

Midshires Care Limited

# Helping Hands Cambridge

## 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 Cambridge is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of the inspection it was providing care to 17 people.

People's experience of using this service:

- People were supported to be safe in their home and there were enough staff employed to fulfil people's arranged care visits.
- People received the medicines they were prescribed.
- Staff understood their responsibilities about keeping people safe.
- Risks to people's health were assessed and clearly documented in the care plan.
- Incidents and accidents were monitored to inform practice and make improvements to the service.
- Staff understood their responsibilities to prevent the spread of infection whilst working between people's homes.
- Staff had received the training and support they needed to carry out their roles well. People had confidence in the staff and were content with the care they received.
- People were supported to access health care services when they needed to. Staff described positive working relationships with health care professionals.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- The policies and procedures in the service supported this practice.
- Staff supported people to remain independent and promoted their dignity. People's privacy was respected and their personal information was kept securely.
- The service had a complaints policy of which people were aware.
- There was a clear management structure that supported staff well.
- Governance arrangements were in practice. Regular audits identified any shortfalls in provision of care.

Rating at last inspection: This was the first inspection of the service which was registered with the Care Quality Commission on 18 December 2017.

Why we inspected: Our methodology is to plan to inspect services within the first year of being registered

Follow up: We will continue to monitor the service through the information we receive.

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

## 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

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Helping Hands Cambridge

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one adult social care inspector.

#### Service and service type:

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

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.

#### Notice of inspection:

This inspection was announced and took place on 15 March 2019. We gave the service 48 hours' notice of the inspection site visit to ensure the registered manager would be present and to ensure people's consent was gained for us to contact them for their feedback.

#### What we did:

We used information the provider sent to us in the Provider Information return (PIR). This is information we require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection, we spoke with three people who used the service and one relative to ask about their experience of the care delivered. We spoke with the registered manager, area manager and head of home

care for the organisation and two members of the care staff.

We looked at the care records for four people, three staff employment related records and records relating to the quality and management of the service.

Details are in the Key Questions below.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The service had policies and procedures to guide staff in safeguarding people from the risk of harm and abuse. The service had included in the policy details of how the local safeguard team could be contacted.
- Members of staff informed us they had completed safeguarding training. This was also confirmed in training records. One member of staff told us, "We learnt about the different types of abuse in our training."
- People using the service and their relatives told us they had no concerns about the service. One person told us, "I feel safe with the staff that come to support me."

Assessing risk, safety monitoring and management

- People's care records included risk assessments that covered mobility, health and safety and specific risks to the person.
- The registered manager had identified a rating system regarding the person needs to identify people with a priority of need for the service to reach during times of inclement weather.
- The service had provided staff with thermometers to check bathing water temperatures.

Staffing and recruitment

- There were sufficient numbers of staff employed by the service to meet people's needs. The registered manager ensured consistency of staff for people
- We checked the recruitment records of three staff and saw records of checks completed by the service to ensure staff were suitable to deliver care and support before they started work at the service. Checks had made checks with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions.
- The registered manager informed us about how they sought references including verbal references to support written information received,
- When new staff started work, they shadowed more experienced staff to learn about people's needs.
- People using the service informed us staff arrived on time and stayed for the right length of time.

Using medicines safely

- Staff were trained and administered medicines safely and the registered manager told us they observed staff practice to ensure the staff were competent.
- Medicines records were checked by the management team to identify medicines had been administered safely and take any actions when any errors were identified.

Preventing and controlling infection

- Staff told us there was sufficient personal protective equipment, such as disposable gloves and aprons to

maintain good standards of infection control.

- The registered manager ensured infection control procedures were maintained with effective staff training. People we spoke with told us staff consistently washed their hands before and after providing personal care for them.

Learning lessons when things go wrong

- We looked at how accidents and incidents were managed by the management team. They detailed the nature of the incident, time and action taken to resolve it. When accidents occurred any accident or 'near miss' was reviewed so that lessons could be learnt and to reduce the risk of similar incidents occurring.



# 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

Good: 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 the service began providing support to them to determine if the service would be able to meet their needs.
- People's care was planned and regularly reviewed to ensure they received support that identified and met their changing needs.
- There was a customer profile for each person who used the service. The profile contained important information about the person including their likes and dislikes and what was important to them.

Staff support: induction, training, skills and experience

- Staff were provided with a range of training, which helped them be confident when supporting people and promoted individual skills and development. A member of staff told us, "The training is helpful as it is very detailed." Records showed staff completed training and there was a system of indicating when updates were required.
- Staff had formal supervision to discuss their training needs and personal development. This included field supervision which is known as spot checks and pre-arranged supervision at the service location. The service recognised staff achievements through the carer of the month scheme.

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

- Care plans recorded people's dietary needs when the staff were required to support the person with nutrition needs.
- People we spoke with told us they were happy with the support they received with their meal preparation.
- Staff informed us they had completed food and hygiene training to ensure they were confident with meal preparation.

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

- We saw the registered manager contact another service to clarify the action they were taking to support a person using the service.
- Staff were able to tell us of the healthcare needs of the people they supported, and they knew when to contact outside assistance. We saw records that showed when healthcare professionals had been contacted in support of people's health. For example, we saw when staff communicated with continence care specialists.
- Advice provided by healthcare professionals was followed by staff which ensured people were supported to maintain their health and wellbeing.

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

- Care plans seen confirmed demonstrated the staff had worked with the person and other healthcare professionals to meet the person's healthcare needs.
- People and their relatives told us that healthcare support was arranged when 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 Act requires 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 were supported by staff that knew the principles of The Mental Capacity Act 2005 and recognised the importance of people consenting to their care.
- Staff described to us the approaches they took when supporting people. These discussions demonstrated that people were involved and encouraged to make their own decisions that staff listened to and respected.

# 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

Good: 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

- We received positive feedback about the approach of staff and the care they delivered to people. One person told us, "The staff are lovely and caring."
- Each person had their life history recorded which staff used to get to know people and to build positive relationships with them.
- Staff knew people's preferences and used this knowledge to care for them in the way they wished.
- People informed us that the staff treated them with kindness and respect.

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

- People told us that they were offered choices and felt in control of the care they received. Relatives confirmed this and complimented the staff on their caring approach.
- Staff encouraged people to make choices in the way they received their care and this was recorded in their care plan. People told us they could make choices to live their life as they preferred. One person said, "I discussed my care at my care review."

Respecting and promoting people's privacy, dignity and independence

- The service recognised people's diversity, they had policies which highlighted the importance of treating everyone as individuals.
- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed before providing personal care.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's assessments were recorded in their care plans. We saw some detailed information regarding how to deliver person-centred care. The registered manager was in the process of reviewing and adding further information into people's care plans. The intention was to link the person's needs with the specific training staff had been given with recognising and responding to symptoms people could experience with a diagnosed illness, such as diabetes.
- People informed us they had regular staff and they had built good relationships with the staff because the staff knew their likes, dislikes and preferences.
- Staff respected people's individuality and diversity and were aware of people's personal preferences. Staff spoken with were able to describe people's preferences and how they liked to be supported. One member of staff explained to us, "Clothing and being smart is very important and we talk about the person's choice of outfit before deciding upon which to choose."
- The service had developed a newsletter for people using the service and staff which contained helpful information about a number of topics.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place and the registered manager said they would look at any complaints received to assess if action could be taken to prevent further occurrences.
- People knew how to provide feedback about their experiences of care and the service provided accessible ways to do this. The registered manager explained to us that they encouraged their staff to resolve problems at the time and at each care visit to ask if the person was content.
- People told us they knew how to complain about the care if they needed to. One person told us, "I have not made any complaints, but if I had a concern I would speak with the manager." They felt confident that they would be listened to and acted upon.

End of life care and support

- The service was not currently providing any end of life care and support. The registered manager wished to do this in the future by supporting the staff with training and working with other organisations in line with the persons wishes.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The policies and procedures of the service were clearly written in order that people received person-centred care which met their needs and reflected their preferences.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to ever go wrong.

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

- The service had a quality assurance system in place which consisted of audits, checks, surveys and response to feedback. Those audits seen included medicines, documentation, health and safety and accidents/incidents. Action plans were produced to ensure any shortfalls were addressed.
- The service had clear core values. There were clearly defined expectations for all staff and for the management team to be role models for staff. There were regular meetings for senior staff to discuss progress with improving aspects of the service.
- Staff confirmed communication and morale was good and informed us the registered manager regularly worked alongside them and was available to support as needed by telephone. One member of staff said, "The manager has made this a nice place to work, as they are helpful and supportive."

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

- Spot checks at people's homes were carried out to ensure the service was monitored and continued to develop.
- The service had contacted the people using the service in 2018 to ask a number of questions about satisfaction and how it could improve. As a result, a new electronic monitoring system is to be introduced and this will better enable the service staff to inform people if they are ever running late.
- As a result of the service seeking the opinions of its staff regarding communication. The service is introducing drop in team meetings for the staff to attend.
- The service had developed a newsletter for people using the service and staff which contained helpful information about a number of topics.

Continuous learning and improving care

- The management team were keen to ensure a culture of continuous learning and improvement. The registered manager frequently had meetings with managers of other services within the organisation and

senior staff to learn from events and plan the future of the service.

- The management team positively encouraged feedback and reviewed the quality of the service from audits.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they followed current practice. For example, healthcare professionals such as doctors and district nurses. This supported a multi-disciplinary approach to provide care to the people using the service.