

Midshires Care Limited

Helping Hands Hertford

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

About the service

Helping Hands Hertford is a domiciliary care agency and registered to provide personal care to older people in their own homes.

Not everyone using Helping Hands Hertford receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care' which is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection 14 people were receiving personal care.

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

The management team had not always taken appropriate actions following incidents. Learning and sharing best practice from incidents needed embedding with staff.

Risks to people's health, safety and well-being were identified but not always assessed to manage these risks.

Staff received training and support to enable them to carry out their roles. However, further higher level training was required in areas such as dementia.

Regular checks and audits of the quality and safety of care had not been effectively carried out to identify the required improvements found at this inspection.

People were safe and protected from avoidable harm because staff knew how to identify and report any concerns relating to the risk of abuse. Staff were knowledgeable about people's changing needs and how to support these. People were supported by staff who were recruited following a robust process. People's medicines were managed safely. Staff had received training in infection control practices and personal protective equipment such as gloves and aprons were provided for them.

Before care started assessments were completed to make sure people's needs could be met. People's dietary needs and requirements were identified in their care plans and staff had a good understanding of how to support people with these.

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.

Staff and the management team knew people well and they sought professional advice appropriately as people's needs changed. Relatives praised the kind and caring nature of the staff team.

People and relatives knew about their care and were in control of the support they needed. People received

care and support as they wanted and in a manner they wanted. Relatives were confident to raise concerns with the management team.

The management team was committed to developing and improving the service to deliver a high standard of care to the people they supported. Relatives and staff spoke highly of the management team and told us that they were always available and supportive.

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 29 May 2019 and this is the first inspection.

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 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 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 not always well led.

Details are in our well led findings below.

Requires Improvement 

Helping Hands Hertford

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 planned this inspection to check 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

One inspector completed the inspection.

Service and service type

This service is a domiciliary care service. It provides personal care to people living in their own homes. The service did not have a manager registered with the Care Quality Commission. This means that the provider is 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 24 hours' notice of the inspection site visit because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 05 May 2021 and ended on 07 May 2021.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the CQC. A notification is information about important events which the service is required to tell us about. We requested feedback from other stakeholders including the local authority safeguarding team. 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. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with the manager supporting the service in the absence of the registered manager. We also spoke with three members of staff and the regional care director and reviewed a range of records.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at further management records which included training data and quality assurance records. The requested documents were provided in a timely manner and were used to inform our judgements. We also spoke with two people's relatives and one person who used the service about the quality of care provided.



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.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were identified but were not consistently assessed. Risk assessments around key areas in three people's care records were not completed. For example, no person diagnosed with dementia had an assessment in place to guide staff how to manage this.
- One person prior to this inspection developed a pressure ulcer, did not have a review of this area and skin integrity assessments were not in place.
- A further care plan recorded that one person had thickener in their fluids. This was because there was a risk the person may be at risk of choking or have difficulty swallowing. Although staff followed the prescribed amount of thickener to use in their fluids, there was no risk assessment around those risks, or information about how to monitor the person safely when drinking.
- None of the care records reviewed had been updated to assess the risks to people from COVID-19.
- Moving and handling guidance from an occupational therapist about how to safely transfer a person had not been followed. Staff frequently had not used the prescribed equipment to transfer this person, placing them at risk of harm from poor moving and handling. This was immediately raised with the manager and provider and action was taken to address this.
- One person was prescribed an 'As required' medicine to help them settle at night. The medicines assessment was not updated to include this, and there was no guidance to staff about when to administer this or how much. This person had repeatedly been administered this 'As required' medicine daily without any indication as to why staff did this.
- We found no evidence people had come to harm, however the concerns we identified had left people at risk of not being supported to manage risks to their safety.

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

- The service had systems to help protect people from the risk of harm or abuse. Staff reported any concerns or incidents to the office either by telephone or entering in the daily care logs. However, these were not then raised as a separate incident and formally investigated by management or trends and themes identified.
- One issue had been raised with the previous registered manager around safe moving and handling but had not been documented as a concern. This exposed the person to the risk of harm. This was not reviewed robustly by the previous manager, and the same practise continued until raised with the new manager by CQC. The failure to operate systems effectively meant there was an ongoing risk of harm to people which had not been resolved.
- Staff received training and were confident about how they would report any concerns. One staff member

told us, "It is our responsibility to protect them from harm and minimise risks to people, without taking away their choices." Staff and management therefore understood their responsibilities to safeguard vulnerable people from abuse.

- People and relatives told us that safe care was provided for people.
- Staff were able to tell us how they reflected on their practise and shared lessons among themselves. For example, staff told us how they had all discussed and agreed precisely how to care and support a person to minimise any anxiety caused to the person by staff not adopting the same approach. However, lessons learned was not formally embedded in the service through discussions with staff from management following incidents or complaints.

Staffing and recruitment

- People, relatives and staff told us there were enough staff to meet people's care needs. One relative said, "They employ friendly, professional staff who are kind and caring. They are always on time and reliable." A staff member told us, "We can spend as much time as we need with people and don't have to rush. It's nice to be able to take that time to make sure we not only do our job properly but get to spend quality time with people as well."
- Staff confirmed the robust recruitment procedures carried out before they started work at the service. Criminal record checks and satisfactory references had been obtained for all staff before they were able to work with people independently.
- New staff completed an induction which involved shadowing experienced staff, undertaking training and familiarising themselves with how the service operates.

Using medicines safely

- Staff received training to administer people's medicines safely and regular support from managers to maintain the practise. Medicines administration records [MAR's] were completed when medicines were administered, and regular checks ensured this occurred.
- Systems were in place to safely order, manage and store medicines.

Preventing and controlling infection

- The provider had appropriate procedures for infection prevention and control. Care workers confirmed they were provided with supplies of personal protective equipment (PPE) including gloves, masks and aprons.
- The manager confirmed staff and people were supported to complete regular COVID-19 tests and to access vaccination services. All staff had completed their first vaccination.
- Staff told us they received training around infection control, and donning and doffing however we could not confirm this from the training records.

Is the service effective?

Our findings

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

- People's assessments of their care needs were comprehensive and provided a clear picture of the needs of the person at that time. People's needs and choices were clearly identified.
- People and relatives told us they had been involved in the assessment process and had opportunities to ask for changes to people's care when needed.
- At the time of this inspection, the manager was in the process of reassessing all people's care needs and choices to ensure care was provided in line with their own care standards.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained in core areas such as moving and handling and safeguarding adults. However further training was required in specific areas. This included dementia care, end of life care and skin integrity management which was arranged during this inspection.
- New staff completed an induction which included training considered mandatory. New staff were monitored and assessed during their induction period and senior staff assessed their competencies. New staff only worked unsupervised when management were satisfied, they were competent.
- Due to meeting restrictions imposed by the recent pandemic, staff had not received supervision with their line manager regularly. Plans were in place to re-instate this shortly after our inspection. Staff we spoke with told us they felt supported. One staff member said, "It has been challenging but I think I have been supported the best I could be and have never felt I have been on my own."

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

- People were given the support they needed to meet their nutritional and hydration needs. Staff told us how they supported people to prepare their meals and knew the importance of leaving snacks and drinks within reach when they left the visit.
- Where staff supported people during mealtimes or prepared their meals, people said they were happy with this and any professional guidance was followed. For example, around specific diets or ensuring those at risk of choking had the correct thickener added to drinks. .

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

- People were supported to access healthcare services. We saw several examples where the manager and staff worked with people or relatives to ensure timely referrals were made to the GP, occupational therapists or nursing teams.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us that staff gave them choices about their care during each visit. One relative said, "They involve [person] in the care although they have dementia, they talk to her and explain things and they show respect."
- The manager had discussed more complex decisions with people and their representatives as part of their reassessments of care so that decisions could be made in their best interests when needed.
- The manager had reviewed consent arrangements since being in post and obtained evidence from people's legal representatives, so they knew who to consult about decisions.
- Staff had received training and information about the MCA so they understood this and about their responsibilities under the Act. One staff member said, "We always assume they have capacity, use words of encouragement and if they want to do something, we need to find a way to support that."

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

- People were supported by kind and caring staff. Staff had a good understanding of people they supported. Staff spoke about people's support needs in a kind and sensitive manner.
- People and their relatives all spoke highly about the staff and the care they received. One person's relative told us, "The service is greatly appreciated and very useful. They do a good job."
- People's diverse needs were respected ensuring people's cultural, religious or sexuality were included in assessments and care delivery. People were treated equally regardless of any differences or choices.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff took time to involve people in decisions about their care and responded to their individual wishes and preferences.
- Relatives told us they were involved in any decisions about their care and kept informed of any changes. One relative said, "They contact me if a decision needs to be taken and we discuss options."
- People were treated in a way that promoted their dignity and independence. One person said, "I feel respected and my dignity is promoted. Overall, I am very happy with the care. I rely on them and they won't let me down."
- However, one person's relative said they felt the consistency around encouraging their relative to be independent varied. They said, "Some of the staff can get [person] to do stuff like walking or showering where others are quite happy just to sit down and have a cup of tea with [person]." We discussed this with the manager to ensure people are offered consistent support to promote their independence.
- People were supported by staff they felt comfortable with, particularly it was which gender of care staff they preferred. One person said, "One time I called the office because I had two male carers and it made me feel awkward. It has never happened since. I now always have at least one female staff if not two and I am very happy with that."

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.

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

- People received care that was planned with them to meet their individual needs, likes, dislikes and preferences. One relative said, "They involve [person] in the care although they have dementia, they talk to her and explain things and they show respect."
- Staff knew each individual person and were able to describe how each person preferred their support to be provided. People and their relatives told us they felt involved in the planning and management of their care and support.
- Care plans when completed with people recorded preferences, likes and dislikes, social history and what was important to the person. We have reported where care plans were not always developed as people's needs changed, however staff knowledge of supporting them reduced the risk of people not receiving personalised care. We spoke with the provider who was already aware of this issue and had plans in place to develop this.

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.

- Care plans described people's communication needs and how they wished to receive their information.
- Relevant information however could be made available to people in the format that met their needs. This had been identified by the provider as an area for development and the manager was in the process of implementing this.

Improving care quality in response to complaints or concerns

- People had a copy of the complaints policy and told us they were confident in raising concerns or complaints to management. People were able to provide examples of when they raised a complaint and their concern was investigated and care improved.
- People's relatives told us they knew how to raise their concerns if they needed to and were confident any concerns or complaints would be dealt with. One relative was able to tell us how they had raised concerns to management which they felt was well managed.

End of life care and support

- Staff knew how to support people at the end of their life and what was important to ensure people's end of life was dignified and planned with them or their relative.

- One person received end of life care and support but had no care plan in place to record their preferences or associated needs around this. The manager confirmed end of life care planning was an area that required improvement. Most staff had not undertaken end of life training and the manager was booking this at the time of the inspection.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- The service did not have a registered manager who was registered with CQC as required. A new manager had started in post three weeks before this inspection and was in the process of applying.
- The provider had a system in place to monitor the quality of care people received. However, this did not identify some of the improvements required at this inspection. The provider monitored themes and trends emerging across the region, and not specifically within the Helping Hands Hertford location. Although we could see monitoring was carried out of area such as complaints, injuries, safeguarding etc, this did not seek to identify emerging trends or required improvements at branch level.
- The area manager supported the branch regularly; but they did not review some of the key areas identified for improvement at this inspection. They carried out a branch standards audit which focused on cleanliness and branding within the branch. This did not prompt them to look at incident management, care planning or standards of care delivery.
- Incidents were reported by staff in the daily record, but co-ordinators did not then record this as an incident. This meant that incidents in the care log but not separately escalated to management to ensure people were kept safe and to prompt a review of their care needs.
- Risks that had been identified did not prompt staff to assess those risks and develop care plans to give instructions to staff to ensure they were mitigate risks for all people. A sample of risks not assessed were around risk of choking, skin integrity needs or dementia.
- Care records when developed lacked detail about how to safely provide care. For example, care plans did not instruct staff precisely how to hoist people using a sling. Records relating to the provision of personal care were not person centred and did not capture precisely how a person wished to receive their bath, shower or other care.
- One person's relative told us that the lack of detail in the care record caused them difficulties obtaining further funding for care. This was because the care record did not evidence the additional needs of this person. We found similar recording issues within people's care records we looked at.
- The provider had failed to follow their policies and procedures to ensure people were safely supported. For example, people were not transferred using equipment and competency checks did not identify this.

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

The provider responded immediately during and after the inspection. The provider had developed an

improvement plan as a result of areas of improvement this inspection and the new management team had identified. This was updated to address the findings of this inspection.

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

- The management team and staff understood their roles. The management team had a clear understanding about duty of candour and told us they encouraged staff to be open and honest.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff felt the management team were supportive and approachable. There was a positive and supportive culture at the service. Staff told us they worked well as a team and that morale among them was good.
- Staff and relatives gave positive feedback about the service and how it was operated.
- Regular newsletters were sent to staff, people and relatives that kept them up to date about developments within the service and wider community.
- Regular feedback had not been collected from people and their relatives formally, however, the new manager had made contact with people since being in post which meant they had received people's feedback face to face. This feedback had enabled them to understand the improvements required which they were implementing at the time of this inspection.
- Staff told us team meetings had not occurred due to restrictions imposed by the pandemic. However, team meetings were planned in smaller groups to ensure staff could meet safely.

Continuous learning and improving care; Working in partnership with others

- The manager was able to tell us how they would embed lessons learned into daily practise. They had only been in post for three weeks prior to this inspection and evidence of lessons learned or continual learning was not available for us to review at that time.
- The service worked in partnership with others to provide good care, treatment and advice to people. This included developing and maintaining good working relationships with community nurses, GPs, social workers, occupational therapists and people and their relatives.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Good Governance</p> <p>Regulation 17 (a) (b) (c)</p> <p>Systems or processes were established but not operated effectively to ensure assessment, monitoring and improving the quality and safety of the service was in place to mitigate the risks relating to the health, safety and welfare of service users.</p> <p>The provider had not ensured contemporaneous records were maintained to mitigate the risks to the health and safety of service users.</p>