

Midshires Care Limited

Helping Hands Exeter

Inspection report

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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

This inspection took place on 19 and 20 September 2018 and was announced. This was the first inspection since the service was registered.

Helping Hands (Exeter) Ltd is a domiciliary care service and provides personal care to people living in their own houses and flats in the community. They provide a service to older people, and people living with disabilities who require support with personal care and daily living tasks. The agency is based in Exeter and covers Exeter and the surrounding area. At the time of this inspection they provided personal care to 25 people. Not everyone using Helping Hands (Exeter) Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post. 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 received a safe service. Care was taken to recruit the right staff for the job, and to check they were suitable. Staff received induction and regular training to ensure they were competent and able to carry out their roles safely and effectively. Comments included, "It's a five-star service. I don't think there have been any untoward incidents since the service started. People who select staff do a brilliant job".

Staff knew how to identify and report any concerns about possible harm or abuse. They received training and information on how to recognise and report abuse and were confident any concerns would be addressed satisfactorily.

Before people received a service, an assessment was carried out to identify their needs. A care plan was drawn up and agreed with them. Potential risks to people's health and safety were identified and staff knew how to support people to remain safe and well. Where people had been identified as being at risk of illness or injury, staff knew the actions they must take to reduce the risk of harm. People were supported to remain healthy. Care staff knew each person well, and understood their needs fully. They worked closely with health and social care professionals to ensure people received the right care and treatment. Consent to care and treatment was always sought in line with legislation and guidance.

People received a reliable service. There were sufficient staff employed to meet peoples' needs and to ensure people did not experience missed visits. People told us they rarely, or never, received visits from care staff they did not know. Care staff always visited close to the expected time, stayed the correct length of time, and were never rushed.

People received safe support with their medicines. Staff were given information on each medicine to be

administered and any risks. Staff were not allowed to administer medicines until they had received training and their competence had been checked and confirmed. Medicine administration records were completed accurately. A care staff told us, "It is a stipulation that you have to pass the training or you cannot provide the care".

People told us they received a service that was effective. Comments from people we spoke with included, "I am very happy, it is such a relief to have people who pay attention and care". Staff were well trained and competent, well supported and supervised.

People received a service from staff, managers and providers who had an ethos of valuing and caring for people, and treating each person as a valued individual. People praised the staff team for their caring manner. Comments included, "I am very, very pleased – especially (the carer) I am having at the moment. She has made a huge difference to my life".

People received a service that was responsive to their changing needs. They received care from a small team of regular care workers who knew them well. Staff understood each person's individual needs. People told us they knew how to make a complaint and were confident any concerns or complaints would be listened to and acted upon.

People told us they received a service that was well-led. People, relatives and staff praised the registered manager and the office team for the way the service was managed. Comments included, "It seems to be well managed" and, "The service is efficient, and staff are well trained, courteous and competent". There were good systems of communication throughout the organisation. The provider had systems in place to monitor all aspects of the service and make improvements where necessary. People were asked their views on the service and the provider acted on their suggestions. The provider and registered manager understood their responsibility to notify the Commission and other relevant organisations of any significant incidents or concerns. Incidents, complaints and grumbles were taken seriously, investigated, and actions were taken to prevent recurrence.

See full details below.

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 ●

People received a service that was safe.

People were protected from harm or abuse by robust policies and procedures, safe recruitment procedures, and staff who knew how to identify and report any concerns about possible harm or abuse.

Potential risks to people's health and safety were identified and staff knew how to support people to remain safe and well.

People received a safe service because there were sufficient staff employed to meet peoples' needs and to ensure people did not experience missed visits.

People received safe support with their medicines.

People were protected from the risk of infection because staff had received training and instructions.

Is the service effective?

Good ●

People received a service that was effective.

People received care from staff who were well trained and supported.

People received a reliable service.

People were supported to remain healthy.

if people needed support with food and fluids, staff understood their dietary needs and supported them to eat a healthy diet that suited their preferences.

Consent to care and treatment was always sought in line with legislation and guidance

Is the service caring?

Good ●

People received a service that was caring.

People received a caring service from staff, managers and providers who had an ethos of valuing and caring for people, and treating each person as a valued individual.

Staff knew the people they visited well, and understood the things that were important to them.

Is the service responsive?

Good ●

People received a service that was responsive to their changing needs.

People received personalised care from staff who understood their individual needs and had up-to-date information about the help they required.

People were given information about the service, including documents such as their weekly timetables, in a format suited to their needs.

People knew how to make a complaint and were confident any concerns or complaints would be listened to and acted upon.

Is the service well-led?

Good ●

People received a service that was well-led.

People received a service that ran smoothly.

People received care from staff who were well-supported, happy in their jobs and proud of the work they did.

There were clear visions, values and a strategy to deliver a high-quality service.

People who used the service, relatives and staff were involved and consulted about the service and their views were listened to and acted upon to improve the service.

Helping Hands Exeter

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.

The inspection took place on 19 and 20 September 2018 and was announced. We gave the service five days' notice of the inspection site visits because it is small and the 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 19 September 2018 and ended on 20 September 2018. It included visits to two people who received a service in their homes. We also spoke with nine people who received a service and four relatives on the telephone. We visited the office location on 19 and 20 September 2018 to see the manager and office staff; and to review care records and policies and procedures.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in caring for older people, and people with dementia.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information we had received about the service since it was registered, such as notifications about significant incidents, and information from people who use the service, staff, relatives and other professionals

On the first day of the inspection we visited the agency office where we met with the registered manager, three senior managers and two office staff. We looked at recruitment files, staff training records, staff supervision and monitoring records, staff weekly rotas and timetables sent to people each week to let them know who will be visiting. We looked at the electronic care planning system and daily records.

On the second day of the inspection we visited two people in their homes and also met two care staff who were supporting them at the time of our visit. We also returned to the agency office where we met a further

two members of care staff.

Is the service safe?

Our findings

Every person we met and spoke with told us they felt the care they received was safe. A person said "This is a five-star service. I don't think there has been any untoward incident since the service started. People who select staff do a brilliant job". Another person said, "I am more than happy. They turn up on time, turn up looking very smart, hair tidy, clean uniform. Extremely nice. The agency is very fussy about the type of girls / carers it employs".

People were protected from harm or abuse by safe recruitment procedures. Care was taken to select and recruit the right staff. The registered manager told us, "I am definitely choosy who I take on as carers." References were taken up and checks carried out to ensure applicants did not have significant criminal records or any previous employment history that might indicate they were unsuitable for the post. The provider would not allow new staff to be confirmed in post until they were satisfied all checks and references had been received and were satisfactory. A member of staff told us the agency had taken up, "Lots of recruitment checks before I started. They took up references from the last five years of employment. It was a difficult and very thorough interview".

Staff knew how to identify and report any concerns about possible harm or abuse. They received training and also information in their staff handbooks on how to recognise and report abuse. Staff told us they were confident they would report any concerns to the management team and these would be taken seriously and addressed promptly. Safe procedures were in place to minimise the risk of financial abuse.

Potential risks to people's health and safety were identified and staff knew how to support people to remain safe and well. Before people received a care service an assessment was carried out to identify their needs and any potential risks. Risk assessments covered the environment, and any potential health and safety risks to the person. Care plans explained the measures staff must take to keep the person, and themselves, safe. Detailed information about each risk was placed in the person's care plan file and staff were expected to read this. Additional training was provided for specific tasks, for example moving and handling, using a hoist and catheter care. Staff always shadowed an experienced member of staff before being allowed to carry out tasks such as using a hoist on their own. Checks were carried out to ensure equipment such as hoists were regularly serviced and safe to use.

Where people had been identified as being at risk of illness or injury, staff knew the actions they must take to reduce the risk of harm. A person who was at risk of skin problems such as pressure sores told us the care staff were "Very attentive to detail. Very thorough checks on my skin." A relative told us it gave them peace of mind to know the care staff were taking such good care of the person and they were confident the staff would spot any signs of injury or illness. A care staff told us the management team acted promptly to contact relevant health professionals when they had noticed a person had developed soreness on their sacrum. "They dealt it straight away. The nurses came out and there were creams and equipment in place very quickly".

There were sufficient staff employed to meet peoples' needs and to ensure people did not experience

missed visits. The agency gave each person written information about the staff who would be visiting them which included a photograph and details of each staff member's training and experience. People told us they rarely, or never, received visits from care staff they did not know. When their regular staff were on leave or off sick other members of their regular staff team usually provided cover. If this was not possible a member of the management team would carry out the visit. A person told us "A person from the office often comes and fills in for the carer". Staff told us before they visited a new person for the first time they were given good information about the person in a document called "All about me".

People received safe support with their medicines. An assessment was carried out on each person to identify the level of support they needed. Staff were given information on each medicine to be administered and any risks. Staff were not allowed to administer medicines until they had received training and their competence had been checked and confirmed. A staff member told us, "It is a stipulation that you have to pass the training or you cannot provide the care". Medicine administration records were completed and the records we looked at contained no unexplained gaps. Where staff were expected to apply pain relief patches they had been given clear instructions on how and where to apply these. Body maps were used to explain how and where creams should be applied. Where medicines had been prescribed on an 'as required' basis staff knew when to offer these. There were safe systems in place to ensure people received regular supplies of medicines, and staff knew if they were required to collect medicines from the pharmacy.

People were protected from the risk of infection because staff had received training and instructions. Care plans explained where protective clothing was needed. Spot checks were carried out by senior members of staff to ensure staff were following safe procedures, including infection control procedures.

The provider and registered manager ensured that lessons were learnt from incidents and events. For example, in the first few months after the service began there were three missed visits. They took steps to improve their communication systems with care staff when making changes to staff timetables. There had been no missed visits since making these changes.

Is the service effective?

Our findings

People told us they received a service that was effective. Comments from people we spoke with included, "Staff always remember my needs and are very careful with me", "I am very happy, it is such a relief to have people who pay attention and care", and "I am very, very pleased – especially (the carer) I am having at the moment. She has made a huge difference to my life".

People received care from staff who were well trained and competent. At the start of each member of staff's employment they received a classroom-based induction lasting three days. This covered a wide range of health and safety topics, and topics relevant to people's needs. This was carried out by the provider's regional training manager. New staff were expected to complete the Care Certificate. This is a nationally recognised qualification which ensures staff have had a good understanding of all aspects of the job.

Staff received further training and regular updates on topics relevant to the needs of the people they visited, for example, moving and handling, dementia care and Parkinson's. This included an annual one-day refresher training course. Staff were also encouraged to gain further qualifications relevant to their jobs. People told us they were confident all the staff were well trained. Comments included "Really, really good care. My carer can recognise when I am sliding down (in my chair), when I am tired, when I am getting into danger for example, crossing roads in my wheelchair". A relative told us "Yes, (...) has dementia and prostate cancer and has to use a catheter. The carers know what to do". Another relative said the staff were, "Very caring, professional, and competent".

Staff were well supported. They received regular supervision, and could contact or visit the office at any time for advice or support. There were good communication systems to ensure staff were involved and kept informed about any changes in people's care needs.

People received a reliable service. Each person received a timetable each week to let them know who would be visiting them the following week, and the times of the visits. People told us the staff always visited close to the expected time, stayed the correct length of time, and were never rushed. Staff were allocated sufficient travel time to ensure they reached each person safely and on time. People told us they always received a telephone call if staff were running late for any reason such as traffic jams. People received care from a small team of care staff who visited them regularly and understood their needs and how they wanted to be supported. People told us staff always carried out all the tasks they required, and when they left they checked whether there was anything else needed. A person told us, "(Staff member) makes such a huge difference to my life. Before she goes she makes sure that there is butter in the butter dish, marmalade in the marmalade pot, takes the top off the milk container, and ensures that I have cold water near me for my tea – to cool it down".

People were supported to remain healthy. Before people received a service, an assessment was carried out and a care plan drawn up with them to agree their needs. Care plans included information about all aspects of each person's personal care and health needs. Staff and the management team worked closely with health and social care professionals to ensure people received the right care and treatment. A relative

contacted the agency after we visited a person to add their comments about the service. They told the registered manager, "Your service has been over and above expectations and your excellent liaison with Mum's GP surgery has been invaluable. The community nursing team at (the local) surgery have given me feedback on how professional you have been with them about Mum's care." People told us they were confident staff would recognise signs of illness and support them to seek medical attention if needed. A person told us, "They have in the past contacted the doctor for me, and arranged for him to visit".

Consent to care and treatment was always sought in line with legislation and guidance. The service understood their legal responsibility to ensure they complied with the Mental Capacity Act. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. Care plan files contained information about people's capacity to make important decisions for themselves. Where people were unable to make decisions, staff understood the need to seek best interest agreements with others involved in supporting and caring for the person. People were given choices and their agreement was sought before carrying out any care tasks. During a visit to a person we heard a member of staff seeking the person's consent before carrying out tasks and checking with them throughout the process that they were happy, for example "How does that feel? Is that Ok?"

Most people who received a care service were able to get their own food and drinks, or lived with family who supported them with this task. One person told us "They help me prepare, and then I reheat it later – I have a choice". Where people required support with this task care workers knew the person's dietary needs and preferences.

Is the service caring?

Our findings

People told us they received a service that was very caring. All the people we visited and spoke with praised the care staff for their kindness and caring manner. A person told us, "I am very happy. It is such a relief to have people who pay attention and care. They don't just dash in, do my meal and shoot out – all the little extras they do make life important. It is what I need – long may it last". Other comments included, "I am very happy, lovely people" and, "They always ask how you are, and what you want doing that day".

People received a service from staff, managers and provider who had an ethos of valuing, caring for people, and treating each person as a valued individual. The registered manager showed us posters in the agency office setting out their values. These were, "Focus on people, Excellence every time, Listening and understanding, and Building on our success". During the inspection we heard examples of how they achieved this by focusing on each person's individual needs, listening to them and, involving them in their care. We also heard how staff, the registered manager and provider took a pride in providing an excellent service every time. The staff and management team we spoke with were passionate about caring for people and, for each other.

The agency had carried out little acts of kindness to show how much they cared about people. For example, every person received a birthday card from the agency each year. During Wimbledon week the staff delivered strawberries and cream to every person receiving a service. We also saw photographs and heard examples of people who were supported by care staff to go out into the community and visit places they had previously enjoyed, or to celebrate birthdays. During the snow earlier in the year staff had walked through icy conditions to make sure people received their care visits.

The provider cared about the staff team and made sure every member of staff was recognised for their work. They had a 'Carer of the Month' award which recognised staff who had gone above and beyond their duties, or shown exceptional care. For example, a pharmacy had contacted the agency to praise a carer who had visited the pharmacy with a service user. They told the agency, "She was patient, caring and above all treated her client like a real person". The carer was awarded the 'Carer of the Month' for their exceptional care.

Staff knew the people they visited well, and understood the things that were important to them. We heard examples of how staff understood each person's unique personalities, the things they enjoyed, and their likes and preferences. People were treated as equals regardless of their backgrounds or beliefs. New staff were given training at the start of their employment which included equality and diversity. Where people were living with dementia, staff knew about their past lives and helped them to remember happy events in the past. The agency had recognised how important their dog was to a person living with dementia and they had drawn up a 'Puppy Pals' care plan for the dog. When the person became agitated the dog helped the person become calm. Care notes also showed when the person became agitated a carer had sat with the person and read them a story about dogs which the person enjoyed. A relative told us, "The carer walks around with my wife, talks to her, explain what they are doing and why".

We also read a daily log book entry for another person which said "I printed off some photos of Dartmoor today as (person's name) was missing it. We sat and talked about her childhood in Dartmoor. The photos made her really happy".

People told us the staff were always cheerful, positive and caring. A relative told us "It's super! My wife responds to these ladies, she thinks that they are all super. She responds smiling from ear to ear. She says that she is all the better for seeing them. The service they provide is flexible, which has helped me a lot regarding doctor and dentist appointments. They have lots of laughs, with the ladies joking and banter. They laugh on and off all the time while they are here".

People told us they were always treated with respect. We observed staff speaking with people in a respectful manner. Comments from people included "They are always gentle and pleasant" and "I am treated as a human being, not as an object or fool".

People told us they were supported to be as independent as possible, and that carers were there to assist if required. We heard various examples, such as "I am improving and able to do a little bit more each week. The carer anticipates, keeps an eye on me, makes sure that I don't fall" and "I like being as independent as possible. I am allowed to do what I can do and they rescue me when I'm in trouble".

People's views were sought about the service in various ways including visits from senior staff, telephone calls and questionnaires. One person told us they spoke to staff in the office every Monday and kept them updated about the care they received. Other people said "They ring to see how getting on. I am pleased with service", "Yes, I have a telephone call every six months" and "(The registered manager) checked after the first two weeks".

Is the service responsive?

Our findings

People received a service that was responsive to their changing needs.

People received care from a small team of regular care workers who knew them well. Staff understood each person's individual needs. Care plans were drawn up and agreed with people and contained good information to staff about how the person wanted to be supported. When people's needs changed their care plan was amended and updated promptly. Staff told us the care plans provided the right level of information for them to provide responsive care. People we spoke with told us they, and/or their family, had been involved in drawing up and agreeing their care plans.

People were given information about the service, including documents such as their weekly timetables, in a format suited to their needs. The service had considered each person's communication needs and were willing to provide information in any format to suit the person. For example, one person who was unable to read their weekly timetable received a telephone care from the agency to let them know who would be visiting the following week, and the times of the visits. The registered manager told us, "We will find a way to make sure we communicate with people".

People told us they knew how to make a complaint and were confident any concerns or complaints would be listened to and acted upon. The agency had received one formal complaint in the last year. They had investigated the matter thoroughly, responded to the complainant, apologised and taken action to prevent recurrence. A relative we spoke with told us about a minor incident that had occurred. Although they had not raised a complaint, the agency treated it seriously, investigated and took action. The relative told us they had received several telephone calls from the registered manager over the following weeks to make sure the issue had been completely resolved.

People also told us they were asked if they wanted a male or female carer, and their wishes were respected. They also told us that if they did not like any member of staff for any reason they could ask the agency not to send the carer again, and their request was granted without any fuss. Comments included, "My concerns were very well responded" and, "There was one incident when the carer came too early. They gave a full apology, and they didn't charge for that evenings visit".

People received a service that was flexible to their changing needs. People told us the agency was flexible, and could accommodate additional visits if required for example doctor appointments, or if family members were going away on holiday. This included this included overnight care. A person told us "An (Office staff) was quick to respond and she was very helpful".

Is the service well-led?

Our findings

People told us they received a service that was well-led. People, relatives and staff praised the registered manager and the office team for the way the service was managed. Comments included, "It seems to be well managed" and, "The service is efficient, and staff are well trained, courteous and competent".

People told us the service ran smoothly. Comments included, "It's a five-star service" and, "They meet all my expectations." People told us they could contact the agency easily, for example "If I am in a muddle, I can ring the office and they sort it out." People told us they were happy with the way the agency billed them for the service.

People who used the service, relatives and staff were involved and consulted about the service and their views were listened to and acted upon to improve the service. They carried out surveys of the service and had produced a national newsletter which gave people feedback on the surveys in the format of 'You said, we did'. Managers of each branch worked closely with other managers to look at quality improvements, and to draw up and agree action plans and how these would be addressed.

There were good systems of communication throughout the organisation. Members of the provider's senior management team, including the regional manager, quality assurance manager visited and kept in touch with the branch on a regular basis. During the inspection we met the Head of Homecare who told us, "It is a family run business". They explained how they valued every member of staff, and made sure they communicated well and kept in touch with them. Staff birthdays were celebrated with a card, and they promoted and supported staff events. Good practice was recognised and rewarded through their Carer of the Month awards. They told us staff retention was very important to them.

Staff told us they were happy in their jobs, they were well-supported, and proud of the work they did. A member of staff told us "Helping Hands is fantastic. They make you feel so valued. It's the best company I have ever worked for and I would never leave." People who received a service also told us they had found that the staff were always happy, well supported and respected by the management team. Staff received regular supervisions and staff meetings were held regularly. Minutes showed meetings covered a wide range of topics and staff were encouraged to speak out and make suggestions. In a recent staff meeting the minutes showed staff were encouraged to participate in team building activities, get-togethers, and charity fund raising.

There were clear visions and values and a strategy to deliver a high-quality service. The provider had systems in place to monitor and review all aspects of the service and to make improvements where necessary. The provider employed a 'quality partner' who had responsibility for monitoring and reviewing each branch. In addition to regular audits and checks carried out by the registered manager and provider the 'quality partner' carried out annual audits, although they were aiming to increase these to six-monthly. Where improvements were needed they supported the registered manager to make any changes.

The provider and registered manager understood their responsibility to notify the Commission and other

relevant organisations of any significant incidents or concerns. Incidents, complaints and grumbles were taken seriously, investigated, and actions were taken to prevent recurrence.