

Midshires Care Limited

Helping Hands Beverley

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

At the time of the inspection, the location did not care or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Helping Hands Beverley is a domiciliary care service providing care and support to people who live in their own homes in Beverley and surrounding areas. They were previously registered as Helping Hands Beverley & Hull. The service provides support to older people, people living with dementia, learning disabilities or autism spectrum disorder and people with a physical disability. It also provides support to people with a sensory impairment and younger adults. At the time of our inspection there were 61 people who were receiving a service from this provider.

Not everyone who used the service received personal care. Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People and their relatives were involved in assessments, care planning and managing risks. Care records provided good quality information to ensure people received the right support. Staff supported people to take part in activities and pursue their interests.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity and understood and responded to people's individual needs. People could communicate with staff and understood information given to them because staff supported them consistently and understood their individual communication needs. Staff had received training on how to recognise abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right Culture:

The service had a positive culture that was person centred. Staff told us they enjoyed their job and making a

positive different to someone's life. People received good quality care, support, and treatment because staff were able to meet their needs and wishes. People and those important to them were involved in the planning of care. The provider had clear and effective governance systems in place that identified and managed risks through audits and action plans.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 31 December 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Helping Hands Beverley

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 checked 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience who made calls to people and their families. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed the information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used

all this information to plan our inspection.

During the inspection

We spoke with 3 people who use the service and 4 relatives about their experience of care provided. We spoke with 4 members of staff, including the registered manager and 3 care workers. We also spoke with 1 professional. We reviewed a range of records. This included 3 care records and medication records. We looked at other records relating to the management of the service including recruitment, staff training and supervision, and systems for monitoring quality.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were assessed appropriately.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe.
- People's care records helped them get the support they needed. They contained good quality information to support staff to meet people's care needs. Staff kept accurate, complete, legible and up to date records.

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

- The provider had effective safeguarding systems in place to protect people from the risk of abuse.
- People we spoke to told us they felt safe in the care of staff. Comments included, "I feel completely safe, they [Staff] are fantastic," and, "[Person's name] is very safe, the staff do a very good job."
- Staff received safeguarding training and were clear about their responsibilities in responding to and reporting any safeguarding concerns.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

Staffing and recruitment

- The service had enough staff. Staff told us there was enough staff to meet the needs of the people they cared for. People told us the staff were very reliable.
- The registered manager promoted family friendly shift patterns to ensure staff had a balance between their home and working lives. A staff member said, "They [registered manager] are really understanding about family issues."
- The provider had appropriate recruitment procedures in place for the recruitment of staff. This meant only suitable people were recruited by the provider.

Using medicines safely

- Medicines were managed safely. People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- People who required support with medicines had a care plan in place which stated what assistance they required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their care needs assessed. Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Assessments and care plans were reviewed regularly to ensure people received care in line with their needs and preferences.
- People and their relatives felt involved in the assessment process and reviews. Comments included, "They [Registered manager], came around and explained everything, it was just what I needed," and, "[Name], has asked to come and see [Person's name] to make another assessment, we feel very involved."

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

- People received support to eat and drink enough to maintain a balanced diet.
- Information regarding people's dietary requirements and preferences was documented in their care plans.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training. This included training to support people with a learning disability or autism, dementia training, an awareness of mental health, catheter care and diabetes. A family member said, "I feel thoroughly assured by them, they are all very nice people."
- The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal, and recognition of good practice. Staff nominates each other every month for a 'Moment of Kindness award' in recognition of someone who had gone above and beyond in their work.

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

- People's health needs were identified by the provider's assessment process. Care records contained clear information on how best to support someone. Staff told us they contained the right information to help them care for people and keep them safe.
- The service monitored people's on-going health conditions and sought assistance for them as required.

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 MCA 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.

- Staff acted within the legal framework of the MCA. Staff had completed training in MCA and understood the principles of the Act.
- Initial assessments of care and support needs included a 'consent form'. People had signed and consented to their care and support.
- Staff sought people's consent and included them in decisions about their care.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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; Respecting and promoting people's privacy, dignity and independence

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- People felt valued by staff who showed genuine interest in their well-being and quality of life. Comments included "They [Staff] do exactly what you want them to do, and they show a genuine interest in your past time," and, "The staff are all lovely."
- Staff supported people to maintain their privacy, dignity, and independence. One person said, "The staff are very good, they will always make sure the door is shut or the curtains are closed, and they always ask if you want to be left in private."

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

- Staff supported people to express their views using their preferred method of communication. Staff used a wipe board to interact with 1 person as this was the way they like to communicate.
- People were able to make choices for themselves and staff ensured they had the information they needed. The registered manager said, "This is a bespoke service that is tailored around the individual."
- People and those important to them, took part in making decisions and planning their care and risk assessments.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 were happy with the support they received. A relative said, "[Person's name] called the office once and they were very quick to respond, the staff cannot do enough for you."
- People were encouraged to make their own decisions and choices. People chose when and how they wanted to spend their time.
- Care plan documentation we reviewed was up to date and concise. It demonstrated staff had a good understanding of people's safe care and treatment.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff assessed people's communication needs and recorded this within their care plans.
- Information was provided to people in a format that was most accessible to them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported by staff to follow their interests or access the community if this was part of their support package.
- Some people received social support and companionship.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were recorded, investigated, and responded to appropriately.
- People were provided with information about how to make a complaint. People told us they would make a complaint if needed and were confident it would be dealt with appropriately.

End of life care and support

- At the time of this inspection, the service was not providing end of life care to people. Records showed staff had received end of life training.
- People were offered the opportunity to discuss their end-of-life care wishes if they wanted to.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- An effective quality monitoring system was in place which monitored the quality and safety of the service through a robust audit system.
- The registered manager had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed. Staff told us the registered manager was approachable and supportive.
- Staff were committed to providing a good quality service that met people's individual needs. Staff told us they worked well as a team and valued each other's contributions.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked hard to instil a culture of care in which staff felt valued. Comments from staff included "It is the best company I have worked for", "We are all happy in our jobs," and, "There is nothing negative to say, staff get on really well and are really nice."
- People and their relatives gave positive feedback about the registered manager and staff. Comments such as, "They [Staff] are great and interested in helping, the registered manager is a proactive type of person, very helpful" and, "They [Staff] are willing to do anything for you, they are out of this world."

Continuous learning and improving care; 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

- Systems were in place to support learning from accidents and incidents. These were monitored and analysed monthly to identify consistent themes and action taken to reduce the risk of them happening again.
- The registered manager understood their responsibility to inform people and relevant others in the event something went wrong with people's care. If things did go wrong, apologies were given to people, lessons were learned, and these were used to improve the service.

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

- The provider involved and engaged with people using the service. Customer Experience Feedback was produced for people with an analysis and a branch action plan for any improvements.
- Staff had team meetings and they told us they could discuss issues that were important to them, and they

felt listened to. The registered manager also had daily meetings to ensure things were communicated well.

- The service worked collaboratively with a range of different health service to help make sure people received the right support. A professional said, "The service could not have been more accommodating and flexible in dealing with [Person's name] wishes."