

Midshires Care Limited

Helping Hands Braintree

Inspection report

83 High Street
Braintree
CM7 1JS

Website: www.helpinghandshomecare.co.uk

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16 March 2022

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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 Braintree is a domiciliary care agency providing care and support to people living in their own homes. At the time of inspection, the service was supporting 20 people.

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

People and their relatives were very positive about their experience of using the service. There were enough staff to care for people safely. Recruitment practices were completed, and the required checks were in place. People were supported with their medicines safely and as prescribed. Infection prevention and control measures were effective, including the safe management of COVID-19. Systems and processes worked to safeguard people from the risk of abuse. Learning was shared following any incidents.

People received an assessment so care could be planned to meet their needs. Risk assessments were undertaken to ensure their safety and wellbeing. Staff received training and supervision to support them in their role. Support was given with a range of personal and practical tasks, including choice and preferences. People told us they were supported to access health and other services as required, such as district nurses. Consent was considered as part of the care provided.

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.

People told us the staff were caring and kind. People were involved in their care arrangements and were able to make decisions about how care was provided.

Care planning was personalised and regularly reviewed. Staff built up good relationships with people and their relatives to help them maintain their independence and reduce the risk of social isolation. People told us they did not have cause to complain but knew how to do so if required. End of life care was provided if needed.

Systems and processes were in place to ensure oversight and governance of the service, including a range of regular audits. People told us they found the management team helpful and available. There was a positive and open culture. People's feedback on care was sought through reviews and surveys.

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 23 June 2020 and this is the first inspection.

Why we inspected

The inspection was undertaken as the service had not been inspected since it was registered.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Helping Hands Braintree

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 completed by one inspector and an Expert by Experience who made telephone calls to people and their relatives. 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 support and personal care to people living in their own houses and flats.

Notice of inspection

We gave notice of the inspection as we needed information about people who used the service and to ensure the registered manager would be there to meet with us. Inspection activity started on 10 March 2022 and ended on 29 March 2022. We visited the office location on 16 March 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and seven relatives about their experience of the care provided. We spoke with the registered manager, care coordinator and three staff members and had email

information from one staff member.

After the inspection

We continued to seek clarification from the provider to validate evidence found. They provided additional information as requested.

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 as Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff to keep people safe. Staff recruitment checks were completed including identification, referencing and Disclosure and Barring Service (DBS) checks.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people. The registered manager raised safeguarding alerts to the local authority when they had concerns about a person's safety.
- Staff had received training in safeguarding people and knew what to do if they were concerned a person was at risk of harm. A staff member said, "I know how to report any concerns. I know that anything I report back, will be listened to and action taken."

Assessing risk, safety monitoring and management

- Assessments were carried out to reduce the risk to people using the service, such as the home environment, falls, nutrition and hydration, pressure ulcers, and COVID-19.
- Risk assessments provided staff with the information and understanding of how to support people to be independent and safe. A staff member told us, "All information about people I need to know about is clear and really helps me do my job especially when I was new to it."
- People were safe receiving care from the service. One family member told us, "The staff were concerned that my [relative] was not locking their front door and so we had a key safe fitted and they always remind my [relative] when they are leaving to lock the door which is really reassuring that they are trying to keep my [relative] safe."

Using medicines safely

- People were given their medicines safely and as prescribed, and any support provided recorded on people's medicine administration records (MAR). These records were regularly audited to check they were correct and there were no errors or gaps
- Staff received regular checks on their practice and competency at administering people's medicines. All staff members we spoke with told us they had been checked that they were giving people their medicines correctly.
- Relatives told us staff were able to give medicines safely and had no concerns. One family member said, "The staff make sure my [relative] takes their medicine and they are very good at that." Another told us, "Staff give my [relative] all their medicines and there have not been any issues with this which is reassuring."

Preventing and controlling infection

- We were assured the provider was using personal protective equipment (PPE) effectively and safely. Staff told us they had enough stock of PPE and they followed the correct practices to keep people safe. A person told us, "They [staff] have all been good, well excellent, at wearing the masks and gloves and everything. Cannot fault them." A family member said, "I see them, [staff] wearing their PPE, never been any issues with that. We provide a bin that they put their aprons in as they are leaving and we dispose of them."
- Staff were trained in prevention and infection control and explained to us how the training had been delivered, with ongoing advice and guidance being provided. Testing of staff followed government guidelines.
- The provider's infection prevention and control policy was up to date and included COVID-19 guidance and risk assessments.

Learning lessons when things go wrong

- The provider had a management system in place which gave an overview of any accidents, incidents, near misses and recorded the action taken. The registered manager told us, "Understanding and analysing the reasons why an incident or accident happened, helps us to put plans in place so that it does not happen again, and we all learn from it."

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 as 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 had been assessed before they started to receive support. This information formed the development of the personalised care plans.
- The assessment included people's physical, emotional, communication and health needs as well as their preferences of gender of staff supporting them. Reviews were planned to check the service was meeting people's needs. A family member told us, "We had a review, someone from head office came and had a chat with me and my [relative] to assess if there was any changes and I found that beneficial as you don't always spot little changes when you are close to someone."
- People's protected characteristics were recorded where information had been discussed with them. This included their religion, age and sexual orientation. However, people's gender, ethnicity and culture had not been considered. The registered manager agreed to look at this, amend and include these going forward.
- The registered manager kept up to date on the law and current good practice guidance so the service remained effective and relevant.

Staff support: induction, training, skills and experience

- Staff received effective training that equipped them with the right skills to carry out their role. The training provided to staff met the Care Certificate standards. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- New staff had an induction when they started working and shadowed more experienced staff until they felt confident. A staff member said, "Training was provided, all easy to access and online. Some practical like moving and handling and some with the clinical trainer. Most recent training was pressure care and epilepsy."
- People and their relatives told us that they thought staff were skilled and knowledgeable. A family member told us, "They [staff] are well trained and give my relative their medicines and I trust them."
- The registered manager provided support, supervision and checks on staff competency. Staff told us they were happy with the checks and open discussions during supervision and their annual appraisal.

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

- People's dietary needs were assessed and outlined in their care records.
- Staff assisted people with food shopping, meal preparations and helping them to eat if needed.
- People's care plans gave detailed guidance regarding people's dietary likes and if they were at risk of malnutrition or dehydration. A person told us, "They [staff] are excellent. I am now getting three meals a day thanks to them. They usually have time to chat with me which is great."

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

- Staff worked well with other professionals for example, district nurses, GPs and occupational therapists to support people's health and well-being. Referrals and actions taken were recorded.
- People's care plans highlighted people's past and present diagnosis, conditions and any treatments they were receiving. Their health and wellbeing were monitored. Information was recorded and any concerns escalated quickly to health professionals.

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's rights to make their own decisions were respected, staff were aware of and worked within the MCA. One staff member told us, "The MCA is part of our training and we are expected to follow it all of the time." Another said, "If someone refused my care, I would respect their wishes, but let their family and the office know."
- If people lacked capacity to make decisions for themselves, this was discussed and support required recorded in their care plan for example, in taking their medicines. Staff monitored people's day to day capacity and raised any concerns with the registered manager if a person's ability to make decisions changed.

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 their relatives were very positive about how kind and caring the staff were. Comments included, "My [relative] had a fall as the staff member thought that they had banged their head. So, all that day and the next everyone was keeping a careful eye on my [relative] to make sure they were okay. I was very reassured by their actions." And, "My [relative] has been getting staff for nearly two years and we have not had any problems." And, "Staff do have time to chat with my [relative] and there is a good bond there. All the staff are very caring. I am very grateful that people are going in as it is a way of checking my [relative] is okay."
- Staff shared positive feedback with us how the provider had a caring approach to not only the people using the service but the staff team as well. One staff member told us, "I have to say [name of registered manager] since taking over, has made a huge difference and the management team are strong and kind and very supportive." Another said, "Very caring agency to work for, we have the manager's personal number and there is always someone available, you never feel alone."

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

- People and their relatives told us and records confirmed, people were actively involved in making decisions about the support they received and praised this. We saw people's views had been gathered during the regular reviews and spot checks. A person told us, "I have been contacted asking for feedback and I have freely provided it and would recommend the company."

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity and privacy was maintained. A family member said, "We've had this company providing care for my [relative] for two years now and there have been no issues, they turn up on time, they have time to chat to my [relative] which is nice for me to see and hear." Another said, "We have staff morning and evening to encourage my [relative] to get up and dressed and to eat something, they generally manage to help do that or at least do their best to get my [relative] to do this."
- People were encouraged to maintain their independence. A family member told us "The staff are excellent, they all do a very good job and keep my [relative] independent."
- Staff members told us about the ways they supported people, not just in providing personal care, but in other ways too. For example, one staff member told us, "I noticed a hymn book and bible at the person's home which was not within their reach. I asked if they would like them nearer. In conversation, I asked what their favourite psalm was, and read it to them and they loved it. We then found their favourite hymn and I started singing it and they joined in. They were overjoyed. I really came away feeling I had made a difference."

- The provider ensured people's confidentiality was always respected. Records were kept securely. Each staff member had their own login details to any information stored electronically. Staff understood how to maintain confidentiality. One staff member said, "I have never heard anyone talking about people when they shouldn't, no whispers. All is very confidential and professional."

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 physical, sensory, mental health, personal care and social care needs were thoroughly assessed, and their care plans were regularly reviewed. People told us staff were very responsive to their needs. Care plans were written in a person-centred way, easy to read and updated as their needs changed.
- Care and support given enabled people to remain living in their own homes. One person said, "I have expressed my wishes that I want female staff rather than male staff as I feel more comfortable with women in my house. There have been times when the company have not been able to provide due to holiday cover, but they generally adhere to my wishes. A family member told us, "I get emailed with updates on what has happened during the week when the staff have visited which is good."

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 was aware of their responsibilities under the AIS. People's care records contained information about their ways of communicating and their preferred methods.

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 were supported to maintain family and social relationships, hobbies and interests.
- Staff told us of their involvement in helping people. "One person I go to can't see very well and I help them in the garden, planting up and I describe the garden, what's coming up and the colours. When I was shopping, I thought of them and bought a bunch of daffodils in full bloom to put on their table. They were overwhelmed by it. I noticed now that their [relative] cuts daffs from the garden and puts them in a vase for them, so in a way I planted an idea."

Improving care quality in response to complaints or concerns

- The provider had a policy on how to record and manage complaints.
- People told us they knew how to raise a complaint, but no-one we talked with had made one. Comments included, "If there is anything, I am not 100% about then I contact the company straight away. I didn't have any one's name initially, but I now know certain names and so can direct my queries to the relevant person. I didn't always get a quick response, but they have got better at responding." And, "If I had any concerns I would have no hesitation in contacting the company, I feel that they would take my points on board and act

on them."

- The provider's complaints log demonstrated that when comments, concerns and complaints had been received, they were investigated and responded to in line with the policy.

End of life care and support

- The service enabled people to receive end of life support at home without having to go into hospital, if that was their wishes.
- Staff were trained in caring for people at the end of their life. A staff member told us, "We are all fully aware that end of life care needs to support the whole family as well as the person at the centre. End of life care needs to be respectful."
- At the time of the inspection, the service was not caring for anyone at the end of their life.

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 said the service was responsive and well managed. One family member said, "I feel that the manager is approachable and if I have any issues, I will phone them without hesitation." Another told us, "[Name of care coordinator] came to visit us and they were very good and gave a really good impression of the company."
- Staff told us they all worked as a team and that morale was very good. They were impressed with the company and all said they would recommend it as a place to work. Comments included, "The rota and appraisals are done efficiently, my ideas are listened to and I feel important." And, "I am very comfortable with my manager and would be able to go to them with any issues." And, "Everyone is really supportive, I can talk about things that need improving and managers are quick to change things. It is a close-knit team."

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 was aware of their legal responsibilities and was open and honest in discussing when things had gone wrong. Records showed how they had dealt with incidents and accidents and how to prevent them from happening again.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The provider was aware of their responsibilities to submit relevant notification appropriately to CQC.

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

- The service was well-led. The day to day running of the service was managed by a registered manager, with support from a care coordinator and three care and training practitioners. There was a strong staffing structure and staff were clear about their role and responsibilities.
- The provider had effective quality assurance systems in place. Support in managing quality was provided to the branch by a quality team. The audits we saw included daily records, medicine management records, care plans and risk assessments. The provider used various trackers to monitor staff's training, accidents, safeguarding concerns and other occurrences. These were discussed and actions agreed during management and team meetings.

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

characteristics; Continuous learning and improving care; Working in partnership with others

- People and their relatives were able to feedback their views during spot checks and regular reviews. All felt able to call the office if needed. There was regular contact with people so that any concerns could be dealt with quickly.
- Satisfaction surveys for staff and people and their relatives were undertaken and the service had received a good response with good outcomes. Any improvements or feedback required was implemented.
- Staff were listened to, involved and there was good communication.
- Staff worked closely with other professionals. Records showed referrals made, actions taken and outcomes for people.