

Midshires Care Limited

Helping Hands Maidenhead & Windsor

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 Maidenhead & Windsor is a domiciliary care agency providing personal care to people living in their own homes and flats. The service is registered to give support to people living with dementia, learning disabilities or autism, people with mental health needs, people with eating disorder, younger adults, older people, and people with physical disability and sensory impairment. 31 people were using the service at the time of our inspection. Not everyone using 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

At the time of the inspection, the service did not care for or support anyone with a learning disability or autistic spectrum disorder. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

People were protected from the risk of abuse. Safeguarding policies and procedures were in place. Staff had received training and understood how to keep people safe and knew who to report to if they had any concerns. Care plans and risk assessments were in place to help reduce risks and promote safe care for people. Systems kept people safe from the risk of abuse and avoidable harm. Risks of infection transmission, including COVID-19, were assessed and relevant action was taken to reduce these risks. Recruitment processes were followed to check whether staff were suitable to work with vulnerable people. There were enough staff to meet people's needs.

Staff were provided with training relevant to people's health and care needs. People were assisted with relevant nutritional support where this was part of their care. People were supported to have maximum choice and control of their lives and staff supported provided them with care them in the least restrictive way possible. The policies and systems in the service promoted this practice.

People received care from friendly and caring staff. Staff understood how to promote people's independence and respect their privacy and dignity. People's equality and diversity needs were respected.

People received personalised care and their choices were respected so they retained control over their lives. Staff knew the people they cared for and provided responsive care. People were supported with any communication needs they may have. People were able to provide feedback or raise complaints which were listened and responded to.

The provider had quality assurance systems in place that included audits, analysis and spot checks that were used to drive improvements. People were complimentary about the way the managers and the office-based staff ran the service, and how accessible and approachable they all were. The provider promoted an open and inclusive culture which sought the views of people, their relatives and staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 10 October 2019 and this is its first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

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 Maidenhead & Windsor

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector and 1 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 houses and flats.

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 a 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

We reviewed information we had received about the service since its registration. 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 used all this information to plan our inspection.

During the inspection

During the inspection, we spoke with the registered manager, reviewed care files for 3 people, 3 staff files and a range of documents such as the provider's various policies, procedures and records relating to the management of the service. We spoke with 1 person and 5 relatives of people using the service. We received feedback on the quality of care provided to people from 6 members of 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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe using the service. One person told us, "I have no concerns regarding staff. None at all." Another person's relative told us, "100% she is fine with staff."
- Staff were aware of the policy and procedure to follow if they suspected or witnessed abuse. A member of staff told us, "If I witnessed or suspected abuse, I would phone the office straight away as another employee may have also reported an occurrence. I would write a thorough report with date and time of the incident and if the client was able and in a safe environment, I would ask them what was happening. Depending upon the nature of the abuse, I would report to the correct authorities to keep the client safe."
- Staff received training in safeguarding people from abuse. Regular refresher training was undertaken to ensure staff's knowledge was kept up-to-date.

Assessing risk, safety monitoring and management

- People's care plans contained up-to-date risk assessments and management plans that covered their personal and health care needs. They included risks associated with people's home environment, infection control, managing medicines, moving and handling, preventing falls, and using a catheter. This meant staff had access to detailed guidance on the actions they needed to take to keep people safe.
- The risk assessments and management plans were regularly reviewed and updated as people's needs changed.
- The provider had a system to record accidents and incidents, and we saw appropriate action had been taken where necessary.

Staffing and recruitment

- Staff were recruited safely. Staff records included all required information, to evidence their suitability to work with people at the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider told us they had a sufficient number of staff to support people. They said they kept recruiting and training new staff to ensure there was always enough staff to meet people's needs.
- Some people and their relatives told us that although there was generally enough staff, the service sometimes struggled to provide quality care in cases of unexpected absence of staff. One person's relative told us, "I think a couple of months ago it was a bit up and down regarding punctuality."

Using medicines safely

- Medicines were managed safely, and people received the correct level of support to ensure they received

their required medicines. This was documented clearly in their care plans.

- Staff had received training and competency checks before they were able to administer people's medicines.
- Having clear, person-centred care plans and risk assessments for medicines meant people were supported to remain well.

Preventing and controlling infection

- The service worked in line with government guidance which meant people were supported in a way that protected them from risk of infection.
- We observed the provider had an infection prevention and control policy and ensured staff had appropriate personal protective equipment, (PPE) to use when providing care.
- Staff were risk assessed regarding COVID-19. Their risk assessments contained information about health conditions such as diabetes, chronic lung disease, cancer, ethnicity, pre-existing disability or pregnancy which could impact on their health during the pandemic.

Learning lessons when things go wrong

- The registered manager was open and honest when things went wrong and promoted a learning culture within the service.
- Staff understood how to report accidents and incidents. All accidents and incidents had been recorded and were reported to the local authority and the Care Quality Commission (CQC), where appropriate.
- The registered manager reviewed and monitored all accidents and incidents to establish any trends or patterns.

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 were assessed before they started to use the service and care plans were developed according to those needs. Care plans reflected a good understanding of people's needs.
- People's care plans were based on assessments carried out by the provider and various community health and social care professionals prior to people receiving a home care service from this provider.
- Staff were aware of people's individual support needs and preferences, which was reflected in people's care and risk management plan guidance they were expected to follow.

Staff support: induction, training, skills and experience

- Staff received an induction and ongoing training and support. This included mandatory training and completion of the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received appropriate training to carry out their roles. The staff training programme included safeguarding, catheter care, administration of medicines, basic life support and training in use of EpiPen.
- Staff told us they felt supported and could approach the registered manager at any time for support.

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

- Care plans we reviewed contained detailed information for staff about support people required with eating and drinking, and included known risks and people's preferences. For example, one person's care plan mentioned 'I like my eggs runny'.
- Procedures were in place to manage any risks associated with people's eating and drinking and these were detailed in people's care plans.
- People spoke positively about the support they received with their eating and drinking needs. One person's relative told us, "They would ring me if [person] is not eating or drinking."

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

- People's care plans contained information about other agencies and professionals involved in people's care and their contact details should staff need to update them on any concerns.
- People were supported with their health needs. There was information available for staff to understand people's health conditions and the support they required with these.
- Multi-disciplinary teams of professionals were involved in the support plans to improve people's care and

health.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- We found the service was working within the principles of the MCA. We saw that consent to care and treatment, and to information sharing in line with the law and guidance was recorded in people's care plans.
- People and their relatives confirmed that staff obtained consent for people's care and support.
- Staff received training in MCA. Staff understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. A member of staff told us, "The Mental Health Capacity Act 2005 protects vulnerable people over the age of 16 around their decision making. They have the right to make their own decisions, and we should support them in making their decisions."

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 their relatives told us that staff treated them well. One person told us, "They know me well and they know about my interests. They always respect my view. Always."
- People and their relatives told us that staff engaged with people in a friendly and caring manner and their conversations with people were good-natured. Staff were attentive to people's needs.
- The provider had an equality and diversity policy in place which was discussed with staff as part of their induction and updates were provided at team meetings and supervision sessions.

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

- People and their relatives were asked for their views of the service regularly. For example, the service regularly contacted people and their relatives to obtain feedback on the quality of care provided to people.
- People's individual wishes and preferences were recorded in their care plans. People and their relatives confirmed this reflected information they had shared.
- People and those close to them were actively involved in the assessment process which informed their care plans about their views. They were also involved in regular reviews of their needs to ensure the support and care they received was meeting their preferences and decisions.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, privacy and respect. One person told us, "I can always have a chat with them, I have a good working relationship with them."
- Staff promoted people's privacy, dignity and independence. A member of staff told us, "I support my clients by always listening to what they want, making sure not to mention them outside work. Whilst helping with personal care, making sure doors are closed and they are covered whilst leaving. Respecting that each and every client has different needs and wants."
- Records relating to people's care were kept confidential and staff understood the importance of discussing people's care in private.

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

- Care plans were person-centred and outlined individuals' care and support needs. These included detailed information on mobility, nutrition and hydration, communication, skin integrity and sensory impairment.
- Care plans were regularly reviewed to ensure they held the most up-to-date information. When needed, care plans were amended promptly as changes occurred.
- Staff provided care and support in-line with people's needs, wishes and preferences. Care records supported the delivery of care and fully outlined people's equality characteristics.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's preferred method of communication was clearly recorded within their care plans. This enabled staff to communicate with people in a way they understood.
- The provider had appropriate arrangements in place to provide information in accessible formats, including a detailed policy regarding the responsibilities in relation to the AIS.

Improving care quality in response to complaints or concerns

- People and their relatives we spoke with were confident to raise any concerns or complaints if they needed to. One person's relative told us, "I would contact the manager; she is very approachable."
- The provider took people's complaints and concerns seriously and used the information to improve the service. Complaints were clearly recorded, acknowledged, investigated and acted upon. Actions were recorded and they included speaking to staff through supervision, contacting the complainant and a change of staff supporting a person.
- The provider's policies and procedures relating to the receiving and management of complaints were clear and set out steps people should take if they wished to make a complaint.

End of life care and support

- At the time of the inspection, the service was not supporting anyone with end-of-life or palliative care needs.
- There were systems and procedures in place to identify people's wishes and choices regarding their end-

of-life care.

- When people had expressed a preference on whether they wanted a Do Not Attempt Resuscitation order to be in place this was clearly recorded within their care plans.

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 praised the registered manager and the way they were running the service. One person told us, "I do feel the service and staff are organised and managed well." One person's relative told us, "I used several agencies in the past and this agency is really so much better." Another person's relative stated, "I couldn't do without them now."
- The registered manager was visible in the service, approachable and took a genuine interest in what people, staff, relatives and other professionals had to say.
- People's views and decisions about the support they required were incorporated in their support plans. This helped staff to support people in a way that enabled people to have as much control over their lives as possible.

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 provider and registered manager understood their responsibility around the duty of candour and of the requirement to notify appropriate agencies including CQC if things went wrong.
- There were appropriate policies and procedures in place to respond to incidents, safeguarding alerts and complaints.

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

- Quality assurance systems were in place to monitor the safety and quality of the service. Regular audits and checks were carried out on people's care plans, daily records and on staff performance. The provider and registered manager used the outcomes of these audits to identify areas for development and improvement. For example, we saw appropriate referrals made by the service provider as a result of effective analysis of falls.
- Staff had a clear understanding of their roles and their day-to-day work was steered by people living at the home. Staff were continuously supported to develop their skills to ensure provision of better quality of care.
- Leadership at the service had a clear vision of how they wanted the service to be and put people at the centre of what they did.

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

- People and their relatives told us the communication with the service provider was good. One person's relative told us, "The manager is good and I am happy with her. I can contact her if I need to."
- The registered manager explained that they had regular contact with people and their relatives. This meant they were able to monitor the quality of care delivered and where improvements were required, these were implemented immediately. All feedback obtained was analysed by the registered manager to look for trends and make positive improvements. We saw the registered manager was acting on feedback from people immediately. When people raised concerns about performance of staff, these were addressed during staff supervision.
- Staff were given the opportunity to share their feedback. Regular supervisions were held where staff were given updates about the service and about training opportunities. This was also an opportunity for staff to be open about how they felt things were going.

Continuous learning and improving care; Working in partnership with others

- The provider demonstrated a culture of continuous learning and improvement through their responses to issues and information shared with staff on learning from incidents and issues.
- We reviewed an analysis of incidents carried out by the registered manager to identify any themes and trends and action to address these.
- The service worked in partnership with people, their relatives, people in the local community, the local authority and other professionals.