

Midshires Care Limited

# Helping Hands Basingstoke

## Inspection report

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Date of inspection visit:  
11 August 2022  
17 August 2022  
12 September 2022

Date of publication:  
01 November 2022

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

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 Basingstoke is a domiciliary care service providing personal care to people in their own homes. The service provides support to people with a variety of needs. At the time of our inspection there were 26 people receiving personal care from the service.

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

Assessments of people's needs did not always reflect best practice or show how they were carried out. Some aspects of people's health were not effectively planned for, though staff knew people well and understood how to escalate concerns over their health or safety. Some aspects of assessing people's capacity and supporting them to make decisions did not follow best practice.

People received safe care which met their needs. There were enough staff to support people, medicines were managed safely, infection control measures were in place and risks to people were assessed and managed.

Staff, people and their relatives told us that staff were well trained, experienced and confident in their roles. There were good systems in place to induct new staff and monitor their performance and the quality of care provided.

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.

Staff knew people well and understood their individual needs and preferences. Staff respected people, promoted privacy, dignity and independence in the care they provided. People and their relatives told us that staff were kind and compassionate.

Staff understood how to provide person-centred care and people's preferences were met. People were supported to avoid social isolation and to participate in activities which interested them, wherever possible. Complaints were well managed. People were supported at the end of their life to stay at home, if that was their wish, and the service worked to meet their needs at this time.

The service was well-led, there was a positive culture within the staff team and people using the service told us the care was of high quality. Staff mostly told us they felt listened to and were happy with their job.

People and their relatives felt listened to and were able to raise concerns, they told us the management of the service was good.

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.

At the time of the inspection, the location did not provide care or support for 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 4 April 2019 and this is the first inspection.

#### 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?

Requires Improvement ●

The service was not always 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 Basingstoke

## 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

This inspection was carried out by one inspector. A second inspector and an Expert by Experience supported the inspection remotely.

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 houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

We gave a short period notice of the inspection. This was 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 11 August 2022 and ended on 12 September 2022. We visited the location's office on 11 August 2022.

What we did before the inspection

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 sought feedback from the local authority.

We used all this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service or their family members. We spoke with the registered manager and five members of staff.

We reviewed records relating to people's care and the running of the service. These included policies and procedures, care records for four people and three staff recruitment files.

# 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 of 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

- Staff were aware of signs of neglect or abuse and how to report them. Staff felt comfortable to report any concerns. One staff member told us, "If we have any concerns, such as bruises, we can record and body map it on the app and it goes to office. The office staff do referrals...but they are good at updating us to say this is what actions being taken."
- There was training in place and an appropriate policy and procedure. The registered manager had identified low reporting and so had undertaken additional training and learning for staff to ensure any concerns were identified and reported.

Assessing risk, safety monitoring and management

- Most risks to people's health, safety and wellbeing were assessed and had risk management plans in place. Staff had good training, knew people well and understood risks where there was limited information. We highlighted some aspects of people's physical health where risks did not have detailed management plans, which the registered manager agreed to resolve.
- Risks to people's safety in their home were assessed and managed appropriately. People and their loved ones told us they felt safe. One person said, "Yes I feel very safe and have no complaints at all. I am very, very happy with them all." One relative told us, "[Loved one] feels safe with them, it's just the overall way they conduct themselves."

Staffing and recruitment

- There were enough staff to meet people's care needs.
- Staff recruitment procedures were robust. Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- People had medicines care plans which identified their needs and preferences related to their medicines. People received their medicines as prescribed. Staff had training in using the electronic system and had their competencies assessed.
- Where people had 'as required' (PRN) medicines, there were basic instructions on their use. Some records contained some inconsistencies, and MAR charts were not double checked to ensure they were correct, in line with prescriptions. We raised this with the registered manager who agreed to take action to ensure this was built into the services' procedures and systems allowed them to record this process.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Learning lessons when things go wrong

- There was a good system in place to report incidents and record actions taken as a result. Staff knew how to report incidents and there was a good out of hours system in place to support them.



# 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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Some aspects of best practice guidance had not been applied in assessing people's care needs - such as assessing people's malnutrition risk. Some aspects of people's assessments did not clearly outline what factors had been considered when considering if a risk or need existed.

We recommend the provider review and implement national best practice in undertaking assessments of people's needs.

- People's individual needs and protected characteristics were considered in supporting them to make decisions.

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.

We checked whether the service was working within the principles of the MCA , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Some people had conditions with symptoms which could affect their capacity to consent, they were assumed to have capacity to consent to their care but the provider had not undertaken a capacity assessment, which could support people to make decisions if their capacity fluctuated , if they had communication needs or if their capacity to make decisions later declined.
- One person's care plan had been signed by their legal representative, however they had capacity to

consent and so should be asked to sign themselves. This was highlighted to the registered manager who agreed to take action. The person had been consulted in their care plan and the care plan stated they had capacity to make decisions.

- Staff told us people's choices and decisions were respected and if they had any concerns they would speak to the registered manager.

We recommend the provider review and implement best practice related to mental capacity assessments.

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

- People's individual needs and preferences related to eating and drinking were captured in their care plans. However, we noted that people would benefit from having more information in their care plan about their weight, mid upper arm measurement or clothes size and fit, to support staff to identify weight loss early. We discussed this with the registered manager who agreed to incorporate this into care plans.
- Staff knew people well and told us of a good example when they had noticed weight loss and taken appropriate and timely action.

Supporting people to live healthier lives, access healthcare services and support

- People's mental health and wellbeing was well considered in care planning. Some aspects of people's healthcare were not well detailed in their care plans, for example, one person had diabetes and their care plan did not include information about how to manage this effectively.
- We saw that relevant healthcare professionals had been contacted for advice and support when required. Staff worked with people and their families to support them to access other services if they needed to, such as contacting the GP.

Staff support: induction, training, skills and experience

- A range of training was available for staff, staff told us the induction was good and included shadowing others to ensure they felt confident. One staff member said, "Yes it was a good induction – very informative even for someone who's been in care for 13 years."
- The care certificate was used to ensure staff had the skills required to deliver effective care. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Specific training had been identified and was available for staff related to people's individual needs.
- People and their relatives told us staff appeared skilled and well trained. One person told us, "The staff know what they are doing, and they seem very well trained." Another said, "They are all confident with what they do, and they are well trained."

Staff working with other agencies to provide consistent, effective, timely care

- Care plans included information about other healthcare professionals involved in people's care. Staff described how they could request support, such as an occupational therapy review, if people needed it and how the information and assessments would be included in their care plans.

# 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

- Staff we spoke with were kind and caring. People and their relatives told us staff were caring, compassionate and respectful. One relative told us, "Oh yes, they are very caring towards him." Another said, "They are all caring and compassionate to her. We feel totally confident with them all... and they act in a professional but still compassionate way towards her."
- The registered manager tried to match staff with people based on their approach and tried to maintain continuity of staff wherever possible. People had a choice of male or female carers, which was respected. One person told us, "We just have a laugh together and I have come to know them all. I get a variety of them and a new one will shadow first before she comes with the other one using the hoist. I always have female carers which is what I want."

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

- People's views and preferences were well reflected throughout their care plans. Staff knew people well and had fostered good relationships with them. One person said, "The staff all seem to know me now and we all get along well." A person's relative said, "Yes I was involved with her care plan and it's followed correctly."

Respecting and promoting people's privacy, dignity and independence

- Relatives told us people's privacy and dignity were maintained. One relative said, "[Staff] will preserve his dignity and show respect towards him."
- People's wishes to participate in care or do tasks themselves was reflected in their care plans. Staff understood how to promote people's independence.

# 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 and their relatives told us they were involved in their care planning or were happy with the care being provided. One relative said, "They offer him choices like what clothes he would like to wear today or when he would like to get up."
- Care plans contained information on people's individual preferences and needs, such as routines, how they like their space, their food and drink preferences and their personal histories and interests. Staff knew people's individual needs and preferences. One staff member said, "The best way is you get to know the person. A lot is getting to know the person but if its communicated in the assessment it'll be in their care plan, even down to how they like a cup of tea."

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.

- The registered manager was aware of how to access support to provide people with information in different formats to suit their needs, such as using large font.

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

- Peoples support networks and families details were included in care plans, and risks of social isolation were identified and planned for. One staff member said, "I like to go in and be a clown and make people laugh. I like to look at photographs with people, it's so satisfying. We had one lady who used to say to me, 'My ray of sunshine!' and that to me is everything."
- People's families and loved ones were included in planning their care and people were supported to keep in touch with those that were important to them.

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt comfortable to raise a concern and confident it would be dealt with. One relative said, "Nothing has ever happened that we were not happy with but if it did I would feel confident that the office would be helpful and sort anything out quickly and efficiently." One person told us, "[The registered manager] is lovely and very approachable and I would have no worries about complaining

about anything if I needed to."

- There was a log of concerns and actions taken, these were monitored and responded to appropriately.

#### End of life care and support

- There was limited information in people's care plans about their advanced wishes, however staff knew people well. Some people had spoken with their families to make sure their wishes were known, and this was captured in care plans.
- Staff had training in end of life care. They told us they could "opt out" of providing this care if they were not comfortable and could access support from the managers.
- Where one person was moving to the end of their life, the family told us the registered manager had come to do an assessment to make sure their changing needs would be met.

# 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

- There was a clear culture promoting high-quality care. Staff were empowered to support people in a person-centred way to achieve good outcomes.
- Most staff fed back positively about the company and the quality of care they provide and took pride in their role. One staff member said, "I do enjoy it and it's rewarding, and I love working for helping hands, they're so good they're always there to help you with any problems."

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 Registered Manager understood their responsibilities to be open and honest and to apologise when things went wrong.

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

- Staff received supervision and appraisal with feedback on their performance. There were audits and reviews in place. Incidents and concerns were reviewed and acted upon to improve the quality of the care provided.

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

- Most staff told us they were confident to raise concerns, to make suggestions and felt listened to. One staff member said, "They're brilliant, the office are brilliant they keep us updated on everything and anything." Another staff member said, "As a team we can ring each other we all support each other and if you call the office nothing's too much."
- People and relatives fed back positively about the management of the service and told us they were consulted on the quality of the service. One person said, "The manager is very nice and I find her easy to talk with." A family member said, "I know who the manager is, she is very good and helpful."

Continuous learning and improving care

- There was an improvement plan in place to continuously improve the quality of the service. Staff told us there were regular meetings to discuss learning and improvement.

#### Working in partnership with others

- The service had links to the local authority and other providers to ensure people received joined-up care.