

Midshires Care Limited

Helping Hands Truro

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 Truro is a domiciliary care service that provides care and support to people living in their own homes in the community. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals.

When we inspected the service was providing the regulated activity, personal care, to approximately 30 people in Truro, Falmouth, Newquay and surrounding areas. The service is owned by Midshires Care Limited, who have 88 branches in England.

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

People using the service consistently told us they felt safe and that staff were caring and respectful. People received a reliable service, had agreed the times of their visits and were kept informed of any changes. Comments included, "I chose my times and they ring me if anything changes", "Staff always arrive on time and stay the full time", "Staff are caring and respectful" and "Super staff."

People were supported by a staff team who had the skills and knowledge to meet their needs. Staff spoke passionately about the people they supported and were clearly committed to providing a responsive and caring service in line with people's wishes.

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.

Risks in relation to the person using the service and to the staff supporting them had been identified and assessed. Staff were provided with guidance on how to manage and mitigate risks while still supporting people's independence. These were kept under regular review and updated as people's needs changed.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. The service worked collaboratively with healthcare professionals to access training and advice which helped ensure people's health needs were met.

The service's rotas were well organised and there were enough staff available to provide all planned care visits. A mobile phone call monitoring application was used to ensure all visits were provided and to share information securely with staff. No one reported having experienced a missed care visit.

Robust processes were robust to help ensure staff were suitable to work with vulnerable people. Staff spoke positively about working for the service. They were supported by a system of induction, training and supervision to ensure they were effective in their role.

People, their relatives and staff told us management were approachable and they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service.

There were clear processes for the registered manager to check the quality of all aspects of the service. The provider had a defined organisational management structure and there was regular oversight and input from senior management. The provider had a supportive management structure in place for the registered manager which included regional management and area management.

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 16/01/2019 and this is the first inspection.

Why we inspected

This was the first planned comprehensive inspection of the service. This service has an overall rating of Good.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 Truro

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Helping Hands Truro is a domiciliary care service that provides personal care to people living in their own homes in the community. This includes people with physical disabilities and dementia care needs.

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 four working days notice of the inspection visit because it is a domiciliary service and the manager is often out of the office supporting staff or providing care. We needed to be sure that we could access the office premises to look at records and arrange to visit people in their own homes.

The inspection started on the 9 January 2020 when we made calls to people who used the service and staff. We continued to make phone calls to people and staff on 10 January 2020. The location office site visit and visits to people's homes took place on 13 January 2020. Following the site visit we received further feedback from staff. The inspection ended on 14 January 2020.

What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives. We spoke with the registered manager and 12 care staff. We obtained consent from two people to visit them in their own homes and we reviewed their care records. We reviewed records of staff rotas, staff recruitment, training and support as well as audits and quality assurance reports.

After the inspection

We continued to receive further information from the service. We sought further clarification from the provider regarding the support provided to the registered manager.

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

- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from the risk of harm or abuse. Safeguarding processes and concerns were discussed at regular staff meetings.
- Staff understood their roles and responsibilities in relation to ensuring people's safety. They were confident any specific safety concerns reported to the manager would be addressed. Staff knew how to report safety concerns outside the service and told us people were safe.
- People felt safe. People said if they didn't feel safe they would speak with a member of the care staff or the registered manager and were confident they would help them solve the problem.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. Staff were given guidance about using equipment, any environmental risks in the person's home, directions of how to find people's homes and entry instructions.
- There was a positive approach to risk taking to enable people to maintain their independence.
- People had agreed the times of their visits and no one reported ever having had any missed visits. People told us they were kept informed of any change to their times or if staff were going to be late. Comments included, "I chose my times and they ring me if anything changes" and "Staff always arrive on time and stay the full time."
- People were given telephone numbers for the service, so they could ring at any time should they have a query or in case of an emergency. A member of the management team answered telephone calls when the office was closed. People told us phones were always answered, inside and outside of office hours.

Staffing and recruitment

- There were enough staff employed to cover all the planned visits to people's homes. The service only accepted new packages of care where there were enough staff to cover them. Vacant time slots were clearly identified and offered to new people.
- Staff confirmed their rotas included realistic amounts of travel time, which helped ensure they arrived for visits at the booked times. Staff received their rotas every two weeks and any changes, made after the rotas had been produced, were effectively communicated to staff via an application on their mobile phones.
- Staff had been recruited safely. All necessary recruitment pre-employment checks had been completed to help ensure new staff were safe to work with vulnerable adults.

Using medicines safely

- People received support with their medicines safely from trained staff. People told us, they received their medicines on time.
- People's care plans included information about the support the person required with their medicines and it was clear the service encouraged people, wherever possible, to manage their own medicines.
- Appropriate records were completed by staff when people received support with their medicines

Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- People told us staff practiced good infection control measures.

Learning lessons when things go wrong

- There was a system in place to record and analyse accidents and incidents, so any trends or patterns could be highlighted.

Is the service effective?

Our findings

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

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

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

- People's needs were assessed before they started using the service to help ensure their wishes and expectations could be met.
- Information captured at the pre-assessment stage was used to develop care plans which were updated as people's needs changed.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- Staff felt supported and had regular supervision and an annual appraisal to discuss their further development and any training needs.
- There was a system in place to monitor training to help ensure this was regularly refreshed so staff were kept up to date with best practice. Training methods included online, face to face sessions and competency assessments. Staff were positive about the level and quality of training received and commented, "The training was very thorough" and "The support and training I have received in order to carry out my role was sufficient and helpful."
- If staff needed specialist training, such as catheter or stoma care, this was provided either by the provider's clinical care team or local healthcare professionals.
- New staff had completed a comprehensive induction and shadowed experienced staff until they felt confident to work alone. All new staff completed the Care Certificate, an industry recognised care qualification.

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

- Staff carried out, or supported, some people with meal preparation and people told us staff were competent in preparing food.
- Staff had been provided with training on food hygiene safety.
- Care plans contained details about people's dietary requirements and preferences.

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

- If needed staff supported people to see their GP, community nurses, and attend other health appointments regularly. People told us the service had responded appropriately when they were feeling unwell and had arranged appointments for them.

- The service worked with other agencies to help ensure people's health needs were met. When staff recognised changes in people's health or wellbeing this was reported to managers. Records showed appropriate and timely referrals had been made to health professionals for assistance.
- People were supported by staff to maintain good oral hygiene. Care plans included guidance on how to support people to manage their oral hygiene and records showed people were encouraged and supported to access dental services when necessary.

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.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- Staff received training on the Mental Capacity Act and demonstrated a good understanding of the underlying principles.
- Any Power of Attorney arrangements were recorded with details of the areas covered by the arrangement.
- People were asked for their consent before they received any care and treatment. Staff involved people in decisions about their care and acted in accordance with their wishes.

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's outcomes were consistently good, and people's feedback confirmed this.

Ensuring people are well treated and supported; equality and diversity

- People's diverse needs were known and understood by staff. No-one reported experiencing any discrimination from staff.
- Staff treated people with kindness and compassion. Staff were friendly and caring towards people and knew what mattered to them. Comments included, "Staff are caring and respectful" and "Super staff."
- People told us they had regular staff and new staff were introduced to them, when shadowing other staff, before they worked on their own with a person. People said, "We always have the same staff", "I have regular staff" and "I have the same carer every morning and a few different ones at other times. I am happy with all the staff who come to me."
- Management covered for staff absences and they knew everyone who used the service. This meant people received a consistent service provided by staff they had previously met.
- People's preferred routines were recorded in care plans and well known by staff. This meant staff were able to deliver care in line with people's wishes.
- Where possible staff had background information about people's personal history. This meant they could gain an understanding of people and engage in meaningful conversations with them.

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

- Staff supported people to make day to day decisions about how their care was delivered and respected their choices.
- Where people had difficulty communicating their needs and choices, care plans described their individual ways of communicating. Staff demonstrated a good knowledge of people's communication needs and how to support them to be involved in their care and support.
- People told us they were able to contact the office to discuss aspects of their care and support at any time. The service manager or team leader visited people regularly to review their care plans and ask about their views of the service.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and supported people to be as independent as possible. Care plans described what people could do for themselves and where they needed support.
- Staff and management were very aware that they were working in people's homes. They told us how they ensured people received the support they needed whilst maintaining their dignity and privacy.
- People told us staff always stayed for the full time of their visits and were never rushed.
- People's confidentiality was respected. Care records were kept securely.

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 plans were accurate and informative. They included specific guidance for staff on the tasks to be completed during each visit. In addition, staff were provided with details of people's routines, interests and hobbies and an overall objective for the planned support. This information helped staff provide individualised care and ensured people's priorities were respected.
- People and their relatives were involved in the development and review of their care plans and told us these documents were up to date. Their comments included, "My mother has a care plan and it is regularly reviewed", "I wrote my care plan with the manager" and "We have regular care plan reviews."
- After each visit staff completed daily notes to record the support provided and capture any changes in people's needs. Where staff had significant concerns, in relation to a change in a person's needs, they reported this information directly to the management.
- The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help or changes to their visits. One relative told us, "I have often had extra visits when my husband has been unwell. The office has always been very helpful and accommodating."

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.

- Care plans contained information about support people might need to access and understand information. For example, if people needed hearing aids or glasses.
- Staff knew how to communicate effectively with people in accordance with their known preferences.

Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy and procedure. This was accessible to people using the service.
- People and their families told us they knew how to make a complaint and felt their concerns were listened to and actioned. As one relative told us, "I would feel comfortable in raising a complaint if I felt it necessary."

Is the service well-led?

Our findings

Well-Led – this means 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 had good oversight of the service and understood the needs of people they supported. There was a strong emphasis on meeting people's individual needs and staff demonstrated a thorough understanding of people's differences and individual preferences.
- People and their relatives told us they thought the service was well managed with good communication. Comments included, "The service is well run, I can't fault it", "Excellent service" and "I am very happy with the service."
- Staff told us they had confidence in the management of the service and would not hesitate to report any concerns. Staff said, "Fantastic place of work, everyone is very friendly and professional", "It is like a big family. I feel like they [management] care about me, my wellbeing and my safety. They celebrate their staffs achievements all the time which makes you feel very valued" and "The office are always there for you no matter the circumstances."
- The values of the service were based on enabling people to remain living at home for as long as possible. This was understood and supported by staff.

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 and provider understood their responsibilities under the duty of candour. Relatives were kept well informed of any changes in people's needs or incidents that occurred.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

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

- There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager and care co-ordinator managed the day-to-day running of the service such as completing the rotas and speaking with people and staff.
- There was good communication between the management team and care staff. Staff said they felt respected, valued, supported and fairly treated. The provider had a supportive management structure in place for the registered manager which included regional management and area management.
- There were clear systems and processes for the registered manager to check the quality of all aspects of

the service. The provider had a defined organisational management structure and there was regular oversight and input from senior management.

- The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed at the service and on the provider's website.

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

- Staff meetings took place regularly to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions.

- People and their relatives were asked for their views of the service through questionnaires and regular visits from management.

- People felt involved in the development of their care plans and told us the registered manager listened to, and acted upon, any issues they raised.

- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by managers.

Continuous learning and improving care

- The registered manager attended regular organisational management meetings to support joint learning and share information about the organisation.

- A business plan had been developed and there were clear goals for the development of the service. This included details of how the management team would increase as the service grew.

- Systems used to plan rotas and monitor the service provision were continuously evaluated and improved at the organisational level. This helped to ensure the provider had a comprehensive overview of this service, in relation to other services, and knew where improvements could be made.

Working in partnership with others

- The provider worked in partnership with other agencies, to help ensure ongoing improvement and sustainability. Positive relationships were held with the local authority and commissioning teams.

- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.