

Magic Helping Hands Limited

Magic Helping Hands

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Magic Helping Hands provides personal care and support. At the time of the inspection they were supporting one person.

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

People received their medicine at the right time and in the right way. However, the medicines policy needed to be updated to reflect current practice. Improvements were needed to the way the service recorded when someone needed Pro Re Nata (PRN) medicine or if medicine was administered covertly.

Staff had access to protective equipment and had been trained in infection control. There was a lack of information or guidance for staff about how to protect themselves and others from the potential risk of infection when there was the possibility of encountering an infectious disease.

Staff had completed training in the Mental Capacity Act, however some improvement was needed to the way these decisions were recorded, when they applied in practice.

The service was not delivering end of life care to people. Assessments and care plans were in place. Oral care and Behaviour support plans (BSP) were being developed. We have made a recommendation around end of life and oral health care.

The registered manager had not considered how the accessible communication standards could be applied and needed to ensure that people had access to information in different formats which met their needs.

Staff knew how to raise concerns correctly, but systems needed to be developed so that learning could be shared among the team. The registered manager completed a range of risk assessments, which were person centred and detailed. There were enough staff to deliver care to people, and systems were in place to monitor the frequency of late or missed care calls.

Staff were experienced and had previously worked in the health and social care sector. Since starting with Magic Helping Hands, a range of training had been provided to them. Staff were supported with an induction and had regular supervision. Detailed information relating to people's health needs had been retained on file, and professionals involved with the service spoke positively about the staff and the service people received.

People's relatives and professionals told us staff were compassionate, kind and caring toward the people they supported. Policies and procedures were in place to ensure that complaints would be dealt with effectively.

The registered provider understood the requirements of their registration. They were committed to

continuous learning and professional development to ensure best practice. Quality assurance audits had been prepared to measure the quality and safety of the service people received.

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 21 December 2018 and this is the first inspection.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Magic Helping Hands

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. This service provided care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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. The inspection activity started on 20 November 2019 and we visited the office location on 21 November 2019.

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.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with one relative about their experience of the care that had been provided to their family member. We also spoke with three members of staff, including registered manager. We contacted three health professionals to obtain their views. Where information has been supplied this has been included within our report.

We reviewed a range of records. This included two people's care records and medication records. We also looked at two staff files in relation to recruitment and staff supervision. 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.

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 Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- There was a lack of information or guidance for staff to understand how to protect themselves and others from the potential risk of infection. For example, one person had been tested for an infectious disease and a risk assessment had not been carried out which looked at ways the potential infection could be contained. Whilst the registered manager had informal meetings with staff and taken appropriate action, they had not followed their infection control policy.
- Staff had access to personal protective equipment (PPE) such as, aprons, gloves, and hand gel. Staff were able to explain how they would use this equipment to reduce the spread of infection.

Using medicines safely

- One person was assisted to take their medicine covertly. Records needed to be improved to reflect current best practice guidelines. After the inspection, the registered manager confirmed this had been updated.
- Medicine policies and procedures needed to be updated to reflect current guidelines, in relation to covert medication.
- A person required Pro Re Nata (PRN) medication, which is medicine taken when it is needed. Protocols needed to be put in place, to provide guidance for staff about when they should administer this type of medicine.
- The MARs indicated that people's medicine was given at the right time and in the right way.
- Staff were trained in medicine administration and the registered manager tested staff competency.

Assessing risk, safety monitoring and management;

- One person had complex behaviours. The registered manager had assessed the risk and guidance was in place for staff to follow.
- Staff were aware of people's individual risks and how to support people in a safe way.
- When a person displayed behaviour that challenged others, staff were clear about the ways in which to divert their attention effectively. No occurrences of restraint had been used to manage the persons behaviours.
- General risk assessments provided staff with guidance about how to minimise risks. These covered a range of areas including, the environment, manual handling and eating and drinking.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had been trained in safeguarding and knew how to raise concerns correctly. One staff member said,

"I would let my manager know immediately if I had any concerns and I would report it. If they didn't do anything I would pass it on to the CQC or the police. We have a whistleblowing policy as well."

- Whistleblowing policies were in place and staff were confident about using them if they needed to.
- Systems needed to be put in place, so learning could be cascaded if incidents, accidents, complaints or safeguarding events occur.

Staffing and recruitment

- The registered manager had a small staff team to assist them with delivering care and at the time of the inspection, they were delivering care to one person.
- An electronic monitoring system was in place to monitor the frequency of missed or late visits.
- People told us staff turned up on time and stayed for the duration. One relative said, "The staff turned up on time, and they were friendly."
- Robust recruitment processes were in place for the safe employment of staff. Checks were carried out as to the suitability of applicants in line with legal requirements. One staff member said, "Even though I have previous experience in care. I gave my manager access to the update service. They checked all that before I started work."

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 Requires Improvement. This meant the effectiveness of people's care, treatment and support was inconsistent.

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.

- One person lacked capacity to make decisions in relation to personal care. An assessment considering their decision-making ability had not been carried out.
- When a best interest decision had been made by health professionals, records of this had not been retained within the care plan. Following the inspection, the registered manager provided us with confirmation that this aspect had been reviewed and rectified shortly after the inspection.
- The registered manager and staff understood the requirements of the Mental Capacity Act 2005 (MCA) and understood how to apply the principles of this legislation to their everyday practice.
- Staff had been trained in the MCA and DoLS.

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

- Oral health was not referred to within people's care plans, and staff had not been trained in how to meet people's oral health needs. Following the inspection, the registered manager provided evidence that the care plan had been reviewed and guidance for staff had been included within the care plan.

We recommend the registered provider reviews CQC guidance 'smiling matters' and implements best practice around this area.

- Care plans contained information when health professionals were involved. Hospital passports were in place.
- The registered manager effectively communicated with health professionals involved with people. One

health professional said, "The staff are good at communicating when things are going on and sharing information. They have also been good at staying in touch with a key family member of the person we are currently involved with supporting."

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

- At the time of the inspection, the registered provider was not supporting anyone who may have been at risk of choking or who needed support with a textured diet.
- One person was being supported to meet their nutritional and hydration needs. The care plan included information about their mealtime preferences and how to effectively assist this person.

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

- The registered manager carried out an assessment prior to delivering care to people. The assessment covered a wide range of areas, including the type of care a person needed and their personal history.
- The assessment explored people's options and preferences in relation to the preferred gender of staff supporting them.

Staff support; induction, training, skills and experience

- Staff told us they had received a good induction, which included shadowing components. One staff member said, "They gave me an induction when I started. It all related to [Name]. I am down to start the care certificate." The care certificate are the standards all new care workers need to meet.
- Staff told us they had been trained in a number of mandatory topics and key areas, such as, managing challenging behaviour. One staff member said, "I have been given all the training I need. When I started with Magic Helping Hands they trained me again even though I have experience."
- The registered manager carried out regular supervision sessions with staff, which reflected on their practice.

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; Respecting and promoting people's privacy, dignity and independence

- A person's relative told us they knew staff well and valued their support. A person's relative said, "The staff were brilliant. They were friendly, and they also helped our other family member."
- The person's relative told us staff spoke respectfully and treated their family member in a dignified way and included them in the care planning process. One relative said, "The staff were very good. They listened to you and went through everything."
- Staff received dignity training and understood how to protect people's dignity and privacy. Staff told us they ensured that doors and curtains were kept closed and people were kept covered when providing personal care.
- Confidentiality was maintained at the service which meant that information held about people's health and support needs was kept secure and treated with respect.

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

- Care plans explored people's needs. For example, personal interests, hobbies, likes and dislikes, religious and cultural needs had been explored and recorded.
- Care plans had been reviewed on a regular basis or when their needs had changed.

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.

End of life care and support

- At the time of the inspection, the registered provider was not delivering end of life care to people.
- Improvements were needed to ensure the service would be able to meet people's end of life care needs in case of a sudden death. For example, policies and procedures relating to end of life care were in place, however, staff had not received end of life care training.
- Care plans did not explore people's preferences in relation to end of life care. This is important because a sudden death may occur.

We recommend that the registered provider improves this area of practice in relation to end of life care, in line with best practice guidance.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment, or sensory loss and in some circumstances to their carers.

- The registered manager needed to complete training relating to the accessible communication standards.
- Easy read version of key policies was not available if these were required. The registered manager told us these were currently being developed. For example, an easy read version of the safeguarding policy, could be developed to give people information about how to identify unacceptable behaviour, including any form of discrimination, and who to talk to if they needed to report any concerns.
- Care plans included detailed information for staff explaining how people used their body language to communicate.
- Staff understood how the person they supported communicated. One health professional explained, "[Name] does not communicate verbally, so their likes and dislikes have to be judged by observation and having a good knowledge about their past experience. You can recognise when they appear to be happy or unhappy."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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

- At the time of the inspection, the registered provider was not providing support services to enable people to maintain activities or access the community.

- People's care plans contained information about their preferences, interests, and life history.
- Each person's care record contained information relating to the person's preferences, interests, and details of individual daily needs such as, mobility and personal hygiene.
- The care plan gave staff information about how the person's care needs were to be met and what staff needed to do to deliver the care in the way the person wanted. Care plans were regularly reviewed.

Improving care quality in response to complaints or concerns

- When a complaint had been made, the registered manager had completed an investigation and provided a response in writing to the complainant.
- A complaint policy was in place which met current guidelines. It explained how the service dealt with complaints and how to make one.
- Compliments had been made about the service. One said, "I felt completely satisfied that [Name] was being looked after. They arrived on time and informed us of any issues."

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 Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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 was developing how they would assure the quality of the service they delivered. Various audits were available covering a wide range areas. Some had been carried out.
- At the time of the inspection, there was limited evidence to show if these systems would be robust because the service was new and only delivering care to one person.
- Spot checks had recently been implemented. They covered a wide range of areas. A "spot check" is an unannounced visit made by a supervisor to a service user's home to ensure that care staff are delivering the service agreed to the standards required.
- Recent surveys had been sent out to people who used the service and their family members. At the time of the inspection, no questionnaires had been returned.

Continuous learning and improving care

- The registered manager understood the different aspects of the service and helped to deliver support to people.
- Systems and checks needed to be completed and practice embedded into to assure the quality of service people received.
- Prior to the inspection, the registered manager had an external consultant carry out an audit of the service, which had identified some of the issues found during this inspection.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to be involved with care planning. The registered manager said they were currently looking at developing links with the local community. They explained they were in contact with the local authority to try and promote the service.
- The registered manager explained how they had an open-door policy.
- One relative described the registered manager as being, "Very friendly and 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; Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements

- The registered manager was clear about the regulatory requirements relating to events that the CQC

should be notified about.

- Following the inspection, the registered manager sent us an action plan confirming how they would make the required improvements.