuse. The provider had comprehensive safeguarding policies and procedures.
- The registered manager understood their responsibilities to ensure agencies like the local authority and CQC were informed of any safeguarding incidents and had clear understanding of safeguarding individuals from abuse and potential harm.
- The provider had a safeguarding and a whistle-blowing policy to ensure staff could report any concerns in a confidential manner.

Using medicines safely

- People told us they received the support they needed to manage and take their medicines safely. Staff had training and support around safe medicine practices. One staff member told us that they felt confident in their knowledge and skills around medicines and regular refresher training and support was available.
- Staff maintained records following the administration of medicines. Care records were regularly checked by the registered manager for any changes or omissions, and where necessary staff were contacted for clarity.
- Emergency medicines to be given when required were administered in conjunction with safe protocols. These explained when to give the medicines, why and maximum dosages. We looked at a protocol and it was detailed and reviewed regularly.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Any risks to people's personal safety or welfare were assessed, monitored and managed effectively. Each person's care plan included detailed individual risk assessments. One person said, "I had a pre-assessment before they started which I was involved with and then a review after 3 weeks to check everything was OK and the manager called in to see how things were too."
- The provider had systems to learn lessons and improve the service when things went wrong. There was access and oversight of care records by the management team and all accidents or incidents were reported. A monthly audit of people's care meant the management team contacted everyone in receipt of personal care to provide people opportunity to identify where things were good or where things may have gone wrong.

Staffing and recruitment

- People had detailed and comprehensive assessments of the support they needed, and this was reviewed regularly or at any point when a person's needs appeared to have changed. We saw where risks were identified for a person if they did not have consistency in who was carrying out their personal care. The care plans reflected this in the support that was planned.
- Care calls were arranged to accommodate people's personal preferences. People and relatives told us staff usually arrived on time and if they were going to be late, they would call to let them know. One relative told us, "Their time keeping is pretty good – about 90% - and the office will phone to say if they are going to be late."
- Some people and relatives told us that weekend staff cover meant that sometimes there was not the consistency and timeliness that people had on weekdays. One person said, "Monday to Friday is the same carers but weekend are all different staff and not always who is on the rota." Another person said, "The only thing to change would be having to contact the call centre to get hold of anyone over the weekends – it doesn't work very well!" We discussed this with the registered manager who told us they were taking steps to change the weekend cover so that it came from the same branch and staff to ensure that care became seamless between the weekdays and weekends. We saw some of the communications and plans the registered manager had shared with the provider regarding this issue.
- The provider followed safe recruitment systems and processes. Rigorous checks were made on prospective new staff including criminal record checks and previous employment references. We looked at four staff recruitment files and found appropriate checks were carried out prior to employment.

Preventing and controlling infection

- One relative said, "They (staff) always use full PPE." Staff told us they were provided with personal protective equipment, including gloves, masks and disposable aprons and it was always available for staff to access.
- There were systems and procedures to prevent and control the spread of infection and staff received training in this area. Staff had access to an infection prevention and control policy and procedure.

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.

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.

- The registered manager and staff had completed training and demonstrated an understanding of the principles of the MCA. Staff understood about gaining consent from people before providing personal care. People we spoke with confirmed they were involved in their care. The registered manager was improving the questions that were being asked on initial assessment around people's capacity to make choices about their care. There were improvements identified in the questions asked to ensure that statements about people's capacity to make decisions about their care were specific and accurate to the individual.
- There were no restrictions placed on people's liberty.

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

- The registered manager and staff worked closely with other health and social care professionals as well as other organisations to ensure people received a coordinated service.

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

- Care plans contained detailed information about people's care needs. Staff told us the care plans were easy to follow and accurately reflected the support needs of people that used the service.
- Assessments of people's needs were recorded, and people's support needs were reviewed regularly.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. People had their own individual characteristics respected by the staff who supported them.

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

- People had detailed assessments of their eating and drinking needs and were supported to eat and drink in line with their own needs and preferences.

Staff support: induction, training, skills and experience

- Staff received training which was appropriate to their roles.. Where people had specific needs, staff received bespoke training from the relevant health professionals. One member of staff told us how they were confident any additional training was supported by the organisation. They told us how they had accessed additional training to enhance their understanding of people's complex nutritional needs. People and relatives told us staff were skilled and knowledgeable about people's needs.
- New staff were supported through an induction with training specific to their roles and shadowing and support from experienced staff.
- Staff had access to supervision and support from the management team. All staff we spoke with felt supported and listened to by the registered manager.

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's care was person-centred and considered people's unique qualities. People and relatives, we spoke with were complementary about the care people received and the approach and attitude of the care team.
- The provider promoted and encouraged inclusion. Staff received training on equality and diversity issues and had access to policies and procedures regarding care and inclusion.

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

- People were able to express their views about their care on an ongoing basis and during reviews of their care. The registered manager carried out monthly reviews of people's care and increased the frequency of reviews if required.
- People told us they were able to make decisions regarding their care. One person said, "They (staff), are pretty good at doing whatever I ask of them. They always ask permission and chat with me all the time."

Respecting and promoting people's privacy, dignity and independence

- People told us they were cared for with dignity and respect. The registered manager told us how the approach was always to promote, build and maintain independence for people who used the service.
- People's personal information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

Is the service responsive?

Our findings

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

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; End of life care and support

- People received care and support that reflected their assessed individual needs and preferences. People told us they were happy with their care and staff were responsive to their needs.
- People had comprehensive care records and care plans which contained their individual needs and were regularly reviewed. One staff member said, "Care plans and assessments are very particular and detailed."
- The service was not primarily designed to provide people with end of life care. However, staff felt confident they could support people and families wishes at this time. The registered manager said they would work closely with professionals in the event of providing end of life care and people's individual wishes were important to all decisions made.

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.

- The registered manager and staff understood the Accessible Information Standard. People's individual communication needs were identified and recorded in their care plans. Information was available in a variety of formats and in a way people could understand.

Improving care quality in response to complaints or concerns

- The provider had policies and procedures for recording, investigating and resolving complaints. Where complaints had been made, we could see there was a process to review and respond to the concerns in a timely manner.
- People had access to the complaints procedure. We saw the procedure was clear in explaining how a complaint could be made and reassured people any concerns would be actioned without delay.

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.

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

- The registered manager had a clear understanding of their role in ensuring effective oversight and management of the service. They had reviewed the CQC guidance to providers on meeting the regulations and implemented robust systems to ensure they satisfied the regulations.
- The provider had established systems to monitor the quality of the service. The management team completed audits and monitored the quality and safety of the service. These included observations of staff, regular reviews and contact with people receiving care and regular checks on care records and outcomes for people.

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 responsibilities regarding the duty of candour. They promoted and encouraged candour through openness. People, relatives and staff we spoke with told us they felt they had good relationships with the provider and management team.
- The registered manager maintained contact with people who used the service. All incidents were fully investigated, discussed and shared with staff during meetings, staff communications or in one to one supervisions.

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

- People and relatives told us the support was appropriate to their needs and wishes.
- Staff and the management team promoted a positive culture which had achieved good outcomes for people.
- Staff told us they had the support, knowledge and information to enable them to provide appropriate support to people's individual needs and preferences.

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

- People, relatives and staff were encouraged to provide feedback on the service, and this was reviewed regularly by the management team and provider.
- Staff ensured they involved and engaged people in the service and considered their equality characteristics.

- The registered manager and provider worked with different health and social care professionals to ensure they continued to meet people's needs effectively. The registered manager had ambition and drive to drive improvement in the service and ensure that the people using the service felt valued and included.