

Midshires Care Limited

Helping Hands Harlow

Inspection report

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23 September 2021

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Helping Hands Harlow is a domiciliary care agency providing personal care to people living in their own houses and flats. At the time of the inspection 24 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People and relatives spoke positively about the care and support they received from staff. However, we received mixed feedback about whether there was enough staff available and relatives did not always feel there was adequate communication or engagement from the provider.

Staff told us they did not always feel valued or supported in their roles. The registered manager told us the service had gone through a period of change with staff leaving and new staff being recruited but the service was now becoming more settled.

Risks to people's safety had been assessed and reviewed and there were processes in place to protect people from the risk of abuse. People received their medicines as prescribed and people's care plans detailed how they liked to be supported with their medicines. People were protected from the risk of infection and the provider had followed appropriate guidelines to manage the risk of COVID-19.

People told us the staff were kind and caring. People's care was personalised and reflected their individual 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.

Staff had received an induction and training relevant to their role and the registered manager monitored this to ensure training remained up to date. The provider had systems in place to monitor the quality and safety of the service and worked effectively alongside other health professionals to meet people's needs

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 5 March 2020 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not been rated.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Helping Hands Harlow

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own 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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 September 2021 and ended on 23 September 2021. We visited the office location on 16 September 2021.

What we did before the inspection

We reviewed information we held about the service. We used the information the provider sent us in 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 used this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager and care staff. We reviewed a range of records. This included four people's care and medicines records, three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

After the inspection

We continued to review the provider's training and quality assurance documentation.

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.

Staffing and recruitment

- People told us they generally received support from a consistent staff team. However, we received mixed feedback about whether there were enough staff available. One relative told us, "When our regular carers are away, they can't seem to find anyone else to cover the care calls." Another relative said, "[Person] has lost some of their regular carers recently, there seems to be a high turnover of staff at the moment."
- Staff told us they did not always feel there were enough staff members available to complete people's visits, including arrangements for covering absences. One member of staff said, "It can be quite hard to cover the calls for those who are off." Another told us, "Sometimes we are a bit short staffed."
- Despite these concerns people told us staff usually arrived at their preferred times and stayed for the agreed length of time. The registered manager told us they had new staff in the pipeline and were continuing to advertise and interview to fill their vacancies.
- The provider had completed the relevant recruitment checks prior to staff starting work to ensure they were safely employed.

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed. People's care plans contained clear guidance about the potential risks to people's health and safety and what staff should do to minimise these.
- People and relatives told us they felt safe. One relative told us, "I don't have any concerns for [Person's] safety and the carers would say if they had any concerns."
- People's risk assessments had been regularly reviewed to ensure information remained accurate. Where changes in people's needs had been identified, staff told us this was updated on the electronic care planning system, enabling them to view and respond to changes promptly.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of abuse.
- Staff had received safeguarding training and knew how to report concerns. One member of staff told us, "I would ring the office or the out of hours on call and report any concerns. The manager would then report the safeguarding."
- The provider had a safeguarding policy in place and had reported and investigated safeguarding concerns appropriately.

Using medicines safely

- People received their medicines as prescribed. People's care plans contained information about their medicines and what support they required.

- Staff had received medicines training and their competency to administer medicines had been assessed.
- People who required support with medicines for pain relief had clear protocols in place for staff to follow detailing when and how much should be given.

Preventing and controlling infection

- People were protected from the risk of infection. The provider had sufficient supplies of personal protective equipment (PPE) and people told us staff wore the appropriate PPE when supporting them.
- Staff had received infection prevention and control training and the registered manager ensured staff had up to date guidance and information about the management of risks relating to COVID-19.

Learning lessons when things go wrong

- The provider had shared the lessons learnt from accidents and incidents with staff during their regular team meetings and had put actions in place to prevent a reoccurrence.

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 preferences had been assessed prior to them receiving care.
- People and relatives were involved in the initial assessment process and in developing the person's care plan.
- The provider ensured there was up to date information and guidance in place to support staff knowledge and reflect best practice. Staff were given access to company policies, up to date government guidance, medicines information and alerts and health fact sheets as required.

Staff support: induction, training, skills and experience

- Staff had received an induction and training relevant to their role. One member of staff told us, "When I started, I was given information about the company and completed my induction training. I shadowed more experienced carers to see how they approached their care calls and to get to know people."
- The provider supported new staff to complete their Care Certificate training. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff. Staff attended regular supervision meetings where they were able to discuss their progress and request any further training or support needed.
- The provider had a system in place to monitor when staff had completed their training and when it was due for renewal. The registered manager told us they were now re-introducing more face to face training and increasing the number of training courses available to staff to ensure they were skilled in meeting people's needs.

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

- People's care plans provided guidance for staff about what food and drink they preferred and what support they required.
- People told us they were supported to make choices about what they would like to eat and drink. One person said, "I tell them what I would like on that day, and they get on and do it."

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

- People were supported to access appropriate healthcare when needed. People's care plans detailed their health needs and any support they received from healthcare professionals.
- Staff knew how to respond to people's healthcare needs and had access to information about who and when to contact if they had any concerns.

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's capacity to consent had been assessed and clearly documented. However, people's capacity assessments had not always been reviewed in line with best practice. Following the inspection, the registered manager confirmed they had reviewed and updated the relevant capacity assessments with the people involved.
- People told us staff asked for their consent prior to supporting them. One person said, "The carers will ask me and then do as I ask them to do."

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 spoke positively about the care and support they received from staff. One person told us, "The carers are wonderful, and they really do care." Another person said, "I'm very happy with my care, I've no complaints and I think the carers are all very good."
- People's religious and cultural preferences had been considered during the assessment process and this information was recorded in people's care plans. The provider had considered people's gender identity and how they wished to be addressed, and this was documented in their care records.
- People told us their care reflected their individual needs. One person said, "They tailor my care to my needs, they don't just treat you like anybody. They really care about me as a person." A relative told us, "I've nothing but praise for them, they really care about [Person] as an individual."

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

- People told us they were involved in making decisions about their care. One person said, "I tell the carers what I want to do, and they listen to me."
- People's care plans contained information about what decisions they could make themselves and how staff should support their decision making.
- The provider arranged regular telephone calls and visits to people to request feedback on their care.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and dignity when offering support. One person told us, "I am a private person and the carers are very aware of that and they respect my privacy."
- Staff promoted and supported people's independence. People's care plans outlined what they wanted to achieve and provided staff with guidance on how to support them to accomplish this. For example, one person's care plan explained how to support them to become more independent with meal preparation and another person's care plan explained how staff should encourage their independence when 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's care was personalised. People's care plans provided clear information about how they liked to be supported and included information about their life history, likes and dislikes and important relationships.
- People and relatives had been involved in reviewing and updating the information held in the care plans.
- Staff told us people's care plans enabled them to understand the person and their preferences. One member of staff said, "The care plans are detailed and that's really important as it helps you get to know the person and how they want to be supported."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been considered by the provider. People's care plans contained information about how they communicated, and any communication aids used.
- The provider had implemented guidelines for staff about the Accessible Information Standard and how to ensure information was given in a way people were able to understand.

Improving care quality in response to complaints or concerns

- People were provided with information about how to make a complaint. People and relatives told us they knew how to raise concerns. One person said, "If I had a complaint, I would call the manager straightaway."
- The provider had a complaints policy in place and the registered manager kept a record of complaints made and actions taken.

End of life care and support

- The provider was not supporting anybody with end of life care at the time of the inspection
- People's end of life care wishes had been considered during the provider's initial assessment of their needs.

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 Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us they did not always feel there was enough engagement from the provider. One relative said, "The communication at the moment is awful, they will say something is a priority but then you don't hear anything more from them." Another relative said, "The carers are great, but there are definitely issues with communication on the administrative side. There seems to be a problem with getting the carers where they need to be, and it can be unsettling for people."
- Staff told us they did not always feel there was a positive culture in the service. One member of staff said, "I don't feel valued at the moment and morale in the team is low." Another told us, "I don't always feel supported when I raise issues, I sometimes feel blamed or made to feel responsible."
- Relatives and staff told us recent changes in staffing and management structure had led to inconsistency. One member of staff said, "There has been a lot of changes recently and it can feel a bit chaotic." A relative told us "There's a lack of forward planning and they're not making the effort to communicate. I have given them feedback, but nothing has changed."
- We spoke with the registered manager about the feedback we had received. They told us the service had been through a period of change with some office-based staff having left and support being provided from other branches within the organisation. However, they said this had now become more settled with staff recruited into the relevant roles and this was leading to improvements in communication with people, relatives and staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had a range of audits in place to monitor the safety and quality of the service. These included checking care plans were up to date, reviewing safeguarding and incident reports and checking the management of medicines.
- The provider understood their regulatory responsibility to submit notifications to CQC and the registered manager had submitted the appropriate notifications when required.
- The provider was aware of their responsibility to be honest with people when things went wrong and had implemented a Duty of Candour policy to provide guidance to staff.

Continuous learning and improving care; Working in partnership with others

- The provider worked alongside other professionals to improve people's care. The registered manager told us they had sought support and guidance from health professionals such as the occupational therapist in order to meet people's changing needs.
- The provider sent an annual satisfaction survey to staff to gather their feedback and look at what was working well and what areas needed improvement. However, this information was analysed at a regional level making it difficult to assess the specific feedback for the service. The registered manager told us they used team meetings and supervisions to speak with staff directly.
- The registered manager told us they planned to improve the service by ensuring staff were multi-skilled. They told us they were in the process of implementing new induction and training modules to develop staff knowledge and support them to learn new skills.