

Midshires Care Limited

Helping Hands Watford

Inspection report

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02 December 2019
12 December 2019
16 December 2019

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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

Helping Hands - Watford is a domiciliary care agency providing personal care and support to people in their own homes. It provides a service to older people. At the time of inspection, the service was providing personal care to six people.

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 safe. One person said, "I feel tremendously safe with these carers, they are very good at caring for me." Risks associated with care and the environment were identified and safely managed. There were enough staff to meet people's needs consistently. Staff protected people from avoidable harm, were knowledgeable about safeguarding and felt able to report their concerns. Systems were in place to recruit staff safely. Staff administered people's medicines when required and these were safely managed.

Staff received training in key areas, and plans were in place to source further training for staff. Staff received support to enable them to carry out their roles effectively. New staff received an induction and shadowed the management team as part of this. Systems were in place to ensure information to support people was shared and discussed appropriately with health professionals, where necessary.

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. Consent to care was sought and staff understood people's rights to make their own decisions.

People told us staff were kind and caring. People had built meaningful relationships with staff and felt they were listened to. Staff were aware of the importance of promoting people's dignity and maintaining their privacy.

People's needs were assessed before they began to use the service and care plans were developed from this information. People felt the service responded to their needs in a way that met their preferences. A system was in place for responding to people's concerns and complaints. People felt confident to raise any concerns. No person required end of life care at the time of inspection, however training was planned to be provided to staff in case people needed this support.

People, their relatives and staff felt the service was well led. Quality assurance systems identified where the service needed to improve and ensured the service was safely managed. Improvements around training, and rostering people's care calls were known and being reviewed. The registered manager was responsive to any issues raised during the inspection and demonstrated a passion and enthusiasm for driving improvements where identified.

You can read the report from this comprehensive inspection, by selecting the 'all reports' link for Helping Hands Watford on our website at www.cqc.org.uk.

Rating at last inspection and update:

This service was registered with us on 30 November 2018 and this is the first inspection.

Why we inspected

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

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?

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 Watford

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 carried out by one inspector.

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.

Notice of inspection

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

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection. 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

This inspection was carried out between 02 December 2019 and 16 December 2019. We visited the office on 12 December 2019 to review records. We spoke with two people who used the service and two of their

relatives to understand their experience of the care provided. We spoke with the registered manager, a second manager supporting the service and four staff. We reviewed a range of records. This included two people's care records and medication records and a variety of records relating to the management of the service.

After the inspection

The registered manager sent us further evidence on 12 December 2019 to support their overall rating. This was in relation to ongoing service development and governance.

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; Learning lessons when things go wrong.

- People told us they felt safe. One person said, "I feel tremendously safe with these carers, they are very good at caring for me." One person's relative said, "Absolutely they are safe. They will advise us by email or phone, you know, things like if [Person] had a bruise. We feel reassured as we know they are watching for things that may have gone wrong." Where incidents occurred, such as staff noting a mark or bruise, this was reported, thoroughly investigated and responded to.
- Staff received training on how to keep people safe from harm and those staff spoken with understood the types of abuse that could occur. Staff were clear about their roles and responsibilities, and how to report their concerns, both to the registered manager and to the local authority or CQC. We saw from records that staff did not hesitate in reporting their concerns.
- The registered manager and staff were able to tell us about incidents that had occurred and how they had reviewed their practice and taken action to reduce the likelihood of recurrence. The registered manager was continually developing their approach to lessons learned process. They made sure this was embedded in meetings, supervisions and communication so that lessons learned was part of their daily discussions.

Assessing risk, safety monitoring and management

- Staff regularly assessed and mitigated the risks to people's health and wellbeing. Information guided staff in how to safely mitigate these risks and manage people's health needs.
- Where people's needs changed, these were quickly reviewed, and appropriate action taken. One person said, "I have had a few stays in hospital, I had a different company before, but they couldn't look after me like Helping Hands do. Everything I needed from hospital is in place, and when things change then they make sure the plan is followed." Other people confirmed their needs were monitored and reviewed as needed, and changes to their care or equipment were updated in the risk assessment and care plan. People and relatives confirmed that staff were acutely aware of people's changing health needs.
- Staff frequently checked that equipment used was safe and regularly serviced. Managers completed an assessment of people's environment to ensure people were safe, and staff were able to safely provide care.

Staffing and recruitment

- People told us there were enough staff to support them. One person said, "They have enough staff to look after me now. They have never missed me out?, and [staff] will spend all the time I need. If they are running late they call ahead which is important." Staff said that they felt there were enough staff to provide safe care. One staff member said, "I can stay for as long as I need to, and longer if I needed."
- People told us they were supported by the same care staff and told us they knew them well. One person said, "I'm not good with names but it's the same faces so I know, they are the same bunch."

- People and relatives told us that when new staff began working they were introduced to them. One person's relative said, "They are very careful on their training for new staff. That's one of the reasons we chose them, the system of shadowing, they are strong on that." This was to ensure staff were visually assessed prior to working alone to ensure they were competent.
- Robust checks were undertaken prior to offering a position to new staff, in line with the service's own procedures, to ensure new staff were of good character and able to work in this type of service.

Using medicines safely

- People and their relatives told us staff administered medicines to people as the prescriber intended. One person said, "My medicines are ready each time after I have my breakfast. They make sure I have them and sign the little book."
- Systems were in place to manage people's medicines. Records were maintained, and the registered manager completed regular checks of the records and medicine stocks. One person's relative said, "If they see a tablet is running short they will tell us or contact the doctor correctly."
- Staff who administered medicines were suitably trained and their competency was regularly reviewed.

Preventing and controlling infection

- People and relatives told us staff practiced good infection control processes. Staff told us they had the required personal protective equipment [PPE], which included gloves and disposable aprons, antiseptic wipes and guidance on hand washing. These practises were confirmed by people and their relatives.

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

- Prior to using the service an assessment of people's needs was carried out. People were involved in this assessment which included physical, mental health, communication and social needs. This was carried out seeking the views of the person and their representatives, such as family and other professionals involved in their care. One person said, "I have come to understand what they offer, and they have come to understand what I need. We talk about things, it's a happy camaraderie."
- These assessments helped to ensure the service could meet people's needs and could provide care to people that met national guidance and best practice. One person's relative said, "The assessment was good. We all sat down and spoke about [person], what they needed and how we wanted the care given. They [staff] were very clear on what they could provide and what they couldn't, so we have other care agencies who look after those areas."

Staff support: induction, training, skills and experience

- People and their relatives told us staff were well trained to meet their needs. One person said, "They are very confident in what they are doing, I have seen them being watched by managers, so I think the training and checks must be very good."
- Staff told us they felt supported by the registered manager. One staff member said, "They come to watch me speak to the client about how things are, and we also get a sit down one to one. I like it, I look forward to it, they are not looking to blame, I can give feedback on what is working." Staff told us they received training in core areas such as safeguarding, moving and handling and medicines. The registered manager told us they were developing their training to provide additional training to staff in advanced areas. These were planned in areas such as developing champions roles in the service. This would enable staff to be 'Mentors' in key areas such as dementia, falls prevention and safeguarding.
- Newly employed staff received an induction which included training and shadowing more experienced colleagues. Once considered competent, they were then able to work unsupervised. However, the registered manager acknowledged the need to tailor performance reviews for new staff. They agreed that staff new to the role required additional supervision and had plans in place to address this.

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

- People who required assistance with their eating or drinking received this appropriately and in line with health professionals' guidance. Staff prepared some people's meals which followed both their preferences and offered healthy options. People's specific dietary needs, such as consistency of their meals, texture or allergies were documented in their care records and provided care workers with guidance on how to meet these individual needs.

- People told us staff would leave them with refreshments and snacks within reach. If staff suspected people were at risk of weight loss they informed people's families or the GP.

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

- The registered manager told us how they worked well with other professionals involved in people's care, including GP's and district nurses. We saw from care records and people also told us how good relationships with other professionals had helped staff achieve good outcomes for people.
- Staff referred people for health professional support quickly when there was a change to people's health or wellbeing. We saw examples where staff had called the GP or emergency services where they were concerned about a person.
- People's care records included information about people's specific conditions. Staff were all aware of the support people required and who to contact if people's health deteriorated.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make decisions was identified in care records. No person at the time of the inspection lacked capacity to make their own decisions.
- Staff had received training in how people's consent should be sought. Where people may lack capacity, staff were clear that the persons views and opinions must form the basis of the decision made.

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 told us staff were caring and respectful. One person said, "They are super. All fabulous carers, so warm and kind all the time. They look after me so well. If anything, better than I do myself."
- Staff had developed positive relationships with people. This helped staff to understand people individually and their preferences. They were able to use this rapport to care for them in the way they liked. One person said, "I am very well treated by all the staff and managers, even with my limitations and difficulties they never judge, they accept things and treat me well."
- All staff spoken with, including the registered manager, spoke about people in a passionate manner understanding and demonstrating where equality, diversity and human rights along with people's differences were respected. One person said, "They treat us with dignity and respect, not just treat us as in how they speak but their actions speak louder and they are very respectful."

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

- People were central to the care they received. People told us they were involved in care reviews and records demonstrated that their views and choices were listened to and used to plan the care they received. One person's relative said, "There is a good trust built up over time, there have been difficulties, but trust has made sure we talk through it. They respect our views and respond well."
- People and their relatives felt valued and important. They felt their views and opinions were understood and positively responded to. One person's relative said, "We have just had the review, if I think we need to review something then I tell them. Nothing has changed since [Person] started with the service, but we definitely feel part of the process and very much listened to."

Respecting and promoting people's privacy, dignity and independence

- Staff were aware of how to support people's dignity and independence. Staff had developed meaningful relationships with people and were clearly aware of their needs and preferences. People told us they received care in a way they liked and that did not make them feel uncomfortable or exposed. One person said, "They help me wash my front and they do the parts I can't reach, I never feel awkward."
- People felt staff supported their dignity and independence.
- People were regularly spoken with by management to review the quality of their care. Part of these regular discussions were about how people's dignity and independence were supported.

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; Supporting people to develop and maintain relationships to avoid social isolation;

- Staff were responsive to people's changing needs and delivered care in a manner that people chose. People's relatives confirmed this and told us they were kept informed where appropriate.
- People's specific needs and preferences were assessed and met. Assessments were carried out by a management and staff team who knew people well. People told us they were aware of what was noted in their care plan about how to provide care and they kept this under review. One person said, "I like to know what they say about me, so I check the book. They keep up to speed with what's happening with my care, I think that book describes me very well." A second person said, "I have a booklet that we go through. They listen to me and accept my ways. I think they think I am a bit bossy, but I want it done my way and they jolly well do it how I say."
- People's care was regularly kept under review and any changes made when needed. People were included in reviews. Staff were aware of people's preferences and choices and respected these. One person said, "They spend time talking to me, we talk about what I have done, share stories about our families, lots really, they genuinely show an interest in me."
- Staff took time to get to know people's interests, hobbies and relationships that were important to them. Staff spent time with people engaging in conversations about people's interests. The provider had recently reviewed their policy around staff being able to 'Go the extra mile' and support people away from work. This was particularly important for when people went to hospital and felt isolated, or those people with little family visiting them at home. Staff were able with management approval to visit these people, both over Christmas and beyond to further develop relationships and avoid isolation.
- The management team provided a number of awareness days for people and relatives to attend. These were around areas such as dementia awareness and other health related matters. This gave people the opportunity to meet others in their situation and also to build new friendships and networks. This further helped people feel part of a wider community and tackle loneliness and isolation.

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.

- People's care records identified how they communicated and guided staff on the best ways to communicate effectively with them.
- Staff were aware of how to communicate with people in a manner that suited them. The registered manager told us about a person who had been recently assessed who had difficulty communicating. They

had assessed the person's needs, and were looking at methods they could use to communicate with them when they would will receive care from the service.

Improving care quality in response to complaints or concerns

- A policy was in place that informed people, relatives or professionals how to make a complaint. People and relatives told us they felt confident in raising their concerns. One person said, "If I wanted to raise a complaint I would go to the managers. But I am the opposite of someone who wants to make a complaint so that must make me very happy."
- People and relatives felt confident the registered manager would deal with complaints appropriately.
- One complaint had been received in the previous twelve months. One relative told us, "If I need to complain or go to a higher level then it works out well."

End of life care and support

- No person at the time of the inspection was being supported with their end of life. However, end of life discussions were held with people at the earliest opportunity to understand their needs, wishes and preferences.
- Where people had previously been supported at the end of their life, we were told by one relative that this was carried out compassionately, sensitively and focused on ensuring people's dignity was maintained. One person's relative said, "When they looked after [Person], they did it with compassion and kindness, I couldn't have wished for better care."
- Staff had not received training to support people with their end of life, and the registered manager provided us evidence that demonstrated this had been sought.

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

- People and relatives knew the registered manager, but felt they needed to be more visible. The registered manager had been in post for two months and people and their relatives told us they had expected to meet them. One person said, "I don't know who the manager they have changed to is, but I presume they will make an appearance at some point. But [care manager] is a real sweetie, always there is I need anything done." The registered manager told us they planned to visit people before Christmas to deliver gifts, review their care themselves, and meet their relatives.
- Staff were positive about the support provided to them. One staff member said, "I like them [managers] they are approachable and flexible, they will come and help with care if I am in trouble and need it. I could call them 60 or 70 times a day and they would never get upset with me."
- The management team were open and knowledgeable about the service and the needs of the people they cared for. They were organised and clear about their responsibilities in terms of quality performance, risks and regulatory requirements. Staff were also clear about their role and the reporting lines.
- A quality assurance system was in place to ensure that staff gave high-quality care. The registered manager carried out regular audits which identified areas for improvement. This included monitoring calls for lateness, accidents, incidents, complaints, falls and medicines management. Action plans were in place to address any shortfalls.
- The registered manager was able to demonstrate where they had used this information to review and improve areas of care. For example, with staff lateness they had taken effective actions prior to the inspection. Once they identified why a staff member was consistently late they reviewed the route and changed the staff member with the persons agreement. No further late calls occurred. The persons relative said, "One of the carers was consistently late quite a bit. They were for justifiable reasons but it just wasn't working, but I must say they responded quickly and provided a new carer who has worked out very well."
- The registered manager told us that they were looking at further developments of the whole service they had identified since being in post. This included offering of more advanced training, sharing with staff themes and trends that emerged from incidents and reviewing people's call times to ensure they reflected people's preferences. We saw that these actions were in place and plans were already underway to provide these improvements.
- When events occurred in the service that required notifying to CQC or the local authority these were completed promptly.

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

- People and their relatives were kept them informed of developments in the service and their views and opinions were sought. For example, people were aware of the recent change of manager and the ongoing recruitment of staff. People said they received a newsletter, although did not feel this necessarily gave them an overview of what was happening in the Watford office, but was more about the provider.
- Staff told us meetings were regularly held, they felt their opinions and ideas were valued. One staff member said, "I go to them [meetings], it's the only time I go and see the girls. We can talk about the clients, any concerns, how we can improve the care. We can share what we know about people to help the other carers. We are told things about the branch and such." Staff were also provided a weekly bulletin from the provider that gave a weekly update about the organisation, changes in the company and wider social care field, and recognised good practise.
- The provider carried out regular surveys of the quality of care people received. This was through formal surveys and through discussions.

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; Continuous learning and improving care

- The registered manager told us when incidents occurred they used these as opportunities to develop staff practise. We saw when an incident had occurred the registered manager was open with people and relatives about what had happened and how they planned to manage this in future. Although none of the incidents reported met the duty of candour criteria, people, or their relatives were informed of any potential or actual risk that may cause harm and were involved in discussions about this.
- The management team kept up to date with current research and good practice. They regularly reviewed this and passed this information to staff to ensure that people were given the best possible care and support.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP, other health care professionals and the local authority to ensure that people received joined-up care.
- The registered manager was developing local links with organisations who may be able further support and develop staff.