

Midshires Care Limited

# Helping Hands Highbury & Islington

## 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 Highbury & Islington is a domiciliary care agency that provides care and support to younger and older people in their own home. People receiving a service included those with dementia, mental health, physical disabilities and learning disabilities. 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. At the time of our visit the service was providing regulated activity to 14 people.

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

People were receiving safe care. The service assessed risks related to people's health conditions and care provided. Staff were given guidelines on how to minimise identified risks. Staff had training in safeguarding people. Recruitment procedures were safe to ensure people were protected from unsuitable staff. People received their medicines safely by trained staff. There were enough care staff deployed to support people as agreed.

The service assessed people's health and care needs before they started receiving support. Each person had a care plan that included information about their care needs and preferences. Staff were also provided with information about people's life history, interests and what was important to them.

Staff received suitable training and regular supervision. Senior staff checked staff during spot checks to help ensure staff provided safe and effective care. Staff supported people to live a healthy life and have a suitable diet. Care staff and managers worked with external health professionals when people's health needs had changed, or their health suddenly deteriorated.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives spoke fondly about the staff who supported people. They described staff as kind, considerate and always willing to go an extra mile. People told us that staff protected their privacy and dignity when supporting them.

Staff understood how to encourage people's independence. They also told us about the importance of building positive relationships with people regardless of their condition, personal background and ways people chose to live their life.

Complaints were dealt with promptly and with consideration to people's and relatives needs and expectations.

People and their relatives, staff and external professionals all thought the service was well managed. The management team was approachable, supportive and taking prompt action when shortfalls in the care and the service provided were identified. There were effective monitoring systems in place to ensure the service was run effectively, safely and the lessons were learnt when things went wrong.

Rating at last inspection (and update). This service was registered with us on 19 May 2019 and this is the first inspection.

#### Why we inspected

The inspection was prompted in part due to concerns received about risk assessments for staff providing care during the Covid19 pandemic. This issue was identified during our Emergency Support Framework (ESF) telephone conversation with the registered manager in August 2020. The service predominately provides care to private service users and we had limited information about the quality and safety of care provided. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

#### Follow up

We will continue to monitor information we receive about the service.

## 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 Highbury & Islington

## **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 team included one inspector and one 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. 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.

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

#### What we did before the inspection

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information

about important events which the provider is required to send us by law. We contacted members of the staff team and we received feedback from 11 care staff. We spoke with five people who used the service and one relative. 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

We spoke with two members of the management team including the registered manager and the care and training practitioner. We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. We looked at a variety of records relating to staff training and the management of the service. We reviewed a sample of policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# 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 relatives thought people were safe with the staff who supported them. One person told us, "I feel absolutely safe with all of them. They are amazing carers and make sure I am safe in every way." One family member said, "I would know if there were any problems with carers. (The person) has never said he felt unsafe with them."
- The service had a safeguarding policy and procedure in place and staff received safeguarding training. Staff were also reminded about the principles of safeguarding in their services newsletter. Staff knew what action to take if they thought somebody was at risk of harm. One staff member told us, "Yes, we are constantly reminded to be attentive of any kind of abuse while at work and to report anything that concern us."
- The registered manager took action when they thought a person using the service was at risk of harm. This included working with health and social care professionals to support the person and notifying CQC as required by the regulations.

Assessing risk, safety monitoring and management

- People told us staff protected them from avoidable harm. One person said, "I feel safer when I'm having a shower because they are there with me."
- The service assessed and reviewed regularly risks to people's health and wellbeing. Risk assessments we saw related to people's physical and mental condition, the care provided and the environment people lived in. We saw that two risk assessments would benefit from more information on how to reduce and monitor identified risks. The registered manager provided us with evidence that this was addressed immediately after our visit.
- Staff had been trained before using any equipment, such as clinical equipment or a hoist.

Staffing and recruitment

- There were enough staff deployed to support people and care visits took place as agreed. One person told us, "Yes they are generally on time and do very well considering some rely on public transport. They have never missed a call."
- People were usually visited by the same staff therefore positive professional relationships could be developed. Staff were provided with enough time to complete their scheduled tasks and to chat with people and relatives. One person told us, "We usually have a few minutes when they are filling the book in. They are all very interested in me and my family." One relative said, "Yes they talk to my relative all the time they are with him and then they will have a few minutes with me when they fill the paperwork in."
- The service effectively monitored all care visits for staff attendance and punctuality. The provider's online call monitoring system showed that the service achieved over 98.6% of completed visits for 12 continuous

weeks before our inspection. The registered manager explained that the remaining 1.4% was related to staff not being able to log on to the electronic systems, however, the visits were completed.

- The service had a safe recruitment processes in place to ensure only suitable staff supported people. Required checks, such as previous employment history and criminal checks, had been carried out, to ensure people were protected from unsuitable staff.

#### Using medicines safely

- We were assured that people were receiving their medicines as prescribed. Only a small number of people were receiving support with medicines. We noted some shortfalls related to recording of medicines administration and writing medicines administration records (MARs). We discussed this with the registered manager. They provided us with evidence that a new MARs system had been introduced shortly before our inspection and issues highlighted by us were addressed immediately after our visit.
- Where people were receiving support with medicines administration this had been recorded in their care plans and respective risk assessment. This included the level of support needed, where medicines were stored and who was responsible for the collection of medicines from the pharmacy.
- Staff received training in medicines management and their competencies had been assessed before they started administering medicines to people.

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. People and relatives told us staff always wore personal protective equipment (PPE) when visiting them and providing personal care. Staff confirmed that by saying, "Yes, I am aware of the risks of covid-19 and the PPE I must wear when I visit my clients. I have been provided with gloves, face masks and aprons. I also know that if I lack any of these, I can go to my branch to collect more."
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- The service had a procedure in place for reporting and recording of accidents and incidents. We saw staff followed it.
- Actions were taken following accidents and incidents to reduce the possibility of them happening again. The registered manager monitored and analysed accidents and incidents to ensure remedial action was taken and lessons were learnt. This included making referrals to health professionals and discussing improvements with staff.



# 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 and care preferences had been discussed with them before the service commenced. Care records showed each person had a comprehensive and holistic pre-assessment completed. The assessment also included discussion about people's life history, who and what was important to them as well as hobbies and interests. People's expectations on what they wanted to achieve with the support of the service were also considered.
- People and relatives confirmed an assessment took place at the start of the service and when people's needs had changed. One person told us, "Yes (manager) came to see me originally and then another member of staff has been to see me since to make sure everything is ok." One relative said, "They have done three assessments now. Each time (person) goes into hospital they come to talk about his needs."

Staff support: induction, training, skills and experience

- People and relatives said staff had skills, knowledge and experience to support people well. One person said, "Yes, they are well trained and have a good knowledge of my medical condition and how it affects me." One relative told us, "care staff are all well trained and professional. They do know my relative very well now."
- Staff had completed training to help them to support people safely and effectively. Staff undertook an induction that included mandatory training, shadowing and an introduction to the service and the provider. The training included safeguarding, Mental Capacity Act 2005 (MCA), safe management of medicines and others. Staff confirmed this by saying, "As a staff member I am fully trained. There are certain actions and requirements that I need to know and understand" and "The service has given us proper training and I meet my manager every couple of months."
- Staff had been supported and monitored through regular supervisions and spot checks of staff direct work with people. Records confirmed that supervisions and spot checks were carried out regularly. Topics discussed during these activities included staff wellbeing, training, communication about people's changing needs, the company's values and additional support staff needed to support people well.

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

- Where staff supported people with food and drink this was clearly stated in people's care plans. This included information about people's special dietary needs, eating and drinking habits, likes and dislikes and who was responsible for meal preparation.
- Staff enquired and respected people's wishes when preparing meals for them. One person told us, "They make my breakfast and I say what I would like to eat."
- Staff recorded what food and drink people had. This helped to monitor if people had enough and a

suitably nutritious diet.

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

- People trusted that if their health and well-being deteriorated and they felt unwell staff would look after them and take appropriate action to help. One person said, "It has never happened up to now. But I am confident they would act accordingly if necessary."
- The service ensured people received care that was effective and safe. Guidelines provided by external health professionals involved in people's care were incorporated into people's care plans. This helped staff to have easy access to them and follow the guidelines when providing care to people.
- Prompt referrals to external health professionals had been made when people's health or other needs had changed.

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 said care staff sought their permission before providing care. One person told us, "They do chat all the time and say what they are doing. They ask me if I am ok with things."
- Staff received training in the MCA and they understood its principles. One staff member said, "I was trained on the MCA, and its principles. This was recently mentioned in a team meeting we had where we are refreshed and reminded of such things."
- All people using the service had the capacity to make decisions. The service had carried out mental capacity assessment on each person using the service. This was to assess if people had capacity or if a further referral should be made to an external mental capacity assessor.
- The service ensured that people's rights to make own decisions about their care, health and financial affairs had been respected. People signed the consent to care and treatment and sharing information with external professionals. Where people had people appointed a lasting power of attorney (LPA) this was clearly recorded in people's care plans. The managers sought confirmation from the Office of the Public Guardian if the appointment had been 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 and relatives unanimously spoke positively about the care staff who supported people. One person told us, "They all treat me with the utmost respect. Nothing is too much trouble for them and they will always ask if there is anything else they need before they leave." A relative said, "I think carers attitude is very kind and caring. My relative can sometimes be a bit impatient and they are very calm with him."
- Staff received training in equality and diversity and how to build positive relationships with people. One staff member told us, "We are trained to listen to the client and the client's family. We are to respect people's cultural differences and any religious or cultural traditions that are followed or believed in. If anything, it's something which makes the job more enjoyable as we are able to learn more about people and their cultures."
- As much as possible people and staff were matched based on specific criteria. These included staff specific skills, interests and staff availability. People could choose which staff supported them. This had been done with respect to the wishes and rights of both people and care staff. For example, people had been allocated a staff member with a similar personality to ensure they felt good in each other's company. Staff were allocated care calls thoughtfully to ensure they could participate in their other professional and personal commitments.

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

- People and relatives said the staff provided them with choices and that people could make decisions about their care. One person told us, "Yes, I decide what I need help with. Maybe a shower or maybe just a wash depending on what kind of day I am having." A relative said, "We are both involved in my relative's assessments and in deciding exactly what his care needs are."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. One person said, "They ask me all the time if I am OK. They are checking on me."
- Staff understood the importance of providing respectful and confidential care. One staff member told us, "It is highly important that we respect the clients. We keep anything we know about them or our visits in complete confidence. Respect plays a big part in the job."
- Staff ensured people's dignity was protected when providing personal care. They told us, "I make sure the door is closed. Curtains are closed. I want them to feel comfortable" and "I involve people in decisions about their care. I address the person properly. I respect personal space and possessions. I handle personal care sensitively."
- Staff knew how to promote people's independence and participate in decisions about their care. They

told us, "I always give them options and an opportunity for them to do a task before I offer assistance" and "I make sure people know what the different options are and I let them choose on their own."

- People could choose if a male or female care staff supported them and this was recorded in people's care plans.

# 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 relatives said people had care plans and they were involved in their formulation. One person told us, "I have a care plan. Yes, I was part of it." A relative said, "Yes, there is a care plan and we were both involved in the planning."
- Staff knew people's needs well and provided care that met these needs. One person told us, "Yes, carers know all about me and what type of care I need."
- Care plans provided staff with an all-round picture of the person they supported. They included people's life history, information on their medical condition, emotional wellbeing as well as people's daily routines, things they liked to do and hobbies.
- Care plans had enough information for staff on how to support people. They were personalised and included details of people's care needs, preferences and how they would like care to be provided. Care plans were regularly reviewed to ensure staff had up to date information about people and their needs.

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 and relatives told us the service communicated with them effectively. One relative told us, "They will telephone or email me."
- The registered manager was aware of AIS requirements. They said that apart from hearing and sight issues related to people's age or health condition, nobody had additional communication needs. Should anyone require it, the service would provide information in a suitable format.
- Where people had issues with hearing or sight this was clearly recorded in the care plans. Staff were provided with information on how to communicate with people effectively.
- Staff knew people and were able to communicate with them well. The same staff usually visited people. This helped to develop a friendly relationship and effective communication about meeting people's needs.

Improving care quality in response to complaints or concerns

- The service had a complaint's policy, and people and relatives knew how to make a formal complaint. People and relatives, we spoke with, said they never had to make a complaint about the quality of the care provided. People and relatives said they could raise any concerns with the service and the managers would deal with them promptly.
- The service received two formal complaints since they were registered in May 2019. Both complaints had

been dealt with promptly aiming to improve the service and customer satisfaction. We saw the registered manager took a positive and flexible approach to resolve the issues and to improve the quality of the service provided.

#### End of life care and support

- End of life wishes had been discussed with people at the point of the initial assessment and were recorded in people's care plans. Where people did not wish to share this information, this was respected.
- At the time of our inspection, nobody was receiving end of life care from the service.

# 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

- People and relatives told us they were happy with the care and the service provided by Helping Hands Highbury & Islington. People told us, "I have every confidence in Helping Hands and they are a very good service" and "I think they are an excellent company and I am very grateful to them." A relative told us, "we are very happy with them, they are all really nice and helpful. We can't ask for anyone better."
- Staff told us the culture at the service was positive and supportive for both the people using the service and the staff. Some of the comments included, "In all my years of working as a carer, this is the best agency I have ever worked for with regards to how well they treat their staff and clients" and "The service is very well managed. I honestly can't think of anything they could do better!"
- The provider introduced several initiatives to appreciate care staff. For example, they introduced a Moment of Kindness scheme in which people could express in writing the appreciation for the staff work and support. Examples of completed Moment of Kindness forms showed that people using the service and the families were thankful to the staff and the managers for the kindness and genuine and empathetic care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility under the duty of candour. They said, "As the registered manager, I need to be open and transparent about everything I do. If I make the mistake I have to admit and learn from it."
- The service worked with the local authority and other stakeholders to investigate concerns raised about people's safety and wellbeing.

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

- The regulatory requirements had been met. Statutory notifications about important events had been submitted to the CQC as required by the law. There was a registered manager in post.
- There was a clear managerial structure in place. Managers we spoke with knew what they were responsible and accountable for.
- Staff were provided with information on what was expected from them. Staff were provided with terms and conditions of their employment and information about the provider and their organisational values. The provider had a range of policies and procedures to guide staff about their roles and responsibilities as care staff. These had been made available to staff.

- The service monitored the safety of the care provided and people's satisfaction with the service received. The registered manager had maintained a safeguarding, complaints and accidents and incidents tracker which allowed them to have an oversight of such events happening at the service.
- The provider ensured the quality of care had been monitored. They carried out a monthly audit of all aspects of the service delivery. It included monitoring of staff files, care documentation for people and how the service was meeting the requirements of the health and social care regulations.
- The service had a business continuity plan and Covid19 and Influenza Risk Assessment in place. Both documents provided staff and managers with guidance on what action to take as needed.

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

- People and relatives were encouraged to provide feedback on the service they received. One person told us, "I have had a questionnaire in the past." One relative said, "They ask questions when they do the assessment."
- The service had several systems in place to obtain feedback from people and their relatives. This included regular observations of staff direct work combined with feedback about staff by people and relatives, regular phone contact with people and relatives. Quality assurance survey took place between May and October 2020 and the feedback received was positive.
- Staff were involved in the service development and they thought their opinion mattered. Some of their comments included, "Yes, we have wellbeing phone calls and we can use this opportunity to express our concerns and feelings" and "The manager always asks if I am happy with the service. I have suggested that we do more training in person and lately, we have been able to do so."
- External health and social care professionals spoke positively about the service. One professional told us, "They keep me informed of the overall progress of the patient, and how the staff are doing performing the care. I am approached for advice if anything changes."