

Magic Helping Hands Limited

# Magic Helping Hands

## 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 well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Magic Helping Hands is a domiciliary care agency providing personal care to 140 people in their own homes. Support is provided to older people and younger adults, people with dementia and people with a physical and sensory disability. Support is also provided for people with a learning disability and autistic people.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting most of the underpinning principles of Right support, right care, right culture.

### Right culture

People were supported by staff who understood the wide range of strengths, impairments, or sensitivities people with a learning disability and/or autistic people may have. However, the provider acknowledged they needed to improve the way the service used language to describe people to ensure people were always empowered and respected.

We have made a recommendation about seeking good practice guidance in relation to language.

The provider needed some improvement to the way the service evaluated the quality of support provided to people. There were systems in place to understand what was happening in the service, but they needed to be used more effectively to provide oversight of the service. The registered manager did not currently have any external support to help them to monitor the quality of care being provided.

We have made a recommendation about auditing processes and support for the registered manager in their management role.

People and those important to them, including advocates, were involved in planning their care.

### Right Support

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.

People and their families told us the service enabled people to have a good quality of life. Staff focused on

people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to take part in activities and pursue their interests.

People's care and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life. Staff enabled people to access health and social care support and worked with them and their families to access health and social care support and appointments.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff followed the providers infection prevention control policy and wore personal protective equipment to keep people safe.

#### Right Care

People received kind and compassionate care. Staff treated people with respect and dignity. They knew people well and responded to their individual needs.

People who had individual ways of communicating, such as body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their care. Staff had the necessary skills to understand them.

Staff had relevant training and knowledge in how to protect people from poor care and abuse. The service worked well with other agencies to keep people safe.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. The provider worked effectively to reduce the impact of challenges in staff recruitment.

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

The last rating for this service was requires improvement (published 17 December 2019).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service and to follow up the areas that required improvement from the last inspection. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

At our last inspection we recommended that improvements were needed to end of life care and oral health care. At this inspection we found the provider had acted on the recommendations and improvements had been made.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Magic Helping Hands on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Magic Helping Hands

## 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

The inspection was carried out by 3 inspectors and 2 Experts 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

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because we needed information from the service to contact people and relatives for their views and to be sure the registered manager would be available to meet with us.

Inspection activity started on 20 February 2023 and ended on 9 March 2023. We visited the location's office

on 22 and 23 February 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 information gathered as part of the monitoring activity that took place on 9 November 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager who was also the provider, 2 field care supervisors, the quality assurance manager and the care manager. We talked with 9 care staff members who came to the office to speak with us. We also spoke with 29 people who used the service and 24 relatives about the care they received.

We reviewed a range of records. This included 10 people's support plans and 9 staff members recruitment files. We looked at a sample of the service's quality assurance systems including medicine administration records, audits of quality and safety, safeguarding and policy and procedures. We received information from a social care professional.

Following the inspection, we continued to seek further clarification from the registered manager 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and the Care Quality Commission.
- Staff had undertaken safeguarding training and knew how to identify and report any concerns. Staff told us, "I know the signs to spot if things are not right and I would always speak to my manager, even if a little thing." And, "It is our responsibility to protect people we care for, that's our duty."
- People felt safe with staff providing their care. Comments included, "I have the utmost confidence in the care staff and what they do for my [relative]. [Relative] tells me how lovely the staff are and they feel that they really do care about how they are day to day." And, "It is a good service, of course I feel safe with the care staff." And, "Definitely, I feel safe."

Assessing risk, safety monitoring and management

- Risks associated with people's care and their living environment had been identified and assessed. People had assessments in place detailing how risks to their daily lives could be minimised. This included people with specific needs such as, diabetes, epilepsy, catheter care, and complex moving and handling needs.
- Risks to people's health and wellbeing were monitored by the management team and at staff meetings to ensure staff were aware of their changing needs and ways to meet them.
- Some people's care plans were being reviewed and updated to ensure they contained the correct information for staff to keep them safe. The registered manager confirmed during the inspection these had been completed and all details were now on the system for staff to access.
- An electronic planning system was in place which monitored rota arrangements and the risks of missed or late calls. This ensured that staff could not sign out from their call until all tasks had been completed and this included the administration of medicines.

Staffing and recruitment

- There were enough staff to meet people's needs. Management and office staff were all trained in a caring role and could provide care when needed.
- People told us calls had not been missed, and while some reported staff could be late, they understood the reasons why with traffic and delays. If staff were running late, they would usually be contacted. People told us, "Yes sometimes they are late, and they let us know about it." And, "They let me know if they are running a bit late. Sometimes there is a traffic jam in the town."
- Safe recruitment processes were in place for the employment of staff. Checks were carried out as to the



suitability of applicants in line with legal requirements. All gaps in staff members employment history were accounted for as well as Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- The service also employed people from overseas on a sponsorship scheme. Staff told us they had been very welcomed to the service and their interviews had been friendly and thorough.

#### Using medicines safely

- People received their medicine at the right time and in the right way. Information in people's care plans provided staff with the guidance they needed to prompt and administer people's medicines.
- The medicines policy and procedure were up to date and reflected current good practice.
- There was a process in place for people to have their medicines as and when needed known as (PRN) and staff were able to follow this.
- Medicines were managed safely. Staff received training in safe medicine management and were assessed as competent before administering to people. Staff told us, "I feel very confident at giving people their medicines, any queries I have I contact the office." And, "I know how people prefer to take their medicines and they are in control of them, but they ask me to check they have taken them okay."

#### Preventing and controlling infection

- We were assured that the provider was supporting people to minimise the spread of infection and outbreaks could be effectively prevented or managed.
- Staff had received training in infection control practices as part of their induction and ongoing refresher sessions to update their knowledge. Information was cascaded through newsletters and supervision.
- Personal protective equipment (PPE) such as gloves, masks and aprons were provided for them. A staff member said, "We come to the office to collect our PPE, there is always plenty." Spot checks were undertaken by managers which showed staff were following good practice. A staff member told us, "Oh yes one of the managers checks we are keeping good hygiene by washing our hands and wearing PPE."
- The provider's infection prevention and control policy had been amended since the last inspection and was up to date including guidance around COVID-19.

#### Learning lessons when things go wrong

- Systems were in place to monitor accident, incidents, safeguards complaints and compliments.
- The registered manager told us about the lessons they had learnt when things go wrong. These included responding quickly and thoroughly with refresher training and supervision when medicine errors had been found and more effective messaging to staff about the importance of seeking guidance before undertaking tasks not on the care plan. A staff member said, "The managers do sessions with us when there has been an issue so we all learn from it."

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection, we recommended the provider reviewed CQC guidance 'smiling matters' and updated their practice. The provider had made improvements.

- We saw improvements had been made and people's oral health care needs were incorporated into their care plans.
- The service worked effectively with other professionals such as GPs, social workers, and occupational therapists. For example, when people's needs changed, they made referrals to relevant services to ensure people received the support they needed. A professional who worked closely with the service told us, "They have engaged really well with us as a team, and we can certainly see the improvements."
- People and relatives told us the service was flexible if they needed to go to a hospital or physiotherapy appointments and were proactive in getting additional community resources where needed. Comments included, "We had an appointment early this morning so the staff came to help so we could get there on time," And, "Once I asked to change the time of the morning call. They changed the rota." And, "I have a lovely bunch of staff. I look forward to them all coming. Nothing is too much trouble to any of them."

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

- Improvements had been made to the provision of information in accessible formats and the registered manager was aware of the requirements under the Accessible Information Standard (AIS). Information in different languages had been produced to meet the needs of people whose first language was not English. The service user guide, safeguarding policy and complaints booklet was in various formats such as easy read and large letters.
- Care plans included detailed information for staff explaining how people used a range of ways to communicate their needs, wants and feelings to staff and how staff could support them effectively and safely.
- People's needs were assessed prior to their care and support commencing with the service. Care plans were comprehensive and detailed about the way care was to be provided. These included people's wishes and preferences, ways of communicating, likes and dislikes. For example, the assessment explored people's options and preferences as to their preferred gender of staff to support them.
- People's protected characteristics under the Equality Act 2010 such as their age, gender, religion, culture, ethnicity, and sexual orientation were recorded to ensure the service met their individual lifestyle choices

effectively.

Staff support: induction, training, skills and experience

- Staff received training relevant to their role. This included a thorough induction and shadowing experienced staff until they felt confident in their role. Staff comments included, "I could not have been better trained to do my work than I have. It was interesting, thorough and gave me a lot of confidence to care for people." And, "The managers understood I was nervous and took the time with me, I was not rushed and knew when I was ready." And, "I couldn't wait to get out to care for people, that's what I am trained for."
- The registered manager and other senior staff held qualifications which allowed them to provide medicine administration and moving and handling training to staff.
- We saw new members of staff had been supported in completing 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 supervision and spot checks and told us they felt valued and well supported. Comments included, "I feel that the managers really look out for the staff," And, "My meetings about how I am getting on are two way and we have open and honest discussions, that is the best way to learn," And, "I often come in the office to say hi to everyone and hang out. They are all so lovely, it's like my new family."

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

- People were supported to eat and drink in line with their care plans. We saw from daily notes and care plans that people's preferences, likes and dislikes had been recorded. A person told us, "They help me with meals, and I always get what I want." A relative said, "The care worker gives [relative] their meals and sometimes staff cook for them."
- Staff were trained in meeting people's nutritional needs. One staff member said, "We have food hygiene training and I use fluid and food charts if we need to keep a check on a person." Another said, "I follow the care plan, but if the person wants say a tin of soup and not a sandwich, then I give them their choice."

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We saw documented evidence where people and relatives were consulted and asked for their or their family members consent before providing care and support.
- Where a person lacked capacity, it had been recorded if there was a Lasting Power of Attorney (LPA). An LPA allows an individual(s) to make Best Interests decisions for and on behalf of a person who lacks capacity

to make their own decisions.

- Staff completed MCA training and encouraged and supported people to make their own decisions. A staff member told us, "I work with [name of person] and we do a lot together. I have got to know them well and sometimes the decisions they make are unpredictable, so I have to always be aware of keeping them safe." Another staff member said, "I go with what the person wants, it's not for me to tell them how to live their lives, but to help them make choices that help them along the way."

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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

- Some improvements were needed to the quality assurance system as this was not effective as it could be. For example, we saw in the daily notes written by a staff member the actions they had taken which were not in the care plan. We made the registered manager aware of our findings and they acted immediately to rectify the situation.
- The provider used various trackers to monitor staff's training, accidents, safeguarding concerns and other occurrences. However, the audits were not as comprehensive as they could be in cross checking staff were carrying out tasks as directed in the care plan, for example only a small percentage of the daily notes were checked and audited for quality and safety.
- The registered manager was also the director of the service. They supported managers and staff to undertake their roles and responsibilities. However, they did not have in place a support network or external scrutiny to help them look at their practice and offer guidance and professional expertise.

We recommend the provider consider good practice guidance in auditing processes and look at resources available to support them in their management role.

- The day to day running of the service was coordinated and managed by a registered manager, with support from staff with clearly defined roles such as care manager, quality assurance manager, recruitment manager and field care supervisors. This provided a defined staffing structure and staff were clear about their roles and responsibilities.

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

- The registered manager promoted a positive culture where they focused on people receiving person centred care. However, we noted that the language in the care plans and daily notes they used to describe people with a learning disability or autistic people was not always respectful. For example, "I am non-verbal, therefore I do not have the capacity." And, "I need to be fed by whoever is with me" We spoke with the registered manager who informed us staff had been trained to work with people with a learning disability and autistic people but updated training for themselves, the managers and staff was underway and would be completed by everyone in the next month.

We recommend the provider seek good practice guidance around the use of language to describe people and embed these values in both written and verbal communication.

- The registered manager was a positive role model who was caring, proactive and responsive in ensuring the company provided good outcomes for people and their relatives and staff who worked there. The management team were very knowledgeable about the people using the service and their needs and care arrangements.
- Staff were very positive about the service, and they all worked as a team. Morale and communication were good between care staff and management, and they told us it was a good place to work. One staff member said, "[Name of registered manager] is top notch. They are very inclusive, and I feel part of the company." Another staff member said, "It's a great place to work and the people are fantastic. I feel part of a community the [registered manager] has created to make people's lives better."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their legal responsibilities and was open and honest in discussing when things had gone wrong. Records showed how they had dealt with incidents and accidents and how to prevent them from happening again.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The provider was aware of their responsibilities to submit relevant notification appropriately to CQC.

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

At our last inspection we recommended the provider consider current guidance on how to record people's end of life wishes and act to update their practice. The provider had made improvements.

- Discussions about people's end of life wishes were included during the initial assessment. People and family members were fully involved so their wishes and arrangements could be recorded and respected.
- People and their family members were able to feedback their views during spot checks, regular reviews, and surveys. One review we saw from a relative said, "I believe that everything is working well. The staff are kind and compassionate and they are involving [name of person] in their care. They learn the routine and always keep an eye on them and report their concerns."
- People felt communication was good with the managers and they were able to call the office if needed. There was regular contact with people so that any concerns could be dealt with quickly. Comments included, "Definitely the service is very good. [Staff member] rang a couple of weeks ago. She told me to please let her know and she will sort it out if we aren't happy with anything." And, "They answer my phone call whenever I asked for something they always sorted it out. They sent a questionnaire recently."
- The registered manager held scheduled and drop-in sessions for staff where specific topics and issues were raised and discussed. Notes of regular meetings were taken and shared with staff for information and learning. A staff member said, "I welcome all the extra things which are provided, it keeps me fresh and on my toes." Another staff member told us, "We are genuinely involved in making sure people get all the help they need and [registered manager] is open to listening to us and feeding back. It makes me feel important."
- The service worked well in partnership with advocates and other health and social care organisations, which helped improve the wellbeing of people who used the service.