

Midshires Care Limited

Helping Hands Bury St Edmunds

Inspection report

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Bury St. Edmunds
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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

Helping Hands, Bury St Edmunds is a domiciliary care service providing personal care to people 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 this inspection there were 35 people using the service, 23 of these were receiving support with personal care.

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

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 and their relatives told us they felt safe using the service. Staff knew how to keep people safe and had received safeguarding training with guidance provided to enable them to report concerns.

People's risks and wellbeing had been assessed. Staff were recruited safely and assessed as suitable for the work they were employed to perform. Staff received induction training, including shadowing more experienced staff. Ongoing training and supervision were provided, including spot checks on staff competency in the areas such as the management of medicines and safe moving and handling of people.

People were supported with food and drink according to their assessed needs. The service worked with other healthcare professionals to ensure people received the care and support they needed.

People received quality care that was personalised to meet their individual needs. People told us staff were caring and kind and treated people with dignity and respect. People told us they were very happy with the care they received.

People's needs and preferences had been assessed and staff knew people well. Staff provided people with emotional and social support as well as personal care. People knew how to raise concerns and complaints and told us these were always responded to quickly.

There were quality assurance systems in place to ensure effective oversight and monitoring 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 04/06/2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to the service not having been inspected since registration and

concerns received about late and missed calls. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Helping Hands Bury St Edmunds

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one Inspector.

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

The service did not have a manager registered with the Care Quality Commission.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 23 August 2021 and ended on 1 September 2021. We visited the office location on 25 August 2021.

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 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 five people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the manager, regional manager and care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 with all the staff who supported them. One person said, "They are all very, very kind. I'm definitely safe. You could not find fault with any of them."
- Staff had received training in safeguarding people from the risk of abuse and knew how to recognise and report any concerns. One staff member said, "I would report to the manager, the local authority or CQC if I was worried about anyone."
- There were systems in place to record and investigate safeguarding concerns. The registered manager was aware of their responsibility to report concerns to the local authority.

Assessing risk, safety monitoring and management

- Risks to people's health, welfare and safety had been assessed before the service agreed to provide care and were regularly reviewed.
- Risks associated with people's care and support needs had been identified. Guidance was provided to enable staff to reduce the risk of harm and understood how to report where concerns were identified.
- Risk management plans formed part of people's care plan and provided staff with the information they needed to keep people safe. For example, guidance in how to move people safely when using equipment, and the safe administration of medicines.

Staffing and recruitment

- There was a system in place to monitor late or missed calls. Some people told us they had experienced late calls due to shortages of staff but also said this had recently improved with more staff employed. One relative told us, "We have experienced some very late calls because of the problems with lack of staff but this has improved lately." Everyone we spoke with told us they had not experienced any recent missed calls. The manager also gave assurances that further staff had been employed and this had been addressed.
- Staff were supported with induction training including shadow shifts and assessments of competency. This included the management of medicines and safe moving and handling.
- Staff told us, "We were provided with a full day of training, face to face and we do other training on-line before we go out to work alone." Another said, "I was given plenty of shadow shifts to get to know what to do. If you have any problems, there is always support from the office."
- Required safety checks had been carried out to ensure that staff employed were skilled and suitable to carry out the work they were employed to perform. The manager had carried out required checks such as Disclosure and Barring Service [DBS] and obtaining references from the most recent employer.

Using medicines safely

- Staff received training in medicine administration and their competency assessed.
- Care plans highlighted any risk associated with medicines and provided guidance for staff as to how people took their medicines and what support was required.
- People told us they received their medicines as prescribed and for the majority of those spoken with, at the time they expected.
- Where errors had been identified in the management of medicines there were systems in place to respond to these and ensure action taken to prevent the risk of reoccurrence.

Preventing and controlling infection

- Assessments in relation to the risk of acquiring infections such as COVID-19 had been undertaken for some people and staff.
- The service had an infection prevention and control policy in place. Additional guidance in relation to infection prevention and control during the pandemic was regularly communicated to provide staff with current information about COVID-19.
- Staff had received training in infection prevention and control including how to safely apply, remove and dispose of personal protective equipment (PPE). Staff told us they were supplied with enough PPE to undertake their work safely.
- People and their relatives confirmed that staff always wore PPE.
- The manager told us they had systems in place to ensure staff were regularly tested for COVID-19 and a log maintained which confirmed all staff had been vaccinated.

Learning lessons when things go wrong

- It was evident from discussions with staff and a review of complaints and audits that lessons were learnt when things went wrong, and learning shared with staff to improve the service.

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 outcomes were good. For example, one relative told us, "They [staff] know [person's relative] gets titchy, and is not always patient but they are considerate, kind and encourage them to do things that are needed to keep clean and comfortable. They are all very patient and well trained."
- People's care and support was regularly reviewed to ensure they were providing the right care and support in line with best practice and guidance. One person told us, "I cannot do the things I used to do, they [staff] know and understand I need a little extra help at times. They put me at ease."
- Staff understood how to support people and care records demonstrated people were treated as individuals and their choices assessed and respected.

Staff support: induction, training, skills and experience

- Staff undertook an induction training programme when first joining the service which included face to face training and shadowing experienced colleagues.
- Practical subjects such as moving and handling with competency assessment was delivered face to face.
- Staff had completed refresher training and observational checks were conducted by the management team to ensure staff were competent and to identify any further training or support requirements.
- Staff supervisions and spot checks were carried out to assess staff performance and identify training and development needs. One member of staff told us, "I had plenty of training before I went out to work on my own. I shadowed another member of staff until I felt confident. The manager is lovely and really supportive."

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

- Care plans identified people's nutrition and hydration requirements. People's appetite and the support requirements they needed to eat, and drink were documented to ensure the care provided met individual needs.
- Consideration to any dietary requirements was documented including food intolerances and specific health related diets.
- Care plans were detailed identifying any risk factors such as poor appetite and difficulty in swallowing with measures put in place to reduce risks.
- Staff received training in food hygiene and nutrition and hydration.

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

- Staff worked closely with other agencies such as community nurses, GP's, occupational therapists and

social workers. Contact details of relevant professionals were documented in the people's care plans.

- Where support with daily living was required, for example mobility, assistance was sought from health and social care professionals.
- Staff told us they would report any concerns in relation to the person's health to the management team and gave examples of how they had sought emergency services.
- Relatives told us that they were consulted and kept informed about changes in health and welfare issues.
- Daily care notes described situations where staff accessed timely health and social care support from professionals when needed.

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.

- Staff obtained consent for people's care and support where possible. Staff had a good understanding of the principles of the MCA and people were supported wherever possible to make their own decisions.
- The service was working within the principles of the MCA and had policies and procedures in place.
- Care plans identified people's ability to make choices and best interest decisions were made on their behalf if and when required.

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 positive about the service. Comments from people included, "They are all wonderful, kind and respectful." And, "I have not ever known anyone to not be kind and treat me with respect."
- Care plans were detailed describing people's cultural and spiritual needs and wishes.
- Staff were supported by the management team to be flexible in their approach and ensured that when needed people received extra support. People told us they appreciated the extra help staff offered, such as offering the extra cup of tea before leaving, asking if there was anything more needing doing if tasks allocated had been completed.
- One person said, "They [staff] treat you as an individual, not a number, not rushing in and out, but take time to talk to you."

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

- People told us they were able to express their views as to the care they received and were involved in their plan of care.
- Care plans identified what the person was able to undertake themselves and how the staff should support them to maintain their independence. People told us they were provided with choices as to how they wished their care to be delivered.
- One person said, "They [staff] always ask what I want and how I want it to be done." Another said, "I would say they treat you as an adult, not like a child. I know how I like things done and they respect that."

Respecting and promoting people's privacy, dignity and independence

- Staff spoke with compassion when they described the people they cared for. Staff told us, "I enjoy my work. I like knowing I can help people to live a good life."
- People confirmed that staff supported them to maintain their independence. Care plans provided clear guidance for staff empathising the importance of promoting independence and listening to people's wishes in how their care was delivered.
- Staff told us they promoted people's independence through encouragement. One staff member told us, "We encourage people to do as much as they can for themselves. It's important."

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 personalised and detailed providing staff with clear guidance in meeting people's needs and promotion of independence. Staff understood what person-centred care was and demonstrated how to provide people with choice. One person told us, "They [staff] always ask what you want and how you want things done. I am very happy with the care they provide for me. I couldn't manage without them."
- Care plans described people's wishes and what they would like to achieve. One person's care plan stated, "The main outcome I would like to achieve is to have some company and support with day to day living. I want to stay living where I am and not have to leave." Another care plan stated, "I'd like the carers to encourage me to take my medication as I can, on occasion, forget. In the future, I would like to complete this task with their support independently."

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 documented. Where glasses or hearing aids were required, the care plan identified the appropriate support the person needed.
- Care plans provided staff with guidance in supporting people living with dementia where their ability to communicate their needs was limited, describing how to reduce stress and anxiety where people may become upset or confused.

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

- An initial assessment of people's needs was undertaken, and specific areas of care were documented to provide staff with guidance on how to provide the care required.
- Care plans identified people's preferences including life history, hobbies and interests.
- Where possible people received care from the same group of staff. One person said, "I know they do their best to provide the same staff and this is much preferable as those staff get to know you and what is needed. I would say the majority of time they achieve this, just apart from the odd hiccup. They [staff] are all wonderful and I couldn't fault any one of them."

Improving care quality in response to complaints or concerns

- People and their relatives told us they had been given information as to how to raise concerns and complaints.
- Where complaints had been received these were responded to with evidence of analysis and lessons learnt.

End of life care and support

- The service did not have anyone receiving end of life care at the time of the inspection.
- It was evident from a review of care plans some people had been consulted as to their needs, wishes and choices in the event of their death and or the need for resuscitation.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager and care staff were enthusiastic about providing a service that met people's needs and helped them to become as independent as they wanted to be whilst maintaining their safety.
- Staff were aware of the values of the service and how to achieve them.
- People, their relatives and staff all told us that they found the manager and senior staff to be approachable.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There were clear and effective governance and accountability arrangements in place.
- The manager understood the importance of quality monitoring and how to use this information to drive improvement.
- The manager understood duty of candour and demonstrated awareness of their legal responsibilities. They knew when notifications were required to be sent to the Care Quality Commission and how to make referrals in the event of a safeguarding concern.
- The manager had considered the impact of the pandemic on the service and had updated their policies to ensure compliance with government guidance.
- The manager understood the importance of quality monitoring and how to use this information to drive improvement.

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

- The manager was new in post since July 2021 and had not yet registered with the Care Quality Commission. They told us they had started the process of applying to be registered.
- The manager promoted an open culture. Staff told us the manager was approachable and supportive. One staff member said, "The new manager is very nice, very approachable. Things are a bit more organised of late." Another said, "The manager is very supportive, knowledgeable and nice and easy to talk to."
- People told us they thought the service was well-managed. One relative said, "They [the manager] are very good. My only concern was the late calls but now they have more staff this has improved and has got a lot better."

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

characteristics; Continuous learning and improving care

- People and their relatives were regularly involved in a 12-weekly review of the service they received.
- People were invited to share their feedback as to the quality of care they received. The head office carried out regular calls to people to ask for their views about the quality of care they received.
- Information from analysis of incidents and accidents, feedback from people and their relatives and health and complaints were used to continually improve the service being provided.
- We noted from a review of care planning documentation people's comments had been responded to and care call timings adjusted in response to feedback. One relative told us, "I am confident that when you give feedback and have suggestions, they do listen. Whenever we have asked for changes to be made, they have responded, positively."
- Supervision and staff meetings enabled staff opportunities to provide feedback and suggestions. One staff member told us, "I do feel we are listened to. If you make a suggestion, it is taken seriously."

Working in partnership with others

- The service worked effectively in partnership with others to improve outcomes for people. The manager and staff had good working relationships with other professionals, people and their families.
- The management team were aware of the need to notify CQC and other agencies of any untoward incidents or events within the service.