

Midshires Care Limited

Helping Hands

Middlesbrough

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 3 and 5 July 2018 and was announced. This was the first inspection since the service was registered at this location in September 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and people with learning disabilities or autistic spectrum disorder. Not everyone using Helping Hands Middlesbrough receives a regulated activity. CQC only inspects the service being received by people provided with personal care. At the time of our inspection eight people were using the service who received personal care.

There was a registered manager in place. 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 2008 and associated Regulations about how the service is run.

People told us they were given their medicines appropriately however we identified a number of gaps in recording including on Medicine Administration Records (MARs).

People and their relatives told us staff employed by the service helped them to stay safe. Some risks to individuals, for example, around medicines, were documented but information was missing around other risks. This meant that staff did not always have the guidance they needed on how to manage identified risks and minimise the likelihood of harm.

The provider had continuity plans in place to ensure that people's support needs would be still met in emergency situations. Infection control policies and procedures were followed to ensure the control of infection.

People were safeguarded from abuse and avoidable harm. Staffing levels were monitored by the registered manager to ensure sufficient staff were on duty to keep people safe. Recruitment policies minimised the risk of unsuitable staff being employed.

Staff received the training they required to help them keep people safe and were supported with regular supervision. Staff appraisals had not yet taken place due to the length of time the regulated service had been in operation. However, these had been scheduled to take place.

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 supported this practice.

People told us that they were supported with their nutrition.

People were supported to access external professionals to monitor and promote their health.

All of the people and relatives we spoke with said that the staff team were kind and caring. We were told by both people and their relatives that staff treated people with respect and promoted independence. Personalised care was planned and delivered based upon people's support needs and preferences.

People and their relatives told us they knew how to complain. A complaints policy and procedure was in place. Staff understood and followed people's care and support plans. The provider had policies in place to support people with end of life care if needed.

Quality assurance checks had not always taken place regularly and those undertaken did not always pick up on the issues we found during this inspection. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, namely Regulation 17 Good Governance. You can see what action we told the provider to take at the back of the full version of this report.

People, their relatives and staff informed us communication within the company was good. The staff we spoke with told us there was always someone to speak to if they needed guidance or support including out of hours.

Feedback from people, relatives and staff about the service was sought and analysed.

The registered manager promoted the service's policies and procedures and monitored the use of these to ensure the expected quality outcomes for people supported were met.

The registered manager had not needed to inform CQC of significant events by submitting the required notifications. However, they were aware of the circumstances which would require this to happen.

This is the first time the service has been rated Requires Improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Some risks to people's health, safety and wellbeing had not always been documented. Medicine recordings were not always completed appropriately.

Policies and procedures were in place to safeguard people from abuse. Staff knew how to recognise and report any concerns. Recruitment procedures helped reduce the risk of unsuitable staff being employed

Infection control policies and practices were in place.

Is the service effective?

Good ●

The service was effective.

People received care from staff that had the skills and knowledge to meet their needs.

Staff were supported through regular training and supervision.

Staff sought consent from people before any care or support was provided.

People were supported to access external healthcare professionals to maintain and promote their health.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about the care and support they received.

Staff displayed caring attitudes towards people and understood the importance of maintaining people's dignity.

People's independence was promoted by staff.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were person centred and reflected people's individual needs

Staff knew the people they were supporting well including their desired outcomes and preferences.

People knew how to complain if they chose to do so.

Policies were in place to guide staff how to give end of life care, where needed.

Is the service well-led?

The service was responsive.

Care and support plans were person centred and reflected people's individual needs

Staff knew the people they were supporting well including their desired outcomes and preferences.

People knew how to complain if they chose to do so.

Policies were in place to guide staff how to give end of life care, where needed.

Requires Improvement 

Helping Hands Middlesbrough

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.

We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 3 July 2018 and ended on 7 July 2018. It included telephone calls to people, their relatives and staff. We visited the office location on 3 and 5 July 2018 to see the registered manager and office staff, and to review care records and policies and procedures. The inspection team consisted of one adult social care inspector.

We reviewed information we held about the service. We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Helping Hands Middlesbrough.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people who received personal care from the service and three relatives of people using the service. We looked at four plans of care and support and three medicine administration records (MARs). We spoke with six members of staff, including the registered manager and five care staff. We also spoke with the provider's representative. We looked at four staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

Is the service safe?

Our findings

We reviewed three people's medicine administration records (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. This inspection identified various recording omissions on MAR charts. For example, one person's MAR showed gaps for a medicine on 11 occasions between 1 and 28 March 2018. Only two of these gaps had a documented explanation. We discussed these findings with the registered manager who informed us that they were aware that staff had sometimes forgotten to record medicines administered and that there had been some occasions where people supported had been away from home but this had not been documented. They informed us that they had started to address this issue in team meetings and supervision sessions and were providing additional training for staff.

In addition to omissions in MARs, the amount of medicines received and stock carried over were not recorded making them difficult to audit. Quantities of medicines held in stock require regular checks to ensure that the person is receiving the medicines safely and as prescribed.

We saw one person's MAR stated that a cream should be applied 'as needed' however, there was no further information available on the MAR or in the person's care plan to guide staff as to when the cream may be required. Another MAR stated that a medicine should be used 'when required' with no additional information documented as to when and how it should be given. We saw that one person was prescribed a medicine that should be given prior to food however, the MAR or care plan did not reflect this. This meant the person could be given the medicine at a time when its effect would be lessened. Medicine audits had not identified this issue.

People and their relatives told us medicines had been administered correctly despite the gaps in recordings we identified.

People's support needs were assessed before they started using the service. However, we identified some documentation was lacking regarding risks to individuals. One person's support and care plan stated there was a risk of them choking. However, a risk assessment was not in place to mitigate this or instruct staff what to do in the event of such an incident occurring. Another person's plan stated they had a diagnosis of epilepsy but there was no guidance for staff to follow if the person was to have a seizure. We saw one person was prescribed a cream containing paraffin. If people use such creams regularly but do not often change clothes or bedding, paraffin residue can soak into the fabric, making it flammable. However, a risk assessment was not in place for this. We brought these issues to the attention of the registered manager on the first day of the inspection who addressed them immediately.

Actions for staff to take to reduce general risks such as moving and handling and safe bathing had been documented.

People and their relatives and friends told us staff at the service helped them to stay safe. One relative told us, "Yes [person] is safe with them, definitely." People and their relatives told us that the staff teams working

in people's houses were usually consistent and this was beneficial to the people supported. One person told us, "They always turn up when they should." A relative told us, "It's very reassuring to have them."

Policies and procedures were in place to safeguard people from abuse. Staff told us and records showed that they had received safeguarding awareness training. They showed an understanding of how to keep people safe and knew their responsibilities for reporting accidents, incidents or concerns. The registered manager informed us that they had not needed to raise any safeguarding concerns but had procedures for doing so. Leaflets giving information to staff on how to raise a safeguarding alert were clearly displayed in the branch office.

The service had not had any recorded accidents since it was registered with CQC. The registered manager explained how any accidents that occurred would be recorded, reviewed monthly and shared with staff to reduce the risk of further incidents occurring.

Though the provider was not responsible for people's accommodation staff also carried out a pre-assessment check of people's home environment to see if recommendations could be made to help keep them safe, identifying for example, issues with access to buildings, flooring, lighting and electrical wiring. The provider had plans available which showed how people would be supported in emergency situations that disrupted the service, including telecommunications, utilities or loss of access to the building and information was available of who staff should contact in case of such an emergency.

The provider's recruitment policies minimised the risk of unsuitable staff being employed. Applicants were required to complete an application form setting out their employment history, complete a literacy and numeracy test, provide written references and undertake a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and minimises the risk of unsuitable people working with children and vulnerable adults.

The registered manager monitored staffing levels to ensure sufficient staff were employed to keep people safe. People and their relatives said that staff usually arrived at their allocated times. An on-call system was in place should staff require support outside of office hours. Staff told us they had support available when needed out of hours.

Policies and procedures were in place to help ensure the control of infection. The provider had an infection control policy that contained guidance to staff in areas such as effective hand washing. Staff had received infection control training as part of their induction. Personal protective equipment (PPE) such as gloves and aprons were available for staff in the provider's office. The staff we spoke with told us that PPE was available to them whenever they needed it.

The registered manager ensured that information was available to staff about lessons learnt through the sharing of information at team meetings and newsletters. They gave us an example of how a lesson had been learnt in regard to their oversight of quality assurance processes.

Is the service effective?

Our findings

People and their relatives told us they thought staff had the skills and knowledge needed to provide effective support. One person told us, "Staff are very competent." Another person said, "One or two carers are perfect, others are a bit quieter but they all get the job done."

Newly recruited staff completed a three-day induction before they supported people. They also shadowed experienced staff and were assessed as competent and knowledgeable in their role prior to working on a lone basis. People and their relatives told us that new staff shadowed more experienced workers until they were competent to work alone. One staff member said, "There was enough shadowing." Another said, "The induction was fantastic."

The staff we spoke with informed us that they had received the training they needed to undertake their roles effectively. A range of training was provided which included areas the provider deemed key such as basic life support, moving and handling and health and safety. One staff member told us, "There is plenty of training". In addition, training was provided in specialist areas as needed such as stroke awareness and behaviour which may challenge. One relative told us, "The staff are better trained than with other companies." The provider and registered manager regularly reviewed training to ensure staff had the knowledge and skills they needed. Direct observations of staff practice were carried out regularly by the management team to ensure care staff were competent and professional in their roles.

Staff were supported with regular supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of meetings showed they were used to discuss the provider's policies and procedures, the welfare and any support needs of staff and any career aspirations the provider could support staff with. Staff told us they found these meetings useful. One member of staff said, "We get feedback and all feedback is useful."

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.

The registered manager told us that at the time of our inspection everyone who received personal care from the service could consent to this. People and their relatives told us that staff asked for their consent before carrying out tasks.

Some people using the service received support with food and nutrition. Where this was the case the person's dietary needs and preferences were recorded in their care and support plan. However, as previously noted one person's file was missing information about how staff should manage their choking risk.

People were supported to access external professionals to monitor and promote their health. Care records contained evidence of collaborative working with healthcare professionals such as the transitions team and GP's.

Is the service caring?

Our findings

People spoke very positively about the support they received from the service. One person told us, "It's excellent, nothing could improve it." Another person said, "They are understanding and very thorough." Relatives also spoke highly of the service. One relative told us, "I am extremely happy with all the girls, you can't fault them at all." We saw feedback in a letter from a family which stated, "You really helped at a difficult time. You are all wonderful and we are so grateful."

Care and support plans were very person centred. They included detailed information about the person's care needs and preferences including their preferred routines. For example, one person's plan stated, "Once I am fully awake I would like the carers to support me in getting ready for the day by preparing me to be washed and dressed. I will smile at the carers so they know I consent to this procedure."

People's communication needs were documented in their care and support plans. This helped ensure staff knew how to interact with people in the most effective way. For example, one person who could not communicate verbally had a plan which stated, "I will show you what I want for breakfast by pointing at the option I desire."

People and their relatives said staff treated people with respect and helped them to maintain their dignity and independence. One person said of staff, "They have the right manner." A relative said, "They have a right good laugh with [person]." The staff we spoke with showed an understanding of the importance of promoting independence and of ensuring people were able to make their own choices. Staff were able to describe how they maintained people's dignity. Care plans reflected how people were to be supported with this.

A visiting professional wrote to us and said, "The staff have built a great relationship with [person]. The staff are able to communicate with [person] and also make [person] laugh and giggle which is always nice to see."

Staff were aware of the importance of maintaining confidentiality within their roles and the service had a policy in place to support this.

Regular feedback was sought by the registered manager from people and their relatives. One person stated, "They ask us how we think things are going."

At the time of our inspection no one at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. The provider had information available to signpost people to advocacy services.

Is the service responsive?

Our findings

We received positive feedback from people using the service about the responsiveness of the service. One person told us, "I've had problems with companies before but not Helping Hands."

Before people started using the service an assessment of their needs and preferences was carried out. This involved the person, their families and other professionals involved in the person's life. Each person had an individualised plan of support and care. Plans included detailed information about what was important to the person and the outcomes they would like to achieve from their care provision. For example, one person's plan stated they would like to "regain my independence since my fall." Plans documented people's hobbies and interests as well as the areas where they required support such as with transfer and movement or personal care. Care and support plans were regularly reviewed to ensure they reflected people's current support needs and preferences. Staff we spoke with said the plans contained all the information they needed to provide effective support.

Records showed and people and their relatives told us, that they were consulted about how they wanted their care and support to be provided. The registered manager told us that, where possible, staff were matched with the people they were supporting. Profiles were kept of staff which listed information such as their experience, personality and qualifications. One person's support and care plan stated that they would like 'trained, mature staff who understand what they are doing'. We spoke with the person who said they were very happy with the care staff they have had provided by the service.

People and their relatives told us communication with the provider was good. The service used phone, text and email to communicate with people and staff. The provider published a monthly newsletter to update people, their relatives and staff about what was happening within the service.

The service had a social media page which was regularly updated with news and events. People and their families were encouraged to comment about service provision on the page. We saw that one person had commented on the page, "The Helping Hands carers my mum has are funny and cheer her up as well as working hard." Information was available to people in a range of formats such as large print, as needed.

A complaints policy and procedure was in place. A copy was given to people and their relatives when they started using the service. The procedure described how issues could be raised and how they would be dealt with. Records showed that only one complaint had been received since the service became registered with the Care Quality Commission. However, this had been dealt with appropriately with the outcome documented. People and their relatives told us they knew how to raise issues and said they had nothing to complain about. One relative commented, "I would absolutely know how to complain but I haven't needed to. They leave notes for me to tell me what's been done and how [my relative] has been."

At the time of the inspection no one was receiving end of life care. The provider informed us that they had policies and procedures in place for staff to follow in order to support people should this be the case. Staff received training in end of life care.

Is the service well-led?

Our findings

Quality assurance checks to monitor and improve standards at the service had not always been carried out appropriately. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

The registered manager informed us during the inspection that they had not carried out any quality audits and had left this responsibility to another member of their team. They informed us that they had recently become aware that these audits had not always taken place regularly and were planning to personally undertake a robust monthly audit in future.

Records showed that where issues had been identified in audits they had not always been addressed effectively. For example, on MARs we saw the same issues were highlighted on audits repeatedly with regards to staff not recording the quantity of stock held or carried over and explanations not being recorded to explain gaps on the MAR charts. We saw that one person's MAR covering the period of 1 to 28 February 2018 had not been checked until 9 May 2018. The MAR chart showed a number of gaps in administration and recording. This meant the person may potentially have been receiving their medicines unsafely for 10 weeks without this being identified by the management team.

Risks to people and ways of managing the risk had not always been documented appropriately. Audits of people's care and support plans that had taken place had not identified this issue.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, namely Regulation 17 Good Governance.

The service had a registered manager. People and their relatives spoke positively about the leadership provided by registered manager. One person told us that the registered manager was "polite, courteous and very approachable". Another staff member said that the registered manager was "lovely".

We looked at an email where a relative commented, "I'd just like to say how impressed I have been with your customer service and would not hesitate to recommend Helping Hands." A professional wrote to us and said they felt the service was "very professional".

Staff spoke positively about the culture, values and leadership of the service. One member of staff told us, "I feel as though there is support. I can go to the manager if there are any issues." Another staff member said, "It's a good company, professional, things are done correctly."

Provider managers meetings took place covering areas such as quality assurance, updates from head office and operations. This information was then shared with the staff team.

Feedback on the service had been regularly obtained from the staff team and people using the service.

Feedback from people using the service was positive. We saw that where issues were identified these had been addressed. For example, one telephone interview with a person identified that they no longer had a copy of the services complaints procedure. A note had been made of this and a new copy was sent out to the person.

Feedback was also sought from staff at meetings. Team meetings took place regularly. Minutes of the meetings showed that they covered areas such as branch updates, policy of the month, condition of the month and local engagement.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had not needed to inform CQC of any significant events by submitting notifications. However, they were aware of when this should take place.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance checks had not always been carried out appropriately to monitor and improve standards at the service.