

Midshires Care Limited







Helping Hands West Bridgford

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	

Overall summary

We carried out the announced inspection on 20 October 2015. Helping Hands is run and managed by Midshires Care Ltd. Helping Hands is a domiciliary care service which provides personal care and support to people in their own homes. On the day of our inspection 38 people were using the service.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

‘registered persons.’ Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff understood their responsibilities with regard to protecting the people they were caring for from abuse or harm and people felt safe. Risks to people’s health and safety were assessed and managed, and people were encouraged as far as possible to maintain their

Summary of findings

independence. People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests.

Staff caring for people received sufficient and appropriate training to carry out their roles. People's needs were met and they were cared for by sufficient numbers of staff. They received their medicines as prescribed and the management of medicines was safe. They received the support they required to have enough to eat and drink and referrals were made to health care professionals when needed.

People who used the service, or their representatives, were encouraged to contribute to the planning of their care. They were treated in a caring and respectful manner and staff delivered support in a relaxed and considerate manner.

People who used the service, or their representatives, were encouraged to be involved in decisions and systems were in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously.

Summary of findings

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.

Good



People were safe as the provider had systems in place to recognise and respond to allegations of abuse.

People received their medicines as prescribed and medicines were managed safely.

There were enough staff to meet people's needs and staff were able to respond to people's needs in a timely manner.

Is the service effective?

The service was effective.

Good



People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced dietary and fluid intake and their health was effectively monitored.

Is the service caring?

The service was caring.

Good



People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Is the service responsive?

The service was responsive

Good



People were supported to make complaints and concerns to the management team.

People received care that was responsive to their needs and care plans were regularly reviewed and updated to ensure they contained accurate information.

Where required people were supported to pursue social activities in the community and in their own homes.

Summary of findings

Is the service well-led?

The service was well led.

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

There were systems in place to monitor the quality of the service.

Good



Helping Hands West Bridgford

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 20 October 2015. The inspection team consisted of one inspector and an expert by experience who undertook telephone interviews with people who used the service 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.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about

important events and the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service.

During the inspection we went to the homes of two people who used the service and spoke with them. We spoke with four members of staff and the registered manager. We conducted telephone interviews with two people who used the service and six relatives. We also received information from eight people from questionnaires we sent out to them.

We looked at the care records of two people who used the service, three staff files, as well as a range of records relating to the running of the service, which included audits carried out by the registered manager.

Is the service safe?

Our findings

People we spoke with told us they felt safe with the staff who came into their home to care for them, one person said, “Yes, I’ve not felt unsafe.” A relative we spoke with told us, “I felt [name] was safe, and they have given me no reason to feel that they haven’t felt safe.” Another relative said, “[Name] feels very safe with them and so do I.” People were aware of what to do if they felt unsafe or were not being treated properly. One person told us they would speak to one of the care workers, they said, “You have your favourites who you would confide in.” Relatives we spoke with were aware they could raise concerns regarding the safety of their relations to the registered manager and the local authority.

People were supported by staff who knew how to keep them safe. Staff we spoke with showed a good understanding of different types of abuse. They were able to provide a description of the types of abuse people they cared for could experience and what their responsibilities were in regard to reporting abuse. Staff told us they would document any incidents of concern and ensure the registered manager and coordinator was aware. Staff we spoke with were all aware they could report issues of concern to ourselves or the local safeguarding team. One member of staff told us, “Luckily I haven’t seen any abuse, I would report anything I was concerned about to the manager.”

People could be assured that both the staff and registered manager were confident in reporting, and acting on, any issues which could compromise their safety. We saw evidence in care records how care staff had managed a particular incident of concern and how they had been supported by the management team. The records showed how the provider had involved appropriate health professionals to assist them in ensuring a positive outcome for their client.

The risks to people’s safety had been appropriately managed by the registered manager and staff. People’s care plans contained information about how staff should support them to keep them safe but still allow the person to maintain their independence. There were appropriate risk assessments for individuals, for example there were risk assessments on different people’s ability to manage bathing or showering. The care plans detailed when and how to offer help to the person. People we spoke with told

us staff offered help appropriate to their needs. Staff we spoke with told us they used the information in the care plans to help them identify risks to people and tailor the care so people could be as independent as possible whilst keeping safe.

People told us staff managed the security of their homes to keep them safe. A number of people had key safe boxes and staff needed to let themselves in and out of their properties. People we spoke with told us staff were very careful with regard to the security of their homes. Staff told us how they managed the security of each person’s home dependent on what the person wanted them to do.

People we spoke with told us they felt there were sufficient staff to meet their needs. The staff were generally on time and people reported there had been no missed calls. They told us there was enough time on the calls and one person told us, “They pretty well come on time.” A relative who had returned a questionnaire wrote, “Carers are punctual and thorough.”

Staff we spoke with told us that they felt there were enough staff to meet people’s needs. One member of staff told us, “Yes, we were a bit busy, but it has levelled out now as new staff have been employed.” Another member of staff confirmed that as the agency had expanded appropriate numbers of staff had been employed. Staff told us they had enough time built into their schedules to travel from one place to another. We saw records showing how the management team scheduled appointments which confirmed this.

The registered manager had taken steps to ensure people were protected from staff who may not be fit and safe to support them. Before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers make safer recruitment decisions. We also saw references had been obtained prior to employment and retained in staff files.

People’s medicines were managed safely, individual care plans gave details of what help each person needed. One person told us, “The carers do that now, and there’s never been a problem.” A relative we spoke with told us that their relative needed prompting with their medicines and that was one of the reasons they had started to use the service. They told us their relative’s needs were recorded in the care plan and staff supported their relative appropriately. The

Is the service safe?

care plans we viewed showed the needs of individuals clearly. This included who was responsible for reordering individual's medicines. Staff were able to describe the different levels of support people required with regard to their medicines. Staff told us and records showed they had received training in the safe handling of medicines, and support from the registered manager and coordinator.

We observed a member of staff administering medicines and saw they followed the appropriate procedures to do this. They ensured the person had taken the medicine before they signed the medication administration record.

Is the service effective?

Our findings

People we spoke with told us they felt the staff who cared for them were competent and received the right training to do their job. One person told us, “Yes they know what they are doing.” Another person said, “They all seem to know what they are doing.” Relatives we spoke with felt the staff were well trained, one person told us, “Yes the training they get must contribute to the way the staff deal with [name]’s dementia needs, because they manage [name]’s needs so well.”

People were cared for by staff who were given relevant training and regular support. Staff told us they had received induction training and were supervised when they were first employed. They discussed the different elements of the training which included health and safety, safeguarding vulnerable adults, moving and handling and fire training. One member of staff told us, “Yes we get plenty of training.” They went on to say that the training was relevant and appropriate to their role. Staff told us that they were supported by the management team and the company had a regional trainer who delivered both the induction training and ongoing update training relating to various aspects of their roles including dementia, moving and handling, nutrition and medicines management.

Staff received regular supervision and we saw records in employees’ files relating to regular observation of their practice that was carried out by the coordinator. The service had been running for less than a year so yearly appraisals had yet not been undertaken, however we saw six month review records in employees’ files.

People who used the service told us they were asked to provide their consent before any care was given. They told us that staff always checked what they wanted before doing anything. One person told us, “They get on and do the things you want them to do.” They went on to say, “I tell them what I want and they do it.” One relative we spoke with told us, “The carers always ask [name] if they can do things, because it would upset them if they just did things without asking.” They went on to say their relative’s moods could sometimes be changeable as their medical condition made them a little confused. They told us staff managed their moods well, tailoring the care to their preferences.

People we spoke with had been involved with planning their care package and their needs were known by staff.

Relatives told us they had been involved with developing their relations’ care plans, and we saw care plans had been signed to show people or their representatives had participated in their completion. One relative we spoke with lived in a different part of the country. However they had been able to communicate regularly with the service to ensure their relation’s needs were documented in the care plan.

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA) when providing their care. The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability. Although the service was not providing care to anyone who lacked capacity at the time of the inspection the registered manager was able to discuss her responsibilities with regard to the principles of the MCA. Staff we spoke with had an understanding of the MCA and described how they supported people. One member of staff told us, “We haven’t got anyone who can’t make their own decisions. We have some people who have better days than others, but they can still decide what they want.” A relative we spoke with told us their relative struggled with decision making. The relative told us they had observed staff tailored the way they asked things so they did not bombard their relation with too much information. They felt this helped their relation make their own decisions.

People who needed support with eating and drinking were given appropriate support by staff. A number of people we spoke with told us they managed themselves or had relatives who would help them. However one person told us, “The carers do all the meals, sometimes they surprise me with something they know I like best.” One relative told us their relation was not eating well prior to using the service and that staff supported their relation with all their meals. They told us their relation was given choices with regard to what they ate. Other relatives we spoke with told us that care staff supported their relations with food shopping when required, and the care plans we viewed showed what support was needed. One relative told us their relation had gained weight since they had been supported by staff preparing their meals.

Staff we spoke with told us they did a lot of the cooking and shopping for some people. Staff were able to discuss the dietary needs of the people they were caring for in relation to health conditions such as diabetes. Where appropriate

Is the service effective?

we saw nutrition and fluid charts were used. Staff we spoke with explained how these assisted them monitor the needs of people so they could escalate any concerns to the person's family and appropriate health professionals.

People who used the service could be assured that staff would support them with their healthcare needs. Where staff were responsible for assisting people to make healthcare appointments, this support was provided. One person we spoke with told us staff accompanied them to the GP surgery if needed, as their relatives did not live locally. A relative we spoke with told us their relation had needed to change GP practices as they had moved house. The care staff had supported their relation by taking them to register and ensuring their medicines were reviewed and prescribed.

People and their relatives we spoke with were confident that should the health of the person who used the service deteriorate, staff would respond appropriately. Two separate relatives we spoke with told us there had been occasions when this had happened. In both scenarios the staff had acted appropriately ensuring the person received appropriate and timely care. Staff we spoke with told us if someone's health deteriorated suddenly they would contact the emergency services. Staff were also clear about what action they would take in different situations. One member of staff said, "Yes we have the phone numbers of the district nurse and GP. In an emergency I would call an ambulance and let the family and the office know."

Is the service caring?

Our findings

People we spoke with told us the staff who provided care for them were genuinely caring and took the time to ensure they gave good care. One person we spoke with told us, "Oh yes, it's in their attitude, they are kind. They treat you as friends not a machine." Relatives we spoke with told us they felt the staff who cared for their relatives were caring. One relative told us, "They go the extra mile if you ask them." Another relative told us, "My [name] is extremely happy with this service, the carers are punctual and thorough." Both the people who used the service and their relatives told us that staff always made sure that people had everything they needed before they left them.

Prior to our inspection questionnaires were sent out to people who used the service and their relatives, all of the people who responded to the questionnaire told us they were happy with the care and support they received from the service and they thought staff were caring.

People who used the service could be assured staff had a good knowledge of their needs. Staff we spoke with were able to describe in detail the needs of the people we asked them about. It was clear they understood the individual needs of the people they cared for, they spoke warmly about them and the interactions we saw were warm and respectful.

People received the care they needed in the way they wanted from a small team of staff. This helped build relationships between people and their care workers. One relative we spoke with told us the registered manager had responded to the fact that their relative needed a small number of staff to deliver their care. They said, "[Name] couldn't deal with a big team of people coming in it would just confuse and upset them." They went on to say, "It truly is a holistic service."

Staff we spoke with confirmed they had regular people they cared for. One staff member told us, "I sometimes only see two people a day depending on the number of calls they have, at most I might see six people, but I have regular clients." They told us having a small number meant they could build relationships and ensure people got things done the way they wanted them done. The care plans we viewed showed that where individuals had expressed a preference for a particular gender of staff this had been noted.

People's decisions and choices were respected. One person we spoke with told us, "Yes, I tell them what I want and they do it." Staff we spoke with told us they ensured people made their own decisions about their care. One member of staff said, "People I look after choose their own food, the clothes they wear and they tell us what they want."

The people we spoke with felt they were treated with respect and staff maintained their dignity. One person we spoke with said, "Oh yes they are very good." They went on to say that staff made them feel comfortable when they gave personal care. A relative we spoke with told us that the care workers showed enormous respect for their relative at all times. Another told us staff treated their relative well, they said, "They are very good to [name], they somehow manage to get them to do things I can't."

Staff we spoke with showed a good understanding of the importance of treating people with respect and maintaining their dignity. They were able to give examples of how they maintained people's privacy when providing personal care. One member of staff told us, "I always make sure curtains and doors are closed, and keep people covered when helping them wash."

Is the service responsive?

Our findings

People we spoke with felt their individual preferences were known by staff and felt they were encouraged to make independent decisions in relation to their daily routines. One person told us, “The girls know what I want.” They went on to say, “I tell them what I want and they do it.”

Relatives we spoke with had confidence in the service and that staff knew their relations’ preferences well. One relative told us the care staff coaxed their relative to do things for themselves, they said, “They’re really good they spend ages encouraging [name] to do stuff that they wouldn’t do otherwise.”

Staff told us they had a regular group of people who they cared for. They had built up a good knowledge of individual’s preferences and the best way to encourage each individual’s independence. One member of staff told us, “I treat people as individuals.” They told us they provided care to people who were living with dementia and that every day was different with them. They said “You adjust to their mood on each day and plan the care around this.”

People and their relatives told us they had been involved with planning their care. The care plans had been signed either by the person who used the service or their relative. One person said, “Yes I told them what I needed when I came out of hospital.” A relative we spoke with told us, “Yes I helped [name] plan things when they first started coming, I’d ring them if I wanted to alter something.” The service was relatively new so care plans had not been formally reviewed with people and their families, although the registered manager told us both they and the coordinator were in regular contact with people and their families. The coordinator was also planning to send out letters to invite the relevant people to review meetings so decisions about care could be made together.

Staff told us the right information was in the care plans, they were kept up to date and they had time to read them. They told us the registered manager and coordinator kept them informed of any changes and they were encouraged to speak to the management team should they feel something should be changed. During the inspection we

saw care plans were up to date and relevant to people’s needs. We examined both the copy of the care plan that was kept in the office and the copy kept in the person’s home and found them both up to date.

People told us that the communication between themselves and the staff team was good, and the staff and registered manager responded well to their needs. Prior to using the service the length of time needed by people on each call was agreed by the individual and the agency. Although should needs change or staff caring for an individual found there was insufficient time to complete a person’s care they raised this with the registered manager. They would reassess the care needs with the person who used the service and their family and adjust the call timings accordingly. One member of staff gave us an example of this they said, “Yes we didn’t have enough time with [name] but this has been increased.”

People’s care plans contained information about what they enjoyed doing and staff supported them by ensuring they had the things they needed around them before they left their house. Staff we spoke with told us they always checked this and when we visited a person’s house during a call we saw the member of staff did this before they left.

People were encouraged to go out into the community where possible. Some people had this time built into their calls, one person told us the care staff took them to a social event each week. We saw correspondence from a relative of another person who used the service who was also taken out regularly. The relative confirmed after speaking to their relation that they had obviously enjoyed the event. They also commented that their relation was doing more for themselves with the encouragement of the care staff and this had lifted their mood.

People we spoke with felt they were able to say if anything was not right for them. They felt comfortable in highlighting any concerns to the staff caring for them or the registered manager and they believed their concerns would be responded to in an appropriate way. No one we spoke with had cause to complain and one person told us, “No not at all and if I have any problems I tell people straight.” A relative we spoke with told us they would ring the contact number they had if needed.

Staff we spoke with were clear about how complaints were managed, as part of their induction they were made aware

Is the service responsive?

of the complaints policy and procedure. One staff member told us, "I would deal with it if I could, and record what I had done then I would let the manager know. If I couldn't sort it I would make sure the manager knew."

The organisation's complaints procedure was in the welcome pack and the registered manager was aware of

their responsibilities with regard to recording and investigating complaints. Records showed that when complaints had been received they had been recorded in the complaints log and managed in accordance with the organisation's policies and procedures.

Is the service well-led?

Our findings

People told us they had confidence in the registered manager and felt able to approach them if they wanted to discuss anything. One person told us, “Oh yes they are a very friendly company. If they [the manager] know anything’s bothering me they go out of their way to help me.” A relative we spoke with told us the registered manager was, “Lovely. When [name] was in hospital they rang the hospital to see how [name] was. People thought the service was well led, one relative we spoke with said, “Yes you can always speak to the manager or the other lady in the office, they both sort things out.”

Staff we spoke with told us they enjoyed working for the service. They told us their manager was readily available to them, and was a visible leader. A member of staff said, “The manager and coordinator are supportive, you can go to them with any question.” Another told us they felt supported, they said, “There is always someone on call in the evenings or weekends.” Staff told us the management team were flexible and tried to make sure people got the time off they requested. The registered manager told us they worked with staff to ensure the needs of the service were covered whilst giving them a balanced work life.

Staff we spoke with felt the registered manager was open and promoted an open culture in the service. They told us they felt happy going to the registered manager and coordinator to feedback issues around care. They told us they had regular meetings and they had the opportunity to discuss things both in their one to one supervision meetings and at staff meetings.

We found staff were aware of the organisation’s whistleblowing and complaints procedures. They felt confident in initiating these procedures. One member of

staff told us they would go to the registered manager with concerns. Another member of staff told us there was also a section on the company’s intranet on whistle blowing and complaints which they could use should this be needed.

People who used the service benefited from good care given by staff who were effectively supported and supervised by the management team. Staff told us, and records showed that staff had attended supervision sessions and annual appraisals were being planned once staff had been employed for a full year. One member of staff told us they found the supervisions useful and felt things improved as a result of feedback at supervision.

People who used the service, their relations, and staff were given the opportunity to have a say in what they thought about the quality of the service. The company was in the process of sending out their first yearly quality assurance questionnaire. Relatives we spoke with told us there was good communication between themselves and the company. Some people who lived away told us they regularly communicated with the registered manager and coordinator by email and any suggestions or issues they raised were responded to appropriately.

The registered manager also used audits to assess and monitor the quality of the service provided. The company’s national quality assurance team supported the registered manager and we saw audits were undertaken on a wide range of documentation used by the agency. We also saw local audits relating to areas such as care plans. And the coordinator regularly audited direct care by undertaking spot checks on staff delivering care in people’s homes. Systems were in place to record and analyse adverse incidents, such as falls, with the aim of identifying strategies for minimising the risks. This showed that the provider was proactive in developing the quality of the service and recognising where improvements could be made.