

Midshires Care Limited

Helping Hands Brighton & Hove

Inspection report

6 Hove Manor Parade
Hove Street
Hove
BN3 2DF

Tel: 01273974555
Website: www.helpinghands.co.uk

Date of inspection visit:
27 May 2021
28 May 2021

Date of publication:
22 June 2021

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 Brighton and Hove is a domiciliary care agency. It provides personal care to people living in their own homes in the community. On the day of the inspection the service was supporting 11 people with a range of health and social care needs, such as people with a physical disability, sensory impairment or people living with dementia. Support was tailored according to people's assessed needs within the context of people's individual preferences and lifestyles to help people to live and maintain independent lives and remain in their homes. Not everyone using Helping Hands Brighton and Hove receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service

People were happy with the care they received and felt relaxed with staff, they told us they were treated with kindness. People said they felt safe, were well supported and there were sufficient staff to care for them. One person told us, "They make me feel very safe. I can't really give any actual examples, but it's just the way they are with me and how they always get here on time and stay the time they should do. I usually have the same calls and times and they are all easy to get on with. They all treat me with respect and all wear all the PPE (personal protective equipment) equipment like the masks and aprons and gloves. They have enough staff and they look after me very well."

People's independence was promoted and they told us their needs were met. People had a regular team of care staff who arrived on time and knew them well. One person told us, "I have never had to complain about anything, I am really happy with them all. The office always contact me if there are any changes at all. They call me monthly to ask me if I am happy with the service which I am. They talk to me about things that I find interesting and seem to really care about what goes on with me. I am just very pleased with them all."

People felt they were offered choice in the way their care was delivered, and they had no concerns around their dignity and privacy in their own homes being respected. One person told us, "They are very kind and friendly. I have been having them for about four months and I am very happy with them. They always ask me if its ok to do anything, and if they have some spare time when everything is done, they will always see if anything else is needed. They are all just really kind."

Staff had received essential training and feedback from people indicated that they knew the best way to care for people in line with their needs and preferences. 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.

The provider had systems of quality assurance to measure and monitor the standard of the service and drive improvement. These systems also supported people to stay safe by assessing and mitigating risks, ensuring that people were cared for in a person-centred way and that the provider learned from any mistakes.

People told us they thought the service was well managed and they received high quality care that met their needs and improved their wellbeing from dedicated and enthusiastic staff. One person told us, "I would say they are very well managed. My overall views on this service is very good and I would give them 10 out of 10."

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 1 April 2020 and this is the first inspection.

Why we inspected

This was the first inspection for this service.

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 Brighton & Hove

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of 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 houses and flats. It provides a service to older adults and younger adults with physical disabilities.

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. However, the registered manager was not currently in post. A new manager had been appointed and was due to start working at the service shortly. Day to day management of the service was carried out by a national support branch manager and other senior staff.

Notice of inspection

The inspection was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

What we did

On this occasion we did not ask the provider to send us the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as incidents and abuse. We used this information to plan our inspection.

During the inspection

We reviewed a range of records. This included three staff recruitment files, training records, records relating to the management of the service and a variety of policies and procedures and quality assurance processes developed and implemented by the provider. We reviewed three people's care records. We spoke with five members of staff, including a national support branch manager, a care co-ordinator and care staff. During our inspection we spoke with six people and one relative over the telephone.

Is the service safe?

Our findings

Safe – this means 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. Legal requirements were met.

Using medicines safely

- Care staff were trained in the administration of medicines and people were supported to receive their medicines safely. We saw policies and procedures used by the provider to ensure medicines were managed and administered safely. One person told us, "Sometimes they help me with my medicines and it's all digitally recorded, no pen and paper anymore."
- Detailed medicine risk assessments were completed to assess the level of support people required.
- Audits of medicine administration records (MAR) were undertaken to ensure they had been completed correctly, and any errors were investigated.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
- We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and staff made them feel comfortable. They told us they had no concerns around safety. One person told us, "Yes I feel safe and confident with them. They are always on time as far as they can be, it's all a bit traffic dependant and when the A27 was closed recently one was running late, but she rang me and told me what was happening, so I didn't need to worry. They always turn up when they say they will."
- Staff had a good awareness of safeguarding and could identify the different types of abuse and knew what to do if they had any concerns about people's safety.
- Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was available for staff and people.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. One person told us, "They all wear all the Covid-19 stuff like masks and aprons and gloves and they make sure we distance where we can."
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the office premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Assessing risk, safety monitoring and management

- Detailed risk assessments had identified hazards and guided staff on how to reduce or eliminate the risk and keep people and staff safe. For example, an environmental risk assessment included an analysis of a person's home inside and outside. This considered areas such as the risk of trip, slip or fall for either the person or the staff member and if there was adequate lighting.
- Other potential risks included the equipment people used and how staff needed to ensure they were used correctly. Risk assessments were up to date and appropriate for the activity.
- The service planned for emergency situations, such as staff shortages and inclement weather. Additionally, the service operated a 24 hour on call service to support both people and staff.

Staffing and recruitment

- Enough skilled and experienced staff were employed to ensure people were safe and cared for on visits. Staffing levels were determined by the number of people using the service and their needs. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave.
- Staff received regular rotas and any changes were passed onto them electronically via the care management system, which staff could access while in the community. This enabled staff to have up to date information on people and their call times.
- People and staff felt the service had enough staff. A relative told us, "I would say they have enough staff and what they supply for [my relative] certainly meets our needs at the present time."
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

Is the service effective?

Our findings

Effective – this means 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 as 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

- Senior staff undertook assessments of people's care and support needs before they began using the service.
- These assessments were used to develop a more detailed care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided.
- Documentation confirmed people and their family were involved, where possible, in the formation of an initial care plan.

Staff skills, knowledge and experience

- Staff received training and were knowledgeable in what was required when looking after people. People told us they thought that staff were well trained. One person told us, "They are all well trained and very good at what they do."
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.
- Systems of staff development including one to one supervision meetings and annual appraisals were in place.
- Staff had a good understanding of equality and diversity, which was reinforced through training.

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

- We saw examples of how staff had recognised that people were poorly and had contacted the relevant professionals.
- Care plans included detailed information on people's healthcare needs and how best to provide support. Care records also demonstrated when there had been a need identified, referrals had been made to appropriate health professionals.
- People were supported to access and attend routine health care appointments such as visits to the GP and hospital.

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

- People told us they received effective care and their individual needs were met. A relative told us, "They are all good at what they do. My [relative] has an aid to help her transfer from the bed to a chair and they all know how to use it. They are all really capable and don't need watching, they know what to do and that instils confidence in us as well, as we know she is being well looked after by them. We cannot fault them at all".

- We spoke to people about care matching. They gave us examples of being matched with care staff who would be most suitable to effectively meet their needs. One person told us, "They all know that I have lost some confidence with my walking and do their best to give me some confidence with it. I get on well with the carers that come to me and feel we are well matched."

Supporting people to eat and drink enough with choice in a balanced diet

- Staff were supportive to people's nutrition and hydration needs by helping them with shopping and preparing food.
- Staff were knowledgeable about people's preferences and dietary requirements and gave examples of how they needed to remind and encourage some people to eat and drink sufficiently.

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

- The Mental Capacity Act (MCA) 2005 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.
- Staff had received training on the MCA and told us how it applied to their practice. People were given choices in the way they wanted to be cared for, where possible.
- People's capacity was considered in care assessments, so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for.

Is the service caring?

Our findings

Caring – this means 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.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible. Care staff informed us that they always prompted people to carry out personal care tasks for themselves where possible, such as brushing their teeth and hair. One person told us, "I use a frame and that makes me feel more confident and they will always ensure its in front of me to use when I walk anywhere. They encourage me to use it as they know I am safer with it than without it."
- People's privacy and dignity was protected. Staff were aware of the need to preserve people's dignity when providing care to people in their own home. They told us how they always ensured that people knew they were entering their home by announcing themselves or knocking first. One person told us, "[My relative] absolutely loves all of them, they arrive when they should and do all that is required. They all treat her in such a lovely way and show respect to her and never rush her at all."
- Staff we spoke with also told us they took care to cover people when providing personal care. They said they closed doors and drew curtains to ensure people's privacy was respected.
- People's confidentiality was respected. Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to others. Information on confidentiality was covered during staff induction, and the provider had a confidentiality policy in place for staff.

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

- Staff provided people with choice and control in the way their care was delivered.
- People were empowered to make their own decisions. One person told us, "[My care worker] always asks me how I want things done, he doesn't just plough on with things. I get on very well with him"
- Staff were committed to ensuring people remained in control and received support that centred on them as an individual. A member of staff said, "We offer choice all the time, it's about what is right for the individual and what they want."

Ensuring people are well treated and supported; equality and diversity

- Equality and diversity was respected. Staff adapted their approach to meet people's individualised needs and preferences. A member of staff told us, "All the information we need comes through the app on our phones."
- People were attended to in a timely manner and were supported with kindness and compassion. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "We have no problems at all and our carer is the most delightful, caring, responsible person who has ever looked after us. She is wonderful, she is one of the very best and true. I have never had to call the office about anything and certainly never had to complain about

anything."

Is the service responsive?

Our findings

Responsive – this means that services 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 meet people's needs, preferences, interests and give them choice and control

- People told us that the service responded well to their care needs and that it was flexible to meet their preferences. One person told us, "[My care worker] is always on time and stays the time he should. He does all the tasks required of him and more. He is a real gentleman and I have no complaints at all. I use a walker and he always makes sure I use it properly. I always know the times he comes, and I always feel safe with him. He is such a nice gentleman and always treats me so very kindly."
- Staff told us that there was always enough time to carry out the care and support allocated for each person. The registered manager told us that the hours needed for care would be changed on review if needed to ensure the service was flexible to people's needs.
- We spoke with a member of staff about how they ensured that people got their care visits when it suited them. They told us how the office staff communicated effectively to ensure that staff received their allocated rotas and were able to access the information they needed to ensure they knew what care was required for people.
- A member of staff told us how they planned calls so that care workers were located near where their care calls were required, to cut down on travel time and ensure that staff were available to respond to people's needs.
- Detailed individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs. These included people's choices around what they did during the day and their preferences around clothes and personal grooming.
- Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff. A relative told us, "They are extremely caring and we are called regularly to see how things are going. We were involved in all [my relative's] care plan needs and they follow what is needed. They are all lovely to her and we have nothing to complain about."
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person-centred care.
- People received care from a consistent and regular staff team. One person told us, "I am very happy with [my care worker]. He is a very kind man and does what he does very efficiently. I feel very happy having him in my home."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where it was funded, or part of a person's care plan, staff supported people to enjoy activities and

socialise. For example, care staff took people shopping and spent time getting to know them. One person said, "[My care worker] seems well trained and knows what my needs are. He treats me with respect and helps me keep my place clean and decent. He changed my bed for me, and he will take me out for a walk and for a drive in the car."

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.

- Nobody receiving a regulated activity from Helping Hands Brighton and Hove was publicly funded, however, we saw that people's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.

End of life care and support

- We were told that peoples' end of life care would be discussed and planned, and their wishes were respected should this be required.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed. One person told us, "I have never had to complain about anything, but if I did have to I would just ring the office. I know they would sort anything out for me and feel confident it wouldn't be a problem."
- The procedure for raising and investigating complaints was available for people in their homes, and staff told us they would be happy to support people to make a complaint if required.

Is the service well-led?

Our findings

Well-Led – this means 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

- We received positive feedback in relation to how the service was run. One person told us, "I would say it is a very well managed agency, it all runs very smoothly and I am very happy with the service that I get from them. My views are that they are very good, and I would give them between 8 and 10 for the service that I receive."
- People and staff spoke highly of the service and felt it was well-led. Staff commented they felt supported and had a good understanding of their roles and responsibilities. A member of staff told us, "We can always go to the office for anything we need. I've never felt like I needed more support than what is available to me."
- Staff told us that the care of people using the service was the most important aspect of their work and they strived to ensure that people received high quality care. A relative told us, "We cannot fault them and feel [my relative] is in very good hands. We all as a family do our bit as regards to her care, but it's nice to know the backup is there as well and its very good."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Senior staff undertook quality assurance audits to ensure a good level of quality was maintained.
- We saw audit activity which included health and safety, accidents and incident and medication. The results of which were analysed in order to determine trends and introduce preventative measures.
- Senior staff also carried out home visits, telephone reviews and spot checks to ensure that standards of care remained high.
- Policy and procedure documentation was up to date and relevant in order to guide staff on how to carry out their roles.

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

- People and staff were actively involved in developing the service. There were systems and processes followed to consult with people, relatives, staff and healthcare professionals.
- Staff meetings and satisfaction surveys were carried out, providing management with a mechanism for monitoring satisfaction with the service provided.

Working in partnership with others

- The service liaised with organisations within the local community. For example, community health

professionals and GP's.

Continuous learning and improving care

- The service had a strong emphasis on teamwork and communication sharing. Staff commented that they all worked together and approached concerns as a team. One member of staff told us, "The office are always there for us with anything we want, they always answer the phone. We get good support."
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination. Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, using and working at the service.

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

- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.
- Staff were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.