

Midshires Care Limited

# Helping Hands Newbury

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

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 Newbury is a domiciliary care agency providing personal care to people in their own homes. The service supported older people, people living with dementia and people with a physical disability. At the time of this inspection the service was supporting 11 people.

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

The provider did not ensure systems were in place to oversee the service and ensure compliance with the fundamental standards. People told us they felt safe. People and relatives agreed they had no issues with people's safety. Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. The staff team followed procedures and practices to control the spread of infection using personal protective equipment. People and their relatives who provided feedback said people were treated with care, respect, and kindness by the staff visiting them.

People told us they felt staff were caring. The service promoted people to be as independent as possible. People felt involved in their care and care plans reviewed regularly to meet the needs of the person.

People's communication needs were assessed, and staff were aware if a person required further support with their communication. People and relatives told us they were aware of how to raise a complaint with the service.

Policies were in place for when 'as required' medicines were included within a person's medicines chart, meaning there was clear guidance for staff to follow. We identified that records of people with medicines for the skin, such as creams were not in place, however this was rectified during the inspection. People's risks assessments were clearly written and easy to follow, providing staff with clear guidance for managing risks to people.

The provider recruited staff in accordance with regulations and ensured only staff suitable to support people living in their own home were appointed.

People were supported with their nutrition and staff worked well with people, families and health and social care agencies to support people's wellbeing.

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.

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 22/07/2020 and this is the first inspection.

Why we inspected This was a planned inspection.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 Newbury

## 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 houses and flats.

There was no registered manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider has appointed a new manager who will begin the CQC registration process.

#### Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 8 June 2021 and ended on 11 June 2021. We visited the office location on 8 June 2021.

#### What we did before the inspection

We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We checked information held by Companies House and we looked at online reviews and relevant social media posts. The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke to the area manager, two registered managers of other locations who are supporting the service and the care coordinator.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We contacted eight members of staff and two professionals. We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe in their homes and liked the staff who supported them.
- Staff knew how to recognise abuse and protect people from the risk of abuse. They were aware of what actions to take if they felt people were at risk including to contact the outside organisations.
- All staff had received safeguarding training, and this was refreshed annually.
- There was an appropriate safeguarding policy in place which explained what steps to take if there were any allegations of abuse.

Assessing risk, safety monitoring and management

- People's care plans included sufficient information and guidelines to help staff provide care in a safe and person-centred way, based on people's needs, likes and the support they required.
- Risks assessments provided staff with information and guidance about the person receiving care to enable staff to mitigate the risks identified, such as specific risk assessments for moving and positioning and developing pressure area breakdown.

Staffing and recruitment

- All staff files contained necessary evidence including employment history and relevant qualifications and were in line with legal requirements.
- There were enough staff deployed to support people. The service used an online system to monitor rota's and late or missed calls. This meant calls were reviewed regularly and people received care at their requested times.
- Staff felt there were adequate levels of staff to provide safe care. This was confirmed by people who use the service. People also reported feeling they could speak to staff if they have a concern. People told us, "I would ring the office...I talk to the people who come to the house." And, "I tend to talk to [care coordinator]."

Using medicines safely

- Documentation of medicines and the administration and guidance for all medicines was provided to staff on an online system.
- Where people were prescribed 'as required' (PRN) medicines, the service had individualised guidance in place to ensure that staff knew when to administer PRN medicine. This included why the medicine was required and how the person would express their need for the medicine.
- During the inspection, medicine administration records (MAR) charts were not available for a person who had topical medicines (medicines for the skin). This was implemented by the provider prior to the inspection

ending.

- When a medicine was not given, the staff member had explained the reason within the MAR record.

Preventing and controlling infection

- All staff have received training in infection control and up to date guidance regarding personal protective equipment (PPE) has been shared with all staff.
- People and relatives confirmed that staff wore PPE while providing care. One person said, "Yes, since COVID happened they have used PPE."

Learning lessons when things go wrong

- An effective system was in place to record individual incidents and accidents.
- Accidents and incidents were recorded and reported to ensure that harm to people was appropriately documented and reviewed.
- There was evidence that the management team investigated incidents and accidents appropriately.
- However, the management team had not analysed themes and trends in the accident and incident reports.



# 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

- Plans were person centred and contained information covering a summary of daily routines, including how the person would like their care to be carried out.
- People's care plans were reviewed every 6 months or sooner depending on the needs of the person. This ensured they were accurate, up to date and reflected the current needs and preferences of people.
- People's daily notes accurately recorded the care people received but did not always reflect their emotional and psychological well-being.

Staff support: induction, training, skills and experience

- All new staff were placed on an induction which includes shadowing senior staff and completing all practical training required including manual handling. All new staff also complete the Care Certificate which is a set of nationally agreed training modules for staff working in adult social care.
- The service provided training in topics they considered mandatory, such as moving and handling, safeguarding adults and infection control. All training the provider considered to be mandatory was up to date.
- During the inspection, we identified that although all staff had received training within the Mental Capacity Act 2005 (MCA), it was within the required training rather than mandatory. This was reported to the area manager and was changed to mandatory training.

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

- Information about people's dietary needs had been recorded in their care files. This included special dietary requirements such as pureed food, to protect people from the risk of choking.
- Food and drinks provided at each visit was documented within the daily care notes to monitor people's intake

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

- The service had regular involvement with occupational therapists and district nurses to ensure that the person had the correct level of support. We found evidence of joint visits between the provider and other professionals to ensure the best outcome for the person.
- Professionals reported good communication in order to meet the needs of people. For example, one professional told us, "I have nothing but positive things to say...they went the extra mile and they recruited people with specialised skills."

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 care plans documented when people required support to make decisions and who should be involved to support them.
- All staff received training in the MCA, and this was renewed annually.
- People's care plans identified where people had a Lasting Power of Attorney and how this had been confirmed

# 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

- Feedback from people demonstrated people benefitted from a caring team. We asked people if staff are kind, caring and patient. One person responded saying, "Oh absolutely and that's what I love most about them"
- The provider promoted equality and diversity. The team was diverse and respectful of any cultural differences.
- Family members told us their relatives felt comfortable with staff who visited them. They told us, "I would know if there was a problem and it all seems to run smoothly."

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

- Care plans were created and amended with people, their relatives and relevant professionals, including the Local Authority.
- The registered manager reviewed people's care plans and risk assessments bi-annually or whenever people's needs changed. This ensured they were accurate and reflected people's current needs and preferences.

Respecting and promoting people's privacy, dignity and independence

- The management team undertook regular spot checks of all staff, and this included ensuring that staff were treating people with dignity and supporting people with their independence.
- Care plans included requesting staff to support people with their independence. One person told us, "I never feel rushed, they help me with breakfast and they always offer a cup of tea before they leave."
- People's care plans included information on how people would like to receive personal care including their likes and dislikes. The information allowed staff to understand the needs of the person.

# 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 records contained detailed descriptions of people's life histories and preferences. By understanding people's history, this helped staff develop meaningful relationships.
- Support plans included showed specific information about the people's needs and what staff could do to provide the right care.
- Any changes to people's care was updated on their care plan and staff were notified of the changes through the online system.

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.

- The service identified people's information and communication needs by assessing them and recording this in their care plans for staff to be aware of how to support the person in the most appropriate way.
- For example, one person's care plan stated, "Wear's two hearing aids. Staff to ensure they are being worn at each visit."
- Staff spoken to were aware of the individual needs of people and felt they had enough information to support the person effectively.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to make a complaint if needed.
- There was a satisfactory complaints procedure and management system in place. We asked people if they had made a complaint. One person told us, "I did make a complaint once...and it got resolved."
- However, another person told us that when they raised a complaint, they did not receive any further correspondence. This was discussed with the area manager who was able to explain the action taken regarding the concern.
- Appropriate documentation and investigations were on file which showed how each complaint was handled and local resolutions were reached.

# 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.

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

- The management team had identified, reported and investigated any safeguarding concerns. However, they had not always effectively recorded the process and the outcome of the safeguarding concern raised. When this was discussed with the provider, they were aware that this needed to be implemented.
- Themes and trends of audits had not been identified in order to learn and improve the service and the care being provided.
- Audits were not effective in identifying actions for example, audits of care plans and medicine administration records (MAR) did not identify the missing MAR charts for topical medicines such as creams.
- The provider reported that audits of multiple documentation, including care plans and MAR charts, were to be completed on a weekly and monthly basis, however, they had not been completed since 1 April 2021.

The provider had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with the fundamental standards (Regulations 8 to 20A). This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff supervision files were reviewed, and opportunities were provided to staff to raise concerns during their supervision.
- Staff felt the managers were accessible and approachable and any concerns raised would be dealt with effectively. One member of staff told us, "[Management] has been a constant support."
- The management team were welcoming and demonstrated an open and transparent approach.
- Staff told us they were involved and felt listened to.

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 Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider was aware of their responsibilities in relation to this standard.
- The management team ensured required notifications had been promptly submitted to us.

- The management team had developed good relationships between people, family members and staff and actively encouraged critical feedback from people to help improve the service

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

- The service requested feedback from people regularly and there were opportunities for people and relatives to provide feedback. The management team operated an open-door policy and welcomed any feedback
- There were recent surveys that had been carried out with people, staff and relatives.
- Staff were supported via one to one meetings, and staff meetings. Individual risk assessment had been carried out with staff and people around their personal circumstances and the impact Covid-19 could have on them.

Working in partnership with others

- The management team were able to detail when the service has worked in partnership with multiple professionals for one person receiving care.
- Professionals reported a positive relationship with the service. The service received a compliment from one professional which said, "I could not speak higher of Helping Hands and they have really helped give a better quality of life to those under their care."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with the fundamental standards (Regulations 8 to 20A).</p> <p>Regulation 17 (1)(2)(a)(b)(c)(d)</p>