

Midshires Care Limited

# Helping Hands Romford

## 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 Romford is a domiciliary care agency and is based in the London Borough of Havering. The service provides personal care to elderly people in their own homes. 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 inspection, the service provided personal care to nine people in their own homes.

### People's experience of using this service

Risks were identified and were assessed to help ensure people received safe care. People told us they felt safe when receiving support from staff. Staff were aware of how to safeguard people from the risk of abuse. Systems were in place to ensure staff attended calls on time. Systems were in place to prevent and minimise the spread of infections when supporting people. Pre-employment checks had been carried out to ensure staff were suitable to work with people using the service. Medicines were being managed safely.

Staff had been trained to perform their roles effectively. People were supported to have maximum choice and control of their lives. 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 received care from staff who were caring and had a good relationship with them. Staff respected people's privacy and dignity. People were encouraged to be independent and to carry out tasks without support.

People received person-centred care. Care plans were person centred to ensure people received personalised support. Systems were in place to manage complaints and people's communication needs were met.

Quality assurance systems were in place to identify shortfalls to ensure there was a culture of continuous improvement.

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 14 May 2021 and this was the first inspection.

### Why we inspected

This was a planned inspection based on when the service registered with us.

### 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?

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 Romford

## 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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

We gave the service 72 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

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 also reviewed the information we already held about the service. This included their registration report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with the registered manager and care coordinator. We reviewed documents and records that related to people's care and the management of the service.

We reviewed four staff files, which included pre-employment checks and four people's care plans. We looked at other documents such as quality assurance and training records.

We also spoke to one person who used the service and seven relatives of people that used the service and two staff.

# 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.

### Assessing risk, safety monitoring and management

- Sufficient risk assessments were in place to ensure people received safe care.
- Risk assessments had been completed in relation to people's circumstances and health conditions. The assessments included the nature of the risks and control measures to minimise the risks. There were risk assessments such as people at risk of heart attack, breathing difficulties, nutrition and falls.

### Using medicines safely

- Medicines were being managed safely.
- Medicine Administration Records (MAR) showed that medicines were being administered as prescribed. A relative told us, "They check [person] has taken medication. There haven't been any problems with medication."
- Risk assessments had been completed for people who were on high risk medicines such as blood thinning medicines to mitigate any associated risks.
- Staff had been trained on medicines and their competency had been assessed to ensure they were competent to manage medicines safely. Medicine support plans were in place, which included if people required support with medicines and the type of medicines they were on.

### Staffing and recruitment

- Pre-employment checks had been carried out to ensure staff were suitable to work with people using the service. Checks had been made such as criminal record checks, health declaration, references and obtaining proof of staff identity and right to work in the UK.
- Systems were in place to minimise risks of late or missed calls. The service used an online call monitoring system to monitor staff timekeeping and attendance. Staff logged in and out of visits electronically and the system alerted the office if staff did not log calls. This showed they had attended and left the care visit at the allocated time. A person told us, "They always come on time and often stay longer than the planned time. If they are going to be late, they always let me know. I have absolutely no concerns."
- Staff were sent rotas in advance and bank staff were available in case of emergencies. A staff member told us, "I am given enough time to travel so I can get to calls on time."

### Learning lessons when things go wrong

- There was a system in place to learn from lessons following incidents.
- Accident and incidents were investigated, and lessons learnt to minimise the risk of reoccurrence.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. A relative told us, "I've been very happy with the care, it's been so reassuring to us to have them."
- There were processes in place to minimise the risk of abuse. Staff had been trained in safeguarding and understood how to protect people from harm and who to report to when required. A safeguarding and whistleblowing policy was in place. This meant systems were in place to ensure the risk of abuse was minimised.

#### Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection. Staff had received training on infection control.
- Staff competency was checked on using Personal Protective Equipment (PPE) safely and a COVID-19 risk assessment had been completed to help ensure staff were safe when supporting people.
- Staff confirmed they had access to PPE such as gloves and aprons and used this when supporting people with personal care.



# 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.

Staff support: induction, training, skills and experience

- Staff had been trained and supported to perform their roles effectively.
- Staff had completed an induction and completed the Care Certificate. The Care Certificate is a set of standards that identifies the expected skills, knowledge and behaviours that health and social care workers adhere to. Additional specialist training had been provided and competency checks were carried on medicines, PPE and moving and handling to ensure staff understood the training. A staff member told us, "I did a good induction and training that was very helpful."
- Regular staff supervisions were carried out, which ensured staff were supported in their roles.
- Staff told us they felt supported. A staff member said, "My manager is a very good manager, very helpful."

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

- Systems were in place to assess people's needs and choices.
- Pre-assessments of people's needs had been carried out in detail to ensure the service was able to provide person-centred support to people.
- Reviews had been carried out with people to ensure people received support in accordance with their current circumstances. People or their relatives were included as part of these reviews and decisions to ensure people received the care they wanted. This meant that people's needs, and choices were being assessed comprehensively to achieve effective outcomes for their care.

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

- People were supported to eat and drink and supported to maintain a balanced diet.
- Care plans included the level of support people required with meals or drinks and included their preferences with meals. Nutritional risk assessments had been completed to ensure people were supported with meals safely.

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

- People had access to health services to ensure they were in the best of health they could be.
- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health. Staff knew when people were not well and what action to take. A relative told us, "They always let me know if [person] is not well and they would contact the doctor if I wasn't able to."

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.

- Systems were in place to obtain consent from people to provide care and support.
- Staff had been trained on the MCA and knew the principles of the act. People's care plans included if people needed an MCA assessment to determine if they had capacity to make specific decisions.
- Staff told us that they always request people's consent before doing any tasks. A staff member told us, "Yeah I always ask for consent before I support people."

# 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; equality and diversity

- People were treated with kindness and respect. A relative commented, "All the [staff] are lovely and so kind."
- People's religion had been recorded on their care plans. People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual orientation and all people were treated equally.

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

- People were involved in decisions about their care. Care plans had been signed by people or their relatives to evidence that people were involved with the decisions made on their care. A relative told us, "Yes, we sat in to talk about the care plan, and they are also happy to make changes if it's necessary."
- Staff told us they always encouraged people to make decisions while being supported, such as with personal care. A staff member told us, "I always give them a choice such as with food, personal care or dressing to involve them in decisions."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff told us that when providing support with personal care, it was done in private. A staff member told us, "I always respect a person's privacy and dignity, I make sure doors and windows are closed when supporting someone with personal care."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent and this was also encouraged on people's care plans, which included information on how people can be supported to be independent such as supporting people with personal care or mobilising.

# 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 received personalised support, which was in accordance with their preferences and choices.
- Care plans were person-centred and included information on how to support people in a number of areas such as personal care and nutrition. There was also a timetable on how to support people during each visit.
- Care plans included people's background history, so staff knew about the person they were supporting. A relative told us, "Yes, I sat with the manager and we talked about the care [person] needed and [person] gets that care."
- Staff told us they found the care plans helpful. One staff told us, "There care plans and risk assessments, very helpful. It lets me know how to support someone."

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.

- Care plans included if people should be given information in a way that they could understand and also included how to communicate with them.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. Complaints had been investigated and resolved in line with the provider's complaint policy.
- The registered manager told us people were made aware of the complaints process and were aware of how to make complaints. Staff were able to tell us how to manage complaints.

End of Life care and support

- At the time of inspection the service did not support people with end of life care. There was an end of life policy in place should the service support people with end of life.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Audits had been carried out on the running of the service to ensure people received personalised high-quality care. Audits had been carried out on medicines, call logs and care plans. Spot checks had been carried out by the registered manager to ensure staff were competent on their roles and people were receiving safe care.
- Staff had the information they needed to provide safe and effective care. We saw staff had access to detailed person-centred care plans to facilitate them providing care to people the way they preferred.
- Staff were clear about their roles and were positive about the management of the service. One staff member told us, "I love working for them. I love helping people."
- People and relatives told us the service was well-led. A relative told us, "If I ring them about anything they always speak to me straight away or ring back as soon as they can. They are really good."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team.
- People's beliefs and backgrounds were recorded and staff were aware of how to support people considering their equality characteristics.
- The registered manager told us they obtained feedback from people by visiting them and through the telephone. We saw the feedback was positive.

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 was aware that it was their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

Working in partnership with others:

- The service worked in partnership with professionals when needed to ensure people were in good health.
- The registered manager told us they would work in partnership with other agencies such as health professionals and local authorities if people were not well, to ensure people were in the best possible

health.