

Midshires Care Limited

Helping Hands Maidstone

Inspection report

Holly Bank Chambers, The Oasts
Red Hill, Watlingbury
Maidstone
Kent
ME18 5NN

Tel: 01789762121

Date of inspection visit:
29 June 2017
07 July 2017

Date of publication:
18 August 2017

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

We inspected this service on 29 June and 07 July 2017. The inspection was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the locations office to see us.

Helping Hands Maidstone is registered as a community based domiciliary care agency (DCA) which delivers personal care to people living in their own homes. At the time of our inspection the agency was supporting 74 people. 50 people within the Maidstone area and 24 people in Barnet whilst a new office was being registered with the Care Quality Commission. This was the first comprehensive inspection since the agency was registered at the new address.

At the time of our inspection, there was a registered manager in place who was supported by a senior and local management team. 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.

The registered manager was experienced, motivated and passionate about providing people with a high quality service. Staff felt valued in the role by the registered manager and the management team. The registered manager ensured effective communication between themselves and staff working out in the community. People and staff were asked for feedback on ways to improve the service people received. People were signposted to other organisations which they may find beneficial by the registered manager.

People received a service that was safe and told us they felt safe. Staff and the management team had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Systems were in place to monitor and review any safeguarding concerns by a dedicated member of staff employed by the provider. The safety of staff who were working out in the community had been assessed with systems put into place to reduce the risk to staff. Risks to people's safety had been assessed and recorded with measures put into place to manage any hazards identified.

There were enough staff with the right skills and knowledge to meet people's needs. Staff received the appropriate training to fulfil their role and provide the appropriate support. Staff were supported by the registered manager and the management team who they saw on a regular basis. The registered manager encouraged staff to undertake additional qualifications to develop their skills. A comprehensive induction programme was in place, which all new staff completed. Staff had a clear understanding of their roles and people's needs. Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support.

Staff had a full understanding of people's care and support needs and had the skills and knowledge to meet them. People received consistent support from the same group of staff who knew them well. People's needs

had been assessed to identify the care and support they required. Care and support was planned with people and/or their relatives and reviewed to make sure people continued to have the support they needed. Detailed guidance was provided to staff within a care plan, kept in the person's home about how to provide all areas of the care and support people needed.

Where staff were involved in assisting people to manage their medicines, they did so safely. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely.

People were supported to remain as healthy as possible. Guidance was available within people's support plans to inform the staff of any specific health condition support. People were encouraged to maintain as much independence as possible. People's nutrition and hydration had been considered and recorded, with guidance in place for staff to follow.

People were treated with dignity and respect whilst receiving care and support from the agency. Staff understood the principles of the Mental Capacity Act 2005 and people and/or their relatives said they were always asked their consent before any care or support tasks were carried out. Information about people's likes, dislikes and personal histories were recorded within their care plan.

Systems were in place to monitor and respond to concerns or complaints that had been raised. Complaints were seen as a positive way to improve the service, which was being provided to people. A complaints policy and procedure was in place and information about how to make a complaint was provided to people within the service user guide.

Systems were in place for monitoring the quality and safety of the service and assessing people's experiences. These included telephone reviews, face to face reviews and annual questionnaires. People, staff and others feedback was sought and acted on to improve the quality of the service being provided to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The agency was safe.

People were protected from the risk of potential harm or abuse.

Risks to people, staff and others had been assessed and recorded.

Staff were recruited safely to ensure they were able to work with people who needed care and support.

People who received support with their medicines, did so safely.

Is the service effective?

Good 

The agency was effective.

Staff received training to meet people's needs including any specialist needs. An induction and training programme was in place for all staff.

Staff understood their responsibilities under the Mental Capacity Act and used these in their everyday practice. Staff understood the importance of gaining consent from people before they delivered any care.

People were supported to remain as healthy as possible including maintaining their nutrition and hydration.

Is the service caring?

Good 

The agency was caring.

People were supported by staff who were kind, caring and respected their privacy and dignity.

People were involved in the development of their care plans. People's personal preferences were recorded.

Staff had access to people's likes, dislikes and personal histories.

Information was available to people using the service.

Is the service responsive?

Good 

The agency was responsive.

People's needs were assessed recorded and reviewed.

People were included in decisions about their care and support.

People's feedback was sought and acted on.

A complaints policy and procedure was in place and available to people.

Is the service well-led?

Good 

The agency was well-led.

The registered manager ensured effective communication between the management team and staff working within the community.

There was an open culture where staff were kept informed and able to suggest ideas to improve the service.

There were effective systems for assessing, monitoring and developing the quality of the service being provided to people.

The registered manager and the management team understood their role and responsibility to provide quality care and support to people.

Helping Hands Maidstone

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 inspection took place on 29 June 2017 and 7 July 2017 and was announced. The inspection team consisted of two inspectors and an expert by experience, who made calls to people using the service and/or 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.

Before the inspection, we would usually ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the agency, what the agency does well and improvements they plan to make. We did not request the PIR from the provider, this information and evidence was gathered during the inspection. We also looked at notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with two people, who were receiving support from the agency. We spoke with nine relatives of people using the service to gain their views and experiences. We spoke with nine staff including, the registered manager, head of service, head of homecare, the care coordinator, compliance and risk officer and four care staff.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems, internal audits and the quality assurance system. We looked at five peoples care files, three staff files, the staff training programme and induction programme.

Is the service safe?

Our findings

People and their relatives told us they felt safe with the staff that supported them. One person said, "Safe, very much so. We have a carer three times a week; she's lovely, thoughtful and kind. I couldn't cope without the support." A relative said they felt their loved one was much safer now they were receiving support from the agency. They said, "They care for (loved one) very well and I know they are being well looked after." Another relative said, "Yes, very safe. I couldn't manage without their help."

People were protected from the risk of potential harm and abuse. Staff followed a safeguarding policy and procedure and had been trained to understand these in practise. Staff understood the potential signs of abuse and knew what action to take if they suspected abuse such as, reporting the concerns to their line manager or social services. Staff were confident that any concerns they raised would be taken seriously by the registered manager and anyone within the registered office. The registered manager understood their responsibilities in reporting any concerns they had with the local authority safeguarding team. The provider employed a 'compliance and risk officer' whose role included the monitoring of all safeguarding concerns.

Staff were aware of the whistleblowing (telling someone) procedure and understood when and how to use any information. The provider had a dedicated whistleblowing number that staff were aware of and this was manned by a member of the quality assurance team. There was a disciplinary procedure which outlined the requirements for managers and employees to follow, where staff were not performing their role to an acceptable standard, in line with the requirements of the company and the policies and procedures in place.

Risks associated with people in their everyday lives had been assessed and recorded. Risks relating to medicines, moving and handling, transfers, risks relating to personal care needs, communication and nutritional and hydration needs. Each risk had been assessed to identify any potential hazards which were then followed by action on how to manage and reduce the risk. The safety of staff working within people's homes out in the community had been assessed. An assessment of the person's home was completed which included potential risks such as whether the person had any pets or smoked. Incidents and accidents involving people or staff were recorded and monitored. People and staff were kept safe by detailed individual risk assessments for staff to follow, which were regularly reviewed and updated, when necessary.

The provider had a business continuity plan to make sure they could respond to emergency situations such as a major incident or a power failure. People's safety in the event of an emergency had been carefully considered and recorded. The safety of staff working within the registered office had been managed. All office staff completed a visual display unit (VDU) assessment to minimise any potential risks from the use of a computer. The potential risk of a fire had been assessed and recorded on an individual basis, relating to the persons' needs and environment. These processes enabled the provider to make sure that people, staff and visitors were safe in situations and people were still able to receive the care and support they needed.

Recruitment practices were safe and checks were carried out to make sure staff were able to work with people who needed care and support. An internal recruitment department managed all new staff's

recruitment processes, such as the documentation required, references, Disclose and Baring Service (DBS) background check, identity check and health. Potential staff completed a pre-screening questionnaire prior to being invited for a formal interview. These processes gave people assurance that the staff supporting them were safe to work with them.

There were enough staff employed to meet peoples assessed needs. Each person had been assessed on an individual basis and had a set amount of care and support hours. The registered manager completed a checklist with people that recorded the exact requirements for the care and support people required. People told us that previously there had been an issue with frequent changes in the staff supporting them. However, things had improved. The registered manager told us they tried to ensure consistency with the number of care staff supporting a person.

People received their medicines safely when they needed them if this was part of their care package. People and their relatives told us medicines were administered on time and any errors were reported quickly. For example one relative told us of an occasion where the medicines had not been delivered to their loved one, they said the staff acted quickly and kept them informed. Staff were trained in the administration of medicines and followed detailed guidance within peoples care plans of the exact support they required. Individual assessments were completed with people which detailed the person's ability to manage their own medicines and the support they required from staff, such as the application of topical medicine. The processes that were put into place by the agency gave people assurance that their medicines would be managed safely.

Is the service effective?

Our findings

People and the relatives we spoke with told us they felt the staff that supported them had been well trained. Their comments included, "Yes, absolutely they know what they are doing." Another said, "Yes, they are excellent, very skilled and experienced." Some relatives told us they felt the consistency of the quality of staff differed at times. The registered manager told us that all staff receive the same training and development; however staff qualities and strengths did vary. Relatives said the agency had acted when they had previously raised concerns.

The provider had a training room within the registered office. This included equipment that people may require the use of. For example, a profiling bed or standing hoist. Information leaflets and fact sheets were stored for staff to use relating to a number of topics such as supporting people who have had a stroke and supporting people with nutrition and hydration. The registered manager told us that these enabled staff to refresh their knowledge and give guidance on subjects, which were relevant to their role. All new staff completed an induction programme at the start of their employment that followed nationally recognised standards; including the Care Certificate. Staff told us they were provided with an induction when they joined the service. The induction process included a three day training session, where staff completed training courses and scenarios to ensure that staff met the required level of knowledge and skill to undertake the role. For example, staff completed an interactive dementia awareness course, which used various tools to enable the staff to understand how people were affected by the types of dementia.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. Staff spoke highly of the training they had received and told us they had received the training they required to meet peoples' needs. One member of staff commented that the provider was, "Very good at training." Another member of staff told us that this was their first job in the care sector; they felt "they had been provided with the skills to do their job." New staff worked alongside experienced members of staff, getting to know people and their routines. New staff completed a competency based workbook and assessment during their induction which was checked and signed off as complete by a member of the management team. The registered manager had a training matrix in place which recorded when staffs' training was due to be updated. A system was in place to ensure staff received the training they required on a regular basis.

Staff were offered the opportunity to complete a formal qualification during their employment. For example, QCF in Health and Social Care, this is an accredited qualification. Staff said that they were encouraged to develop their skills and progress in their careers. Staff also said that if they required additional training or support, they were able to ask for it. For example, two members of staff told us they had requested additional training to support them in their role, which had been actioned by the registered manager.

Staff said they felt valued and supported in their role by the registered manager and management team. Staff received support and supervision in different formats which included face to face supervisions, spot checks and observations with a line manager in line with the provider's policy. Face to face supervisions provided opportunities for staff to discuss their performance, development and training needs. Spot check

supervisions included checking staff appearance and that they were wearing the appropriate identity badge, record keeping, time keeping, how tasks were completed on the call and notes or concerns. These checks also included an observation of the member of staffs working practice. Staff received an annual appraisal with their line manager, this gave an opportunity to discuss and provide feedback on their performance and set goals for the forthcoming year. One member of staff said they felt "really supported" by the registered manager. Another member of staff said, "There is a lot of support, everyone is so friendly and helpful."

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005. Staff had been trained to understand and use these in practice for example, how they applied it to their work such as through capacity assessments, offering choices and asking people if they were happy to proceed before carrying out any care. People and their relatives told us staff always asked the person for consent before carrying out tasks. One relative said, "The staff are very respectful with (loved one). They always ask if it is ok to hoist them and they are very careful and gentle." Another said, "The staff are very friendly, chatting away, but they always tell (loved one) what they need to do and check if it is ok to carry on." People's capacity to consent to care and support had been assessed and recorded within their care plan. A policy and procedure was in place to advise staff on any action they needed to take regarding a person's capacity.

People were supported to maintain their nutrition and hydration if this was part of their package of care. People and the relatives we spoke with praised the support and the quality of the cooking. One relative said, "They cook fresh meals, whatever (loved one) wants and they seem to be very happy with the food. The staff do a really good job." Another said, "They cook all of the meals and do an excellent job, they always ask (loved one) what they would like and always cook fresh, wholesome food." Detailed guidance was available to staff within people's care plans to ensure peoples' needs were being met. People's nutrition and hydration needs had been considered and met by staff that had the knowledge and skills.

People if required, were supported to maintain good health. Guidelines were in place to inform staff of the specific support the person required during their call and any equipment staff were required to use. For example, the use of any moving or standing aids.

Is the service caring?

Our findings

People and their relatives told us the staff were kind, caring and protected people's privacy whilst maintaining their dignity. One relative told us that the staff had a "very good relationship" with their loved one, and that staff were "very gentle, patient and kind." Another relative told us they felt the staff treated their loved one like their own parent, they said, "The staff are so very caring and kind, so very respectful and always checking that it is ok to do things."

Feedback from the 2017 annual survey showed, 100% of people completing the survey felt they were treated with dignity and respect by the staff supporting them. Staff received training as part of their induction in privacy and dignity. Staff were able to give examples of how they maintained and protected people's privacy and dignity. For example, closing curtains, doors, blinds and covering people with a towel. One member of staff said, "We respect people as individuals. When we are supporting someone to wash we will always cover people so they are not exposed." Another member of staff said, "We always cover the person with a towel and check they are happy before we help them with anything."

People and/or their relatives told us they were involved in the development and review of their care plan. One relative said, "We have been one hundred percent involved. The office ring once a month to check that everything is ok." Another relative said, "They talked to us about what we needed, what help and support would work best for us. They were very good." Care plans were person centred and gave staff the information and guidance they required to meet people's needs. Each person's care plan recorded specific outcomes that person wanted to achieve from the care and support they were receiving. For example, one person had the desired outcome to increase and promote their independence. Care plans were individualised, they contained information that was important to the person. For example, how they wanted to be communicated with.

People's care plans contained information for staff to follow to promote their independence. For example, details regarding what people were able to do for themselves. Feedback from the 2017 annual survey showed that a high majority of people were supported to be as independent as they could be.

People were encouraged to share information about their life history which was recorded in their individual care plan. Examples, included information about past occupations, family history and social activity likes. This information enabled staff to get to know the people they were supporting and they were used to engage people in conversations.

The provider had produced a comprehensive service user guide which was given to people prior to them receiving a service. This document was regularly reviewed to make sure it had up to date information. The document included information about the management structure, peoples' experience and qualifications. It included the aims and objectives of the agency, vision statement, mission statement, quality assurance and information about what people should expect from the agency. The terms and conditions of the service were recorded as well as the fees and charges to people in a separate document. The document was available in different formats to ensure it was accessible to everyone. People using the agency were given

the information they needed about what to expect from the provider and the service they were receiving.

Systems were in place to ensure people's confidential personal information was stored securely. People who used a key safe to access their home could be assured that their information was secure. The registered manager implemented a numbering system where staff used numbers and codes to identify people.

Is the service responsive?

Our findings

People told us they received the care and support they needed, when they needed it. Feedback from the 2017 annual survey showed a very high majority 97% of people had their needs, choices and preferences shared with staff prior to support being provided. A high majority 96% said they would recommend the agency to others.

An initial assessment was completed with people, their relative and the registered manager before the service could commence. Referrals were made directly from the local authority but people could also make direct contact with the agency themselves. The referral form detailed the specific support which was required from staff, the frequency of visits and the duration. A record of people's emergency contact details and medical history was recorded which included any aids the person used such as a stand aid. It also included the expected outcomes the person wanted from using the agency. The pre-admission assessment was completed electronically and the information was pulled through into the care plan, this was then added to with additional information. The assessment and referral process supported staff to find out people's expectations of the service and to provide what had been requested.

Records showed care plans were person centred and the voice of the person was integral to development of support. For example, one person requested 'having carers later and regular carers.' Another person said they wanted support with 'companionship, meal preparation and a reminder to take their medicine'. People were involved in the development of their support plan by advising staff how and when they would like the service provided. The registered manager told us that following the initial assessment they would visit the person with a potential member of staff to observe interactions and ensure people were happy with their care staff. Care plans contained people's preferences, life histories, interests and hobbies and these were available to staff within the person's home. Staff were knowledgeable about people's preferences, needs and how people wanted to be supported. Care plans and risk assessments were reviewed regularly with people, their relatives and a member of the management team. People could be confident the provider support plans were specific and personalised to meet their individual needs.

Visit logs, held within people's homes, were detailed, person centred and focussed on a person's preferences, level of independence, dignity and any changes in a person's needs, providing a communication for both the person, their significant others and staff providing support on the next visit. The registered manager and management team audited the daily logs, to evaluate and maintain the provider's compliance in record keeping.

A record was kept of any late or missed calls where people did not receive their support from the agency. People and/or their relatives told us that if staff were going to be late, they would receive a telephone call from the office staff to inform them. Records showed there had been two missed care visits in the month prior to our inspection. These people were written a letter of apology by the provider. These had been investigated by the registered manager and senior management team, as a result the provider was introducing an electronic system which alerted the registered office if a call was running late.

People and their relatives said they would call the office if they had a concern or complaint and when they had this was acted on. Relatives said they had raised issues with the registered office such as, missed or late visits and having a high number of different staff, they said these issues had been taken seriously and actioned by the registered manager. Information about how to make a complaint was included within the service user guide; this was given to people when they started to use the agency. A complaints policy and procedure was in place which included the process that would be followed in the event of a complaint. A log was kept of all complaints that had been made with details of any action that had been taken. Records showed that the complaints process had been followed for the complaints that had been made. People could feel they were able to raise comments and these would be listened and acted upon.

The agency had received a high number of compliments from people and/or their relatives; these were in the form of cards, letter, phone calls and emails. One note read, 'You are the best company we have ever had, the quality of care is outstanding. The carers are professional and I am extremely happy.' Another read, 'Helping Hands Maidstone offer a first class service.' A third read, 'The service is fantastic, you are all lovely happy girls.' A fourth read, 'The carers are always on time, stay for the entire allocated time. Carers are always happy and cheerful.'

Is the service well-led?

Our findings

The agency had a registered manager in place who had worked with the provider for a number of years. The registered manager was supported by a management team who worked within the registered office and out in the local community. People and relatives said they may not know the registered manager however, they were all aware of the local managers. Staff said there was visible leadership within the agency and they knew what was expected of them. One member of staff said, "The registered manager has an open door we can talk to them about any problems, concerns or just to say hello."

The registered manager spoke passionately about providing people with a high quality service, which met their needs. There was an ethos of continuous improvement, which was driven by the entire staff team. The registered manager said, "By taking care of your staff, listening to them and ensuring they are fully involved in the business, they in turn look after our clients." There was an open culture where staff were kept informed about what was going on within the registered office and the organisation. The registered manager used different methods of communication to update staff working out in the community; this included a monthly email newsletter to all staff and regular team meetings. Regular team meetings were held with staff working in the community that gave staff the opportunity to discuss practice and gain some feedback about the agency and organisation. Staff meetings gave staff the opportunity to give their views about the agency and to suggest any improvements. Staff highlighted within people's log books any changes in people's health and care needs, this ensured staff were aware of any changes in people's health and care needs.

The registered manager said, "I am really proud of my job and what we have achieved. Our staff retention is good; we try to ensure our staff feel valued." Staff told us they felt valued by the registered manager and the organisation. Systems were in place to recognise good practice with a 'carer of the month award' and regular team building sessions. One member of staff said, "I absolutely love my job. We can go to the management at any time; we all work as a team." Another member of staff said, "We are informed of anything we need to be aware of. There is a lot of support from the company; everyone is so friendly and helpful." The registered manager was supported in their role by a senior management team. The registered manager said, "I feel very supported in my role, the team are amazing." Staff told us they were asked for their ideas and suggestions about ways in which the service could be improved, which were listened to and acted on. Staff felt supported in their role by the registered manager and their line manager who were visible and available.

The registered manager and management team were proactive with actively seeking and building relationships with other organisations within the local community. This included an annual food collection for the Salvation army, working with a local charity to provide respite for family carers and working with the hospital discharge team. The registered manager told us that during people's initial assessment they would signpost people to other organisations, which they may benefit from, such as the use of any aids or adaptations.

The registered manager had a number of years' experience within the health and social care sector and kept

up to date with training and current best practice. The organisation had recently created a 'regional meeting' where registered managers from other services met to discuss concerns and share good practice. The registered manager understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, if a person had died or had an accident. All notifiable incidents had been reported correctly.

People and their relatives were involved in the development of the service being provided to people. Systems were in place to regularly monitor the quality of the service that was provided. People and their relative's views about the service were sought through annual questionnaires. These were written in a way people could understand. The results were collated into a summary of what was said and the action that the agency and organisation had taken, this was sent out to people and their relatives.

An audit schedule was in place to monitor the quality of the service being provided to people. This included observational audits and quality assurance telephone calls by a member of the management team to discuss people's experience of using the agency. A review of the service took place with people on a quarterly basis that included telephone reviews and face to face reviews. An annual audit was completed by a member of the senior management team from the organisation, within the registered office, the last audit was completed in May 2017, the results and action plan had not been created at the time of our inspection. The registered manager received a 'weekly compliance report' which looked at the branch, staff and people's files. These audits generated action plans which were monitored and completed by the registered manager and the management team.