

Midshires Care Limited

Helping Hands

Peterborough

Inspection report

90 Bridge Street
Peterborough
PE1 1DY

Tel: 07712527205
Website: www.helpinghands.co.uk

Date of inspection visit:
04 March 2019
05 March 2019
06 March 2019

Date of publication:
03 April 2019

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 Peterborough is a domiciliary care service that was giving personal care to 28 people at the time of the inspection.

People's experience of using this service:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People told us they liked the care and support they received from staff. Staff encouraged people to complete tasks independently, or with minimal support where possible. This was done in a caring and compassionate way.

Staff were knowledgeable about safeguarding and how to report their concerns internally and externally to local safeguarding authorities. Risks to people's health and well-being were identified and monitored. Guidance was in place for staff on how to support people with these risks. This included how to evacuate a person's house or flat in the case of an emergency.

Staff promoted and respected people's dignity and privacy. Staff had guidance on how to support people effectively in care plans that were individual to each person. Staff supported people with their prescribed creams in a safe manner. People told us they made decisions about what medicines they took. However, there was no guidance for staff to know signs of any potential medicine side effects.

The registered manager kept people's personal information confidentially stored within the office. People, their relatives and advocates were involved in discussions about their care.

There were enough staff to meet people's needs. People told us they had no concerns about staff timekeeping when attending their care visits. As much as possible the same group of staff supported people to provide consistency. This was people's preference as they told us staff got to know them, how they liked to be cared for and their likes and dislikes. People were kept safe from risks of infection due to methods used by the staff supporting them, in line with their training.

Checks were in place before a new member of staff was deemed suitable to work with the people they supported. Staff induction into their role was based on a nationally recognised training programme called the Care Certificate. Staff had supervisions and spot checks to discuss their progress and training in subjects considered mandatory by the provider to develop their skills and knowledge. Staff learnt lessons from incidents and near misses that happened both within the organisation and within the local service.

People, their relatives, and advocates gave feedback on the quality of the service provided. People's concerns were listened to, investigated and resolved where possible. The provider's governance systems

and processes had improved and identified areas of the service where improvements were needed. The registered manager completed internal audits to ensure the service provided to people was effective and safe.

More information is in the detailed findings below.

Rating at last inspection:

This is the first inspection of the service since they registered with the CQC on December 2017.

Why we inspected:

The service was inspected as it had not had an inspection since registering with the CQC.

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 any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Helping Hands Peterborough

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

One inspector carried out this inspection.

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. It provides a service to older and younger adults.

The service had a manager registered with the Care Quality Commission. A registered manager 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. There was a manager in place who had started the application process with the CQC of becoming the registered manager.

Prior to the inspection, the CQC received concerns from a person using the service who said that the management and staff were not understanding of their health condition, and their care and support needs.

Notice of inspection:

We gave the service 2 days' notice of the inspection site visit because it is small and we needed to be sure that staff would be available.

Inspection site visit activity started on 4 March 2019 and ended on 6 March 2019. We visited the office

location on 4 and 6 March 2019 to see the registered manager and care staff; to review care records, staff records and policies and procedures. We spoke with five people using the service by telephone to ask for their feedback on 5 March 2019.

What we did:

Prior to the inspection we reviewed information we held about the service to aid with our inspection planning. This included notifications. Notifications are incidents that the registered manager must notify us of. We contacted other health and social care organisations such as representatives from local authority contracts team, quality improvement team, the safeguarding team, and Healthwatch (an independent organisation for people who use health and social care services). This was to ask their views about the service provided. This helped us plan our inspection.

During inspection we: information gathered:

- Spoke with five people who received the regulated activity of personal care.
- Spoke to the head of home care, the area manager and the registered manager.
- Spoke with three care workers called 'hourly carers' within the service.
- Looked at three people's care records and corresponding risk assessments and monitoring records including medicine administration records (MARs).
- Looked at records of accidents, incidents, compliments and complaints.
- Looked at three staff files including all aspects of recruitment, supervisions, competency checks and training records.
- Looked governance records that monitored the service including action plans.
- Looked at organisational oversight audits and action plans.
- Looked at surveys completed by people using the service and staff.
- Looked at the provider's newsletters, memos re learning from incidents and accidents, and policies and procedures.
- Looked the provider's statement of purpose and service user guide and the provider's business contingency plan.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe using the service. This was because of the support given by staff.
- A person told us, "The support I get gives me reassurance whilst living at home."
- Staff had a clear understanding of their duty to report any concerns of harm or poor care. This was in line with their training.
- A staff member said if they had concerns, "I would telephone and make my manager aware and follow this up with an email. I would make sure everything was logged, timed and dated."
- Staff knew they could also report concerns outside of their organisation. This was in line with the provider's policies and procedures.
- A staff member said, "You can raise [concern] to the safeguarding officers [local authority] and police."

Assessing risk, safety monitoring and management

- Staff understood that people required support to reduce the risk of harm such as self-neglect of personal care, poor oral hygiene, poor skin integrity, moving and handling needs. People's care records included how people needed support from staff to monitor these and any other assessed risks.
- Staff were given prompts within people's care records to report any concerns they had about a person's well-being.
- Environmental risk assessments were also in place and these included a fire evacuation procedure. This gave guidance to staff on how to evacuate safely should the need arise.

Staffing and recruitment

- People told us that staff's timekeeping when attending their care visit was satisfactory. Where staff were late, people had no concerns because they knew that on occasion staff could be held up.
- A person told us, "Time keeping is pretty good. Once there was missed care visit when a staff member was sent a request to attend late and they didn't read their messages. I rang the office, they were very shocked this had happened and very apologetic. It has not happened since. I accepted their apology as a legitimate excuse." Another person said, "Staff are pretty good at timekeeping, there are odd times [when] they are held up but it doesn't bother me."
- There were enough staff to cover people's care visits. People told us that they had regular staff who visited them. This was their preference as they told us staff could get to know them and their wishes.
- A person told us, "I mainly have one carer now [named staff member] because I am more confident with someone I know. I know [they] will have annual leave and periods of sickness and I am okay with that, but I would rather have just one main carer."
- Potential new staff to the service had to undergo checks to make sure they were suitable to work with the people they would be supporting.

- These checks included, professional references from previous employers, a full employment history and a disclosure and barring service [criminal records check]. To make sure staff were of good character and suitable to work with the people they supported.

Using medicines safely

- People spoken with self-administered their prescribed medicines. However, some people were supported by staff to apply prescribed creams.
- A person said, "They put creams on, I do my own tablets. I have no concerns, they do this properly under my guidance."
- People's care records and risk assessments gave clear guidance for staff on whose responsibility it was to order, collect and dispose of medicines.
- However, side effects of medicines and creams administered by staff, as guidance for staff, was not included in the care records we looked at. The registered manager told us they would make this improvement.

Preventing and controlling infection

- Staff understood how to protect people by the prevention and control of infection.
- Staff had training in infection control and knew that personal protective equipment [PPE] such as gloves and aprons were for single-use only.
- A staff member said, "[I have] had training on food hygiene and infection control on e-learning. PPE - there are plenty of aprons and gloves. If you get low you request more from the office and it is given. Every time we apply a different cream we replace our gloves. Change [gloves] after personal care or if you are preparing food."

Learning lessons when things go wrong

- Learning from accidents and incidents and near misses were circulated to staff via memos. These memos were from both the organisation, regarding learning events from an organisational viewpoint and from a service level.
- Learning included guidance for staff on when people had falls at home.
- A staff member said, "We get regular emails around about things that need doing."

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.

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

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

- People's needs were assessed before they used the service and reviewed whilst using the service. This made sure staff were knowledgeable and able to meet the persons care and support needs. From information gathered, individual care and support plans and risk assessments were developed with the person and, or, their relative or legal representative or advocate.
- The registered manager and staff worked with external health professionals to ensure people were being supported in line with best practice guidance. This was to promote people's well-being.

•

Staff support: induction, training, skills and experience

- New staff to the service were required to complete an induction that was based on the Care Certificate. This is a nationally recognised training programme for staff working in health care.
- Staff had been trained to develop their knowledge and skills needed to support people effectively.
- Staff also received an ongoing training programme which met the requirements of their roles and supported safe practices.
- Staff received regular supervisions, spot checks and support to carry out their roles effectively.
- A person told us, "I have been very impressed. You get the feeling [staff] have been trained well. For example, when using the wheelchair, they will make certain comments which shows their training."

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

- People spoken with were not supported by staff with their food and fluid intake as this was not needed.
- Care records showed that where staff supported people with their meals and drinks. There was clear guidance for staff on what the person liked and disliked.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager worked with representatives from a local authority continuing health care team and representatives from another local authority brokerage team regarding people's care and funding. This was to ensure information was communicated effectively between the organisations involved in people's care.

Supporting people to live healthier lives, access healthcare services and support

- The registered manager told us and records showed that people had access to external healthcare services and support.
- The registered manager had made links with the local dementia resource centre. They were given

information to pass on to people they supported who lived with dementia regarding the local dementia cinema, dementia walks, and dementia café.

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.
- □ We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- □ The registered manager told us that no one using the service currently lacked mental capacity.
- □ Staff had training in the MCA 2005 and could demonstrate their understanding to us.
- □ One staff member said, "You assume everyone has capacity. Don't treat a bad choice as a person who lacks capacity, people have a right to make poor choices. You give people all the information and then you can act in their best interest. But always assume capacity first."

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

Good: 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

- Prior to the inspection, the CQC received concerns from a person using the service who said that the management and staff were not understanding of their health condition, and their care and support needs.
- During this inspection, people spoke positively about the care and support they received from staff and the management of the service.
- People told us, "I feel looked after. The carers are brilliant, I am being carefully looked after, supervised by a smooth and caring service," and "I have no concerns, they are alright. I look forward to seeing them in the morning."
- Personal individual preferences for people were respected. A person said, "I will not accept male care staff and they only send me female care staff."

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

- People told us they were involved in the planning of their care and support. They said they made their own health and care decisions and staff respected these.
- People confirmed that they were aware of their care record held within their home. One person said, "They [staff] do whatever I want them to do." Another person told us, "They [staff] do everything I ask for."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff promoted and maintained their privacy and dignity.
- People said, "Yes, they respect me and my dignity," and "Staff are very respectful."
- Staff understood how and why it was important to maintain people's privacy and dignity. A staff member said when delivering personal care, they would, "Close blinds and door, keep towels over people and neutral facial expressions and just chat," to promote a person's dignity.
- Staff securely stored all paper and electronic records in the office.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support from staff which helped them to live life as independently as possible.
- People's care plans were developed with them and contained detailed information about how people communicated and what their likes, dislikes and preferences were.
- Where people needed their information in different formats to aid with their understanding the registered manager told us, "We have had to do a picture care record - for a service user who had a learning disability, this was for a stand in service [ad hoc service]. The information was also adapted for their age so that they would not feel like the service was taking over, but the care and risk assessments were still in place. We have also used picture boards for people and enlarged print care plan for a partially sighted customer."

Improving care quality in response to complaints or concerns

- Compliments about the service provided had been received. These included feedback, such as, "My family have been greatly impressed by your service," And, "Very happy with the service being provided."
- The service had a complaints process in place. This had been shared with people.
- The registered manager investigated and responded to complaints when received. They aimed to resolve complaint favourably wherever it was possible. Actions were taken to try to reduce the risk of recurrence.
- People told us they would be confident to raise a concern. A person said, "I have complained, and they were very apologetic and I have had no further missed care visits."

End of life care and support

- Staff told us they had not received training in end of life care and support
- The service was not currently supporting anyone receiving end of life care.
- The provider was a member of 'dying matters' which is a coalition of individual and organisational members that aim to help people talk more openly about dying, death and bereavement. There was an end of life policy in place for the registered manager and staff to follow should they needed to support a person with this.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was good organisational oversight of the service. This included audits undertaken by representatives of the providers quality team as well as area manager audits. Results of these audits were then fed back to the providers board of directors. Board meetings were held and the agenda items discussed were sent out as a bulletin to all staff. This showed staff that communication and sharing of information was important to the provider.
- Audits were carried out on areas of the service such as medication records and daily notes. Actions were taken where improvements were needed.
- People using the service and staff spoken with felt listened to and told us that the registered manager and office staff were approachable. This was because communication was good.
- A person told us, "I feel I might be getting to the stage where I need more assistance and I am confident that the staff at this service will be able to meet my needs and carry on assisting me."
- A staff member said, "The staff that I have met have been really supportive. I have never had a problem trying to contact on-call."

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

- Staff said there was a clear expectation, from the registered manager, for them to deliver a good quality service to the people they supported.
- A staff member said about the values of the service provided were about, "Focusing on the person and their needs."
- Staff at all levels understood the importance of their roles and responsibilities. Staff were held to account for their performance when required.
- A staff member told us, "You focus on the people you are supporting. Excellence is expected every time. I try to listen and to understand the person I am supporting."
- The provider recognised and valued staff`s hard work and commitment. Nominated staff were rewarded for going 'above and beyond' in their work. Nominations were received from people who used the service and people's relatives.

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

- A person said, "I think the management have a good connection with their staff," they then told us, "I have

said no to male carers for personal care support. They listened to this request and facilitated it which was gracious and lovely."

- The registered manager was continuing to develop links with the local community and key organisations to help deliver the care and support people needed.
- The registered manager was working on developing links with partner organisations such as the local authorities to continue to develop the service they provided.
- People and staff were asked to feedback on the service to drive forward any necessary improvements. The feedback was mainly positive. A person told us, "The manager has visited me at home so I can feedback on the service I am provided."

Continuous learning and improving care

- Organisational oversight audits and internal audits information, including learning from incidents was used to improve the quality of the service provided.