

Midshires Care Limited

Helping Hands Southend on Sea

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 Southend on Sea is a domiciliary care agency providing personal care to people living in their own homes. At the time of inspection, 19 people were using the service, of which 10 people were receiving the regulated activity of 'Personal Care'.

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 and what we found

Suitable arrangements were in place to protect people from abuse and avoidable harm. Staff understood how to raise concerns and knew what to do to safeguard people. Risks to people's safety and wellbeing were assessed and followed by staff. Recruitment procedures were safe, and calls were monitored to ensure people using the service received support in line with their care needs. Suitable arrangements were in place to ensure people received their medication. People were protected by staff's prevention and control of infection practices. Lessons were being learned and improvements made when things went wrong.

Suitable arrangements were in place to ensure staff were appropriately trained and newly appointed staff received an induction, including shadowing experienced staff. Staff felt valued and supported and received supervision. Appropriate arrangements were in place to ensure people received enough food and drink to meet their needs. People received ongoing healthcare support as needed. 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 those acting on their behalf told us their care needs were met and they were treated with care and kindness. Staff had a good rapport and relationship with the people they supported.

People's care and support needs were documented, and staff had a good understanding and knowledge of these and the care to be delivered. People were confident any concerns raised would be listened to and acted upon. People told us the service was well-led and managed. Quality assurance arrangements enabled the provider to monitor the quality of the service provided.

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 in January 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 Southend on Sea

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 Health and Social Care Act 2008.

Inspection team

This inspection was completed by three inspectors.

Service and service type

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

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

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and care coordinator and examined a range of records. We reviewed five people's care records and three staff recruitment records, including evidence of training, supervision and 'spot visits.' We looked at people's daily journals and people's Medication Administration Records [MAR]. We looked at the service's quality assurance systems, staff training records, complaint and compliment records.

After the inspection

We continued to seek clarification to validate evidence found. We spoke with three people who use the service and two people's relatives about their experience of the care and support provided. We spoke with four members of staff.

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 of 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

- Everyone told us they felt safe and had no concerns about their safety when staff visited them. Comments included, "I trust staff in my house, I feel safe", "My relative has not expressed they do not feel safe when staff visit" and, "I feel safe, I have no concerns." One relative told us, "Staff know my relative's needs really well and how to care for them. I trust staff to keep [Person] safe."
- The registered manager was aware of their role and responsibilities to safeguard people from harm and abuse. Staff had completed safeguarding training.
- Staff demonstrated an understanding of the different types of abuse and were aware of their responsibility to report any concerns. Staff confirmed they would escalate concerns to the registered manager and if not taken seriously would contact external agencies, such as the Local Authority or Care Quality Commission. One member of staff told us, "If I thought someone was at risk, I would immediately inform the manager."

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed to enable people to live in their own homes safely. These related to people's manual handling needs, environmental risks to ensure people's and staff's safety and medication. Additionally, risks relating to people's specific health conditions had been considered and recorded.

Staffing and recruitment

- Suitable arrangements were in place to ensure the right staff were employed at the service. Appropriate recruitment checks were carried out as standard practice, including Disclosure and Barring Service [DBS] checks.
- People told us there were always enough numbers of staff available to provide the care and support as detailed within their support plan.
- People told us staff stayed for the allocated time as detailed and agreed within their support plan. People confirmed there had been no missed or late calls and the service provided was reliable. One person told us, "They [staff] always come on time. They have never missed their visit and they don't come late." One relative told us, "They [provider] have never missed a call and are always on time."
- Staff told us their roster was planned in advance and there was sufficient travel time included between each visit. Staff confirmed if they were running late, the domiciliary care office was contacted. One member of staff told us, "There is always enough staff to cover shifts. If I am running late, I call the office so they can arrange cover."

Using medicines safely

- People's medication support was safe and information relating to the type of support required was clearly documented within people's care plan.
- Medication Administration Records [MAR] demonstrated people received their medication as they should.
- Staff had received appropriate medication training and had their competency assessed to ensure they were skilled to undertake this task safely.

Preventing and controlling infection

- People told us staff wore aprons and gloves when providing care and staff confirmed they had enough supplies of Personal Protective Equipment [PPE].
- Staff had been vaccinated against COVID-19 and were undertaking regular rapid flow testing to keep people and others safe.

Learning lessons when things go wrong

- The registered manager informed us there had been no significant incidents since their appointment in October 2021. They told us they would carry out an analysis of all accidents and incidents to consider lessons learned and would share these with staff to reduce the risk of reoccurrence.

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 prior to the commencement of the care package.
- 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. Staff knew about people's individual characteristics.

Staff support: induction, training, skills and experience

- Staff were provided with sufficient training to enable them to carry out their roles and responsibilities. Comments by experienced staff included, "Training was good" and, "I felt the training prepared me for the role and was of a good quality."
- Staff received an induction and newly employed staff were given the opportunity to shadow a more experienced member of staff depending on their level of experience, competence and professional qualifications already attained.
- All staff were supported to complete the 'Care Certificate'. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life.
- Supervisions were happening to allow staff the time to express their views and reflect on their practice. These comprised of face-to-face meetings and 'spot check visits.' The latter enables the provider's representative to observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations.

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

- People told us staff supported them as needed with the provision of meals, snacks, and drinks throughout the day to ensure their nutritional and hydration needs were met.

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

- People had access to health professionals as required. If staff were concerned about a person's health and wellbeing, they would relay these concerns to the provider and registered manager for escalation and action.
- Information available showed people experienced positive outcomes regarding their health and wellbeing. One relative told us, "They [staff] communicate with me all of the time and tell me what is happening."

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 MCA 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received Mental Capacity Act 2005 (MCA) training and were able to demonstrate an understanding of the requirements of the Mental Capacity Act 2005 and what this meant for people using the service.
- The registered manager worked within the principles of the MCA. Staff knew how to support people to make choices and people told us staff always sought their consent prior to providing support. One person told us, "They [staff] always ask my choice and speak to me nicely, I feel they [staff] listen to me." One member of staff told us, "I always ask people what they want to eat or drink and don't just assume. I always give them choice."
- People's consent was clearly documented, and relatives and other care professionals were involved where appropriate, with decisions on care and support.

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 were complimentary about the care and support provided. People told us they were treated with care and kindness, and received the care and support agreed as part of their care package. Comments included, "I am happy with the care I receive. Staff support with any emergencies" and, "Staff always use their allocated time, sometimes staff stay longer. They [staff] do cleaning, chat with relative and provide brilliant care. They [staff] are really lovely to [relative] and the family." One relative told us, "Staff are definitely very kind and compassionate. They are all polite and always ask us questions if they are unsure. My relative is really happy with the service so that's got to be saying something."
- Most people received consistent support by the same care workers, so they got to know them well and developed good relationships with them. One relative told us, "Staff are familiar with my relative's needs." This was in contrast with another relative who told us their family member did not receive care from the same staff all of the time. However, they confirmed staff were kind and caring."
- People advised they had a good rapport and relationship with the staff who supported them.

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

- People and their relatives confirmed they had been involved in decisions about their care and support and this had been used to develop their support plan.
- People and their relatives had been given the opportunity to provide feedback about the service through the undertaking of reviews and satisfaction surveys.

Respecting and promoting people's privacy, dignity and independence

- People confirmed they were supported by staff to be as independent as possible and were actively encouraged to do as much as they could for themselves according to their individual abilities and strengths.
- People told us they were always treated with respect and dignity. Staff spoken with demonstrated a good understanding of how to treat people with respect and dignity. One member of staff told us, "I am aware that I am in somebody else's home. When I enter, I introduce myself and speak to people as adults regardless of capacity. I encourage people to retain as much independence as they able."

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; End of life care and support

- People told us they received good personalised care that was responsive and met their needs.
- Support plans covered all aspects of a person's individual circumstances and needs. This included the level of support required, the number of staff required to provide support each visit, the length of time for each visit and additional duties and tasks to be undertaken, such as housekeeping, shopping or supporting a person to access the community.
- The content of the support plan had been agreed with the person who used the service or those acting on their behalf. One person who used the service stated, they, a healthcare professional and members of their family had provided input to their care plan. One relative told us, "I have been to meetings at [relative] house where we sat together with the manager and discussed my family member's needs. They [provider] are really good and always involve us."
- Staff employed at the service were knowledgeable and had a good understanding of people's care and support needs. Staff confirmed they had sight of a person's support plan prior to providing care and support. One member of staff told us, "I always read through the care plan or call the office to find out any information I need before going to see the person. The manager writes the care plans but if I feel something has changed, I write it up and call or email the office to make sure it has been read and dealt with."
- No one using the service was requiring end of life care at the time of this inspection.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and this was recorded in care plans, so staff knew the preferred way to communicate with people.
- The registered manager told us every effort would and could be made to ensure information was supplied to people in a format they could understand if required. Currently, no one using the service had specialist communication needs which impacted on their ability to communicate with staff, for example, required assistive technology.

Improving care quality in response to complaints or concerns

- Guidance on how to make a complaint was given to people when they first started using the service.
- People told us they knew who to approach if they had any concerns or complaints and were confident these would be taken seriously and used as an opportunity to improve the quality of the service provided. One person told us, "I have not had to raise a complaint". Relatives comments included, "I have not had cause to raise a complaint and believe [Registered Manager] would listen and take appropriate action" and, "I haven't had to make nay recent complaints."
- A record of compliments had been maintained to demonstrate the service's achievements.

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; 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; Continuous learning and improving care

- People using the service, relatives and staff were complimentary regarding the registered manager and said the service was well managed. Comments included, "I know the manager and speak to her often. [Registered Manager] is very approachable and they always listen. I would be happy to pick up the phone and speak to them about anything" and, "[Registered Manager] manages the service well. I have emailed the manager a couple of times and even when they were on holiday, they replied."
- The quality assurance arrangements monitored the experience of people being supported and how risks to people using the service and the quality of the service were managed. This information was used to help the registered manager drive improvement, including the monitoring potential trends and lessons learned.

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

- The registered manager understood the importance of their role and responsibilities. They demonstrated a strong commitment to providing good care for people using the service, providing support to staff employed within the service and ensuring compliance with regulatory requirements was achieved.
- Staff were positive about working at the service and told us they were supported by the registered manager. A member of staff told us, "Working at Helping Hands Southend is 100 times better than what it was. [Registered Manager] has picked up a lot of mess, they are open, warm and understanding." The staff member continued by saying they felt supported and valued and since the registered manager had been in post, "It's been like a breath of fresh air, I find it a nice place to work." A second member of staff told us, "I normally speak to [Registered Manager] at least once a week. They are approachable and very understanding. When they first started, we [staff] were all a bit worried because we hadn't had a manager for a while, but they have done a really good job and they are very supportive. [Registered Manager] is a good leader and always listens."

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

- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf. Comments received were positive and repeated those already recorded within

this report.

- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service
- People confirmed the organisation completed 'spot checks' on their staff to ensure they were following their policies and procedures and providing appropriate care and support.

Working in partnership with others

- Information showed the service worked closely with others, for example, the Local Authority and healthcare professionals and services to support the delivery of care provision.