

Midshires Care Limited

Helping Hands Letchworth

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

About the service

Helping Hands Letchworth is a domiciliary care service providing personal care and support to 19 people at the time of the inspection.

Not everyone who used the service received personal care. 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

People felt they were safe and well supported by the service. Individual risks were assessed, and staff were aware of these. Reviews of events and accidents were carried out and to check if any actions were needed. Medicines were managed well, and staff knew how to report any concerns about a person's safety or welfare. People told us staff arrived when they should, stayed for the required time and did not miss calls.

Staff received appropriate training for their roles and people felt they had good knowledge and skills. Staff felt supported by the provider and management team. People told us staff assisted them with eating and drinking as needed and respected their preferences and choices. People were asked to give their consent for support and the principles of the Mental Capacity Act were followed.

People and relatives told us staff were kind and caring and positively impacted on their lives. Staff enjoyed working for the service and told us the culture was to ensure care was person centred. Care plans included all information needed to support people safely and in accordance with their wishes and preferences. These were reviewed regularly.

People, relatives and staff were asked for their views about the service and felt listened to. There were robust monitoring processes in place to help ensure a good standard of service. Quality assurance systems identified any areas that needed further development. The registered manager was away from the service at the time of the inspection, the service was supported by an interim manager. They worked closely with the care team co-ordinators and regional manager to help ensure a smooth transition and a good service for people.

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 31 May 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration date of the service.

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 safe.

Good ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was well led.

Good ●

Helping Hands Letchworth

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 Care Act 2014.

Inspection team

The inspection was undertaken 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.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the registered manager was away at the time of the inspection for planned extended leave and the service was supported by an interim manager.

Notice of inspection

This inspection was announced. 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/registered manager would be in the office to support the inspection.

Inspection activity started on 3 June 2021 and ended on 17 June 2021. We visited the office location on 16 June 2021.

What we did before inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. 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.

During the inspection-

We spoke with four people who used the service and seven relatives about their experience of the care provided. We spoke with the interim manager, regional manager, a care team co-ordinator and received feedback from six care staff. We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they, or their family members, felt safe receiving support from the service. One person said, "I feel safe, (staff are) very caring, someone caring makes you feel safe." A relative said, "Absolutely safe, first class people."
- Safeguarding incidents were reported to us when needed and to the local authority safeguarding team.
- Staff had received training on what signs of abuse to look out for and knew how to report any concerns they had within the service or externally. Staff felt they could raise any concerns with the management team.

Assessing risk, safety monitoring and management

- People and relatives told us they felt staff worked safely. One person said, "I trust them, [they are] trustworthy, I have a key safe which they leave secure. When they come in, they call out to me." Another person said, "Their attitude makes me feel safe and the care they give me, [they are] very friendly, [I] don't know what I would do without them."
- People's individual risks were assessed and reviewed. Other risks, such as environmental risks which included general household risks were also considered. Reviews and updates were completed when needed. For example, one person had fallen when answering the door, so a decision was made to add a key safe to the person's house to remove the need for them to answer the door.
- Staff told us that the management team regularly checked they were working safely. The interim manager worked alongside staff members to observe their practice.
- Staff were aware of people's individual risks.

Staffing and recruitment

- People and their relatives told there were enough staff available to meet their, or their family member's, needs. People and relatives told us there had not been any missed care call visits and records showed that staff provided people's care within agreed timeframes. One person said, "They are within a few minutes of [the agreed] call time, [they] stay for the allotted time, I don't feel rushed, I've had no missed calls."
- The provider had a robust recruitment process which included appropriate checks to help ensure staff were suitable to work in a care setting. Criminal record checks and references were sought before staff started working with people.
- New staff were introduced to people who used the service while working under supervision.

Using medicines safely

- Staff were trained to support people with their medicines safely. The management team ensured staff completed competency assessments and additional training if needed.

- Staff supported some people with administering their medicines and prompted others to take theirs as needed.
- The management team carried out spot checks and audits to help ensure medicines were managed safely.

Preventing and controlling infection

- People were protected from the risk of infection because staff had been trained in infection control. The provider ensured they followed current national infection prevention and control guidance. People told us that staff used their personal protective equipment (PPE) and washed their hands when they arrived.
- Staff told us they had access to a good supply of personal protective equipment (PPE). They were clear on what was needed to promote good infection prevention and control. The management team carried out spot checks to ensure staff were using PPE correctly. However, we noted that the management team in the office did not always wear their masks. We raised this with the manager who told us that going forward they would ensure they follow national guidance at all times.

Learning lessons when things go wrong

- The provider had systems to help ensure learning from events, incidents or accidents.
- The learning from these events was shared with staff during training, meetings and news bulletins.

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.

This is the first inspection for this newly registered service. This key question has been rated 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's needs were assessed before they were supported by the service. Assessments included people's individual needs, risks and preferences.
- People and their relatives told us they felt the service was well prepared to meet their, or their family member's, needs. They also told us that the experience with Helping Hands Letchworth had been more positive than with other care agencies.
- A member of the management team checked back with people to ensure the planned care package was working well.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff were well trained and knowledgeable for their role. One person said, "Staff know what they are doing, I feel they are well instructed."
- Staff received training in areas relevant to their role. This included moving and handling, safeguarding people from abuse, health and safety, and first aid.
- Staff received regular supervision and competency checks. This was to help ensure that they had a clear understanding of their role and they worked in the required way. Staff told us they felt very supported.
- New staff had a full induction. This included training, shadowing experienced staff members. It also included reading the care plans of people they would be supporting, as well as getting to know them.

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

- People and their relatives said staff supported them, or their family members, well with eating and drinking. One person said, "They always ask what I want to eat, what cereal or sandwich." We saw in care plans that ensuring people had fresh drinks was an action for when staff arrived at people's homes. A relative told us, "They make sure [person] has had breakfast, [Person] gets delivered lunch and tea, carers check fridge to see if this has been eaten and if not encourage them."
- People's dietary needs and preferences were documented in their care plans and staff knew how to support people safely and appropriately. However, one relative said this could be improved upon by staff labelling food when they opened it.

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

- Staff supported people to access health or social care professionals as needed. One person said, "They would contact someone for me if they needed to."
- Staff all knew what to do if a person became unwell or needed additional support. One staff member said,

"I would inform the office. Depending on what the changes were would depend on my immediate action. If they were life threatening, I would seek further medical advice, for example call an ambulance."

- We were told by relatives that staff stayed with people until they received medical support and were able to identify if people's health changed. One relative said, "They pick up on non-verbal communication, after [medical treatment], they noticed [person] was in pain and stayed with them until [family member] got home, any issues they contact us."

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.

- People and relatives told us that staff always asked for consent when supporting them. There was a record of consent within people's care plan in relation to care, records and sharing of information.
- People had mental capacity assessments completed when needed. Where relatives had power of attorney, a copy of this was sought by the manager to ensure they had the appropriate authority to make decisions.
- Staff received training in the Mental Capacity Act and knew how to put this into practice.

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 and their relatives told us that staff always treated people well and they felt respected. One person told us, "Very kind and compassionate, my carer excellent, can't fault them." Another person said, "They do listen to me, makes me laugh, it makes the day better." A relative told us, "Staff are kind, caring, they have [family member's] interests at heart."
- People were supported by staff who had taken the time to get to know them well. One person said, "Whatever I want they do."
- Staff told us they were encouraged to get to know people and what was important to them. They told us there was time to spend with people and making sure they had what they needed, in a way they chose. One staff member said, "I feel it is a professional organisation who treat their customers with care and respect."

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

- People and their relatives told us they were involved in decisions about their care. One person said, "I prefer not to have a [gender of care staff] and they have taken this on board." A relative said, "The manager visited before care started to agree care and this is under constant review."
- People's care plans included a record of people's involvement, preferences and choices.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives said that staff promoted people's privacy, dignity and independence. People told us what a difference the service had made to them. One person said, "Definitely help out if I'm down, very aware, they help you mentally."
- One relative told us, "[Family member] would have to be in a care home if [they] didn't have them, [they've] enabled them to stay at home and have some independence and say in what they do."
- The manager and staff told us how they considered people's dignity by ensuring people were covered as much as possible during personal care.

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 were happy with the care they received and felt they were supported in their chosen way. One person said, "My carer treats me like her [family member], anything I ask she does." A relative said, "I can come to work and not worry, they keep us informed, [my family member] is happier and more comfortable."
- Care plans were very detailed and gave clear information to staff so they could support people safely and appropriately. These plans and care notes were accessible through an electronic system that prompted staff to ensure all planned care was given. One person said, "All the information is on their phones, we do have a folder in the house, they came and had a chat before service started and come back now and again."

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.

- When the care plan is developed at the start of supporting a person, the manager and person discuss any specific need or preference in which they communicate. The service can give all relevant documentation in large print, braille, easy-read format or the person's preferred language as needed. The manager told us, "Customer reassessments are carried out at least every month as a minimum or when a customer's needs change. At each review their communication preferences are discussed to ensure we have current information and are meeting customer's needs."
- One person was noted to use actions, such as nods, to communicate. Another person who would lip read prior to the need for staff to wear masks, was now supported to communicate by staff using whiteboards.

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

- Staff supported people in a way that enabled them to stay living in their own home with family members. One relative said, "I couldn't have looked after my [family member] without them, well I may have done but it would have been a struggle."
- Staff also supported people to be active and enjoy their typical routines. For example, one person was assisted to exercise, and another person was supported to go to the shops or a walk. A relative said staff were, "All very caring, they look after [person's] interests, have fun with them, take them for a walk or to shop to purchase something."

Improving care quality in response to complaints or concerns

- People and their relatives told us they had not have any complaints, but all said they would be confident to complain if the need arose. One person said, "A long time ago I asked for a particular carer not to come and they have not been back." One relative said, "[I've] only positive things to say, any concerns [I] would absolutely contact them."
- The provider had a system in place to record and monitor complaints. This helped them identify any reoccurring issues so they could be resolved.

End of life care and support

- At times the staff team supported people at the end of their life. Staff engaged with visiting healthcare professionals to ensure their needs were met. Staff were trained and supported so they knew how to support people at the end of their life.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The interim manager had a number of years working in the care sector and this gave them an extensive knowledge base to use in their role. They told us, "I take all the good things I have learned from different roles and different experiences and I can use those to help our customers."
- People and relatives said the manager was approachable, friendly and accommodating.
- Feedback about the culture and approach of the service was very positive. A relative said, "Nothing but compliments, really very good, done exactly what we asked. We get sent a newsletter which I found useful but also had articles for [family member] such as puzzles, easy recipes, birds to look for in the garden. It was really helpful with the process of accepting support."
- Staff told us the service had a person-centred approach and they enjoyed working for Helping Hands Letchworth. A staff member told us, "They include "companionship" in the activities on our care plans, which is something that goes a long way. In previous experience with other companies. It's been a case of "finish the job, go to the next" but with Helping Hands it's "finish the tasks and sit down with the customer and talk to them". Included in the plans is usually a bit of information to help us start up a conversation with the person we are helping."

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

- The registered manager was away on planned extended leave so the service was being supported by an interim manager.
- The interim manager understood their responsibilities in relation to the duty of candour. Staff told us they were encouraged to speak up if there were any issues and the management team welcomed their honesty.
- The interim manager accompanied care staff on visits to understand what service was provided and to help ensure people knew they could speak with them.
- The management team provided guidance and support for staff. Staff told us that they found the management team approachable and knowledgeable. One staff member said, "I have especially been supported by [both Care Co-ordinators], who are always there to answer any questions I may have and provide training where appropriate."
- There were audits across all key areas of the service. For example, COVID-19, staff competency, care plans and medicines. This information was added onto an action plan to give an overview of performance and any areas that needed addressing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were positive about how the service engaged with them and they felt their views were listened to. One person said, "There's a new manager [name], they always pick up the calls if you ring." One relative said, "Service is first class, if I had any bright ideas, I would suggest them, they are very resourceful."
- People's feedback was sought through surveys and quality assurance calls or visits with the management team. The feedback was collated so any actions could be developed.
- Staff feedback was sought through surveys and observed practice sessions with the manager. Staff were positive about the service and the management team. One staff member said, "I have no issues with how the service runs. I have been spot checked and was comfortable in the knowledge that due to my training and understanding of the company's policies and procedures, that there was nothing for me to worry about. This is carried out by a member of the management team, or the manager. I am always asked my views on things."

Continuous learning and improving care

- The management team reviewed events and shared any learning with the staff team.
- The management team were looking for ways to further improve the service. They were considering additional training for staff to help build their knowledge and skills.

Working in partnership with others

- The management and staff team worked with other professionals to ensure support and the right care for people. For example, liaising with the local authority safeguarding team and social workers through a complex family situation. Also contacting relevant health care professionals involved where people's needs changed.
- The interim manager had recently worked with a local charity to get activity blankets to help provide people living with dementia some additional stimulation.