

Midshires Care Limited

Helping Hands Macclesfield

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Helping Hands Macclesfield is a domiciliary care agency providing personal care to people in their own houses and flats in Macclesfield and surrounding areas. 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. At the time of inspection, staff supported 18 out of the 42 people who used the service with personal care.

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

People's experience of using the service was very positive overall. People and relatives commented, "The staff bring brightness into my life", "The laughs I hear coming from the bedroom or shower [when staff support personal care] are lovely" and "Most are sensible and know what they are doing. 80% get it right 80% of the time and that is good going." People and relatives generally had no concerns or complaints, but felt any issues raised would be dealt with effectively. The service kept people, relatives and staff well informed and involved, through regular reviews and meetings.

The new manager had recognised improvements needed at the service and was addressing these effectively. They were well respected by people using the service and relatives. Staff recognised the difference they had made and felt well supported. The provider had identified that as the number of their services had grown substantially, more regionally based support to branches was required. Together with the new manager they had a clear action plan to remedy previous quality issues and continuously improve people's care and the systems underpinning it.

People were supported by a reliable staff team that had not missed calls and generally attended on time. Care plans supported staff's knowledge of people and their person-centred care. There were some positive examples of personalisation and the manager was developing this further. People felt safe with support from the service and relatives felt their loved ones were "in safe hands" with staff. At times care plans and risk assessments needed to be updated following accidents or incidents, to ensure actions to prevent recurrence were recorded and shared effectively.

Staff worked effectively in partnership with people, relatives and other professionals to achieve positive outcomes, which included increasing their independence. 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 manager had identified the need to develop mental capacity assessments so that the policies and systems in the service consistently supported this practice.

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 18 February 2019 and this is the first inspection.

Why we inspected

This was a planned visit in line with our inspection programme.

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 well-led.

Details are in our well-led findings below.

Good ●

Helping Hands Macclesfield

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 one assistant 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 did not currently have a manager registered with the Care Quality Commission (CQC). This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The new manager was in the final stages in their application process to register with CQC.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a smaller service and we needed to be sure that the provider or manager would be in the office to support the inspection. We also needed the service to check with people and relatives whether they would be happy for us to call them. Inspection activity started on 25 February 2020 and ended on 27 February 2020. We visited the office location on 25 February 2020.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority. The provider had not been asked to complete a Provider Information Return (PIR) before our inspection. 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 all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and seven relatives on the telephone, about their experience of the care provided. We spoke with nine members of staff, including six care staff, the care coordinator, the manager and the regional compliance business partner.

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

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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and safety had been assessed on an individual basis, to help staff keep them safe. The manager was continuously developing personalisation of related care plans.
- Staff were aware of how to keep people safe, which was supported by relevant care plans. One person told us, "I am terrified of slipping getting in the bath and I feel safer when the staff are here."
- The manager analysed accidents and incidents, to identify lessons to learn from them and prevent reoccurrence. On occasion, actions identified as part of this needed to be reflected more clearly in people's care plans and risk assessments.
- A staff information board shared lessons learned from accidents and incidents across the wider provider, to help develop staff's understanding of how to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- People felt they were safe with the support from staff. Family members agreed, and one told us, "I went abroad for a week and felt completely confident that [relative] would be safe with the staff going in."
- Staff understood safeguarding responsibilities, which helped to protect people from the risk of abuse. Staff had confidence in managers to address any concerns. The manager worked in partnership with the local authority to discuss, and investigate if needed, any concerns raised.
- A new 'early warning signs' system had been introduced, to support staff to look out for any potential concerns. Staff were still getting used to this but told us the manager had clarified the system. Staff said, "They never make you feel foolish for asking questions. I feel very supported."

Staffing and recruitment

- People received their care calls at reliable times and calls had not been missed. Relatives told us this had recently improved. A new electronic system was being introduced, to further develop the monitoring of call attendance and reliability.
- New staff had been recruited following employment checks, which helped ensure applicants were suitable to work with people using the service. We highlighted one small area for review regarding one employee's references, which the manager rectified followed up and rectified. The manager sourced recruitment training to support their own development regarding this.

Using medicines safely

- Where required as part of their care, staff supported people to take their medicines at the right time. Protocols for people's 'as required' medicines were being introduced. A family member told us, "[My relative] is quite anxious with medicines and would say if there was a problem, I would know if there were any

issues."

- The new manager had identified previous issues with medication management and recording systems. They had introduced a new Medication Administration Record (MAR) to improve this. The new MARs were still being embedded, but staff told us "The new MAR sheets are a lot clearer and easy to use. We recently had medications training in January which was good."

Preventing and controlling infection

- Staff used personal protective equipment to help protect people from the risk of infection. One person told us, "[Staff] are very professional and always use gloves and aprons."

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

- The service helped people and their families to achieve positive outcomes. Family members told us, "I have noticed a big change in [relative's] enthusiasm since care started. It has perked them up" and "The care has made a massive difference. [Name] has benefited and we can now do things together [as a couple] rather than me being their carer."
- People's needs were assessed before they started using the service. The service had been effective at supporting people to meet their assessed needs, including reducing their need to receive care at all.
- Care plans based on assessments reflected people's desired outcomes. Care plan development to detail personalised, successful approaches to achieve these outcomes was ongoing.

Staff support: induction, training, skills and experience

- Staff were guided in their role through induction, training and regular supervision. Staff felt well supported.
- On balance, relatives felt staff were competent, but commented at times training needed to be matched with good common sense and experience. Positive comments included those of a person who told us, "They are very well trained. I have had one or two new people who are not sure at first, in no time at all they know what to do."
- The service was introducing additional dementia specific training, to support staff to understand the increasing needs of people using the service. However, a relative also praised, "With dementia, every day is like a new day but the staff know [name] and know what they are doing."

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

- Staff were aware of people's dietary needs and supported them to eat well and drink enough.
- Staff also supported people's independence around meal preparation. A family member praised, "I thought they would only do ready meals, so got some in. [Manager] said they could cook meals. Staff helped make cauliflower cheese, they did it together, now [relative] does more cooking for themselves as they have built up confidence."

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

- Staff supported people to achieve positive health and wellbeing outcomes. For example, one family member described, "They have to do exercises following an operation. They had not previously done them, but staff encourage them to do this. This has helped to improve their condition and they can move better."
- Staff supported people to meet their everyday health needs and ensured people saw a health professional

when they needed to. Staff were aware of signs of changing health to look out for and call somebody about.

- Staff worked in partnership with external professionals, such as district nurses, when people had specific health needs.

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.

- The manager understood their obligations under the MCA. The manager had identified that aspects of the service's working to the MCA needed to be improved, such as mental capacity assessments, which had not been in place. They were developing these.
- There were no current applications to the Court of Protection noted as required. There were examples of people having legal representatives with appropriate lasting power of attorney, to ensure their rights were protected.
- Staff supported people's rights to make decisions under the MCA, for example if people did not wish to be resuscitated. Staff signposted people to a relevant health professional to document this decision at people's request. Staff sought people's consent before providing care.

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

- Staff treated people with dignity and respect. People enjoyed the care provided and told us, "I am very impressed and extremely happy with carers. It is the little extra things they do - I find it splendid! [Staff] are nice and say good morning and bring brightness into my life" and "I am very happy with the company, no issues at all."
- On balance, family members were happy with the care provided and felt it was of a good standard. Mixed comments included, "The staff have the training, but it is often a lack of a common-sense approach. Most are sensible and know what they are doing. 80% get it right 80% of the time and that is good going", but also "[Name] is very sociable and has a sense of humour, they listened to that and sent us lovely staff. The laughs I hear coming from the shower or the bedroom are lovely to hear."
- Staff enjoyed their work and making a difference to people's lives, an ethos led by the manager. Staff told us, "I am happy in the role, the best part is talking to all the nice people I look after. Some people have travelled around and lived in lots of countries, they tell you about experiences and grandkids."
- People and staff got to know each other well and developed close, yet professional relationships. Staff attended people's funerals when they passed away.

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

- People and relatives felt involved in decisions over their care and the planning of it. They told us the manager had visited them to involve them and said, "[Manager] came out to have a talk with [relative] and talk about their needs. Their wishes were taken into account" and "We have a review every six months and go through everything".
- The service respected people's wishes regarding their care, such as when people or relatives requested a change in staff. For example, one family member said, "Sometimes there is a clash of personality with [relative], they do not do anything wrong, it is just not a right fit. I contacted the office to tell them and now they send someone else."
- People had a copy of their care plans within their homes. Care plans noted specific requests, such as if people preferred staff not to wear uniforms, to make the call feel less clinical.
- The manager had identified that information about people's ability to consent or make decisions had been removed previously from some care plans. They were working to rectify this.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, dignity and independence. People told us, "They do not 'stand over me' while I am in the shower, but they wash my feet as I cannot reach" and "Staff explain what they are doing and ask if it is ok and if I am comfortable."

- Care focused on people's wishes to remain as independent as possible, as well as promoting confidence and independence. This was supported in care plans. A family member said, "Carers are building [relative's] confidence with showers. They started by being with them in the shower, then standing at the door and prompting and now they stand in the hallway so that they can get used to doing it on her own."
- Language used in care plans was respectful of people. The branch was 'paper-less' and people's confidential records were stored securely on password protected electronic devices.

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 person-centred and responsive to their individual needs and circumstances. Relatives felt staff knew people's needs and one person told us, "I look forward to [weekly visit day] as I feel it is my day and I feel pampered when they have gone."
- People and their relatives were involved in writing or updating care plans when needed. The manager had visited people to find out interesting facts about people, to capture in their care plans. This helped staff to get to know people and provide personalised care.
- People's care and support plans gave staff guidance on how to meet people's needs. Plans included personal profiles of backgrounds, preferences, life histories and goals. The manager was in the process of developing all care plans to become more person-centred and detailed.

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

- Staff understood the role their visits and care played in reducing people's social isolation. One person told us, "I enjoy the visit as [staff] may be the only person I see all day- they are cheerful and interesting to talk to." A family member told us, "I think it is mentally helping [relative]. Seeing different people and having people to talk to is the biggest help to them."
- Care plans detailed people's interests, as well as hobbies, who was important for people to keep in touch with and how to support this. Staff also explored people's interests with them, for example one staff member told us, "One person I provide care for was born in [city name], I am from there, too. I took a picture of the old buildings, we talk about their childhood."

Meeting people's communication needs; Improving care quality in response to complaints or concerns
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.

- Staff supported people's communication and understanding needs effectively. A family member gave an example and said, "[Relative] has poor vision and when carers arrive they always say who it is as they cannot recognise them."
- Important information, such as terms and conditions, including the complaints procedure, was available in different formats on request.
- People and relatives knew how to make a complaint and felt comfortable to speak with the manager or office staff about any concerns. They commented that generally they had no complaints or if they had had

to raise an issue, this had been dealt with effectively.

- The manager had recognised that previously, complaints had not always been closed as resolved effectively. They had addressed this and we considered together the importance of also identifying any themes or learning from complaints, to develop the quality of people's care.

End of life care and support

- At the time of inspection, nobody using the service was receiving end of life care.
- End of life considerations in people's care plans had not always been completed, noting this was at their request, but other people's plans contained personalised statements and information regarding their end of lifecare wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service's culture was person-centred, open, inclusive and empowering. A relative said, "We were unsure of having carers come in, but it has turned out to be the best thing." People's diversity and equality needs were explored at assessment by the manager. They explained, "That is the most important thing for me and my favourite part, finding out about people."
- The provider was arranging more specific training to support staff's awareness of how to understand and support people's diverse needs. This included for example training specifically based on the needs of members of the Lesbian, Gay, Bisexual or Trans community.
- The new manager had made a difference to the culture of the service and staff recognised this. Staff told us, "Team morale is good. Any new manager worth their salt will do a review and that is what happened" and "Since we have had the changeover I am happier, more confident and relaxed, before I was not. [Name] listens and I have built my confidence up. I believe in [manager]."

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

- There was currently no manager registered with the Care Quality Commission (CQC). The new manager was in the final stages of their application to register with CQC. The manager and provider understood their regulatory requirements.
- Some policies in place to guide staff had been overdue a review. However, a comprehensive set of new policies had been developed and these were currently under review by the provider's legal team.
- The new manager had effectively identified previous safety and quality issues. An effective improvement plan was in place and the manager had implemented new records and processes. We considered that some of these had yet to be embedded fully, but progress was evident.
- A variety of checks and audits were in place at service and provider level, to help assure and improve the safety and quality of people's care. The provider had introduced more regionally-based support, to help ensure their growing number of branches were overseen robustly. We highlighted some areas for review at service level, to evidence effective governance. This included ensuring spot-checks were recorded and action plans completed where required, to show that improvements had been made.

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

- The service involved people, relatives and staff in its delivery and development. Staff attended regular

meetings, which helped to keep them informed and supported their development. Staff told us, "We have regular team meetings and it is nice to see staff. Staff morale is good."

- The service kept everyone well informed and regularly sought the opinion of people and relatives. They told us, "The office is good at getting in touch with carers to pass on information and good at letting us know about any concerns they have" and "[Manager] regularly contacts us to see if we are happy and also contacts our [relative]." People and relatives told us they would have no hesitation to recommend the service.

- A 'voice of the customer' programme checked if people and relatives were happy with the care through questionnaires and comments cards. This particularly checked whether things were going well for people who were new to the service. Responses to this were positive and included, "Knowing someone is coming each morning gives them motivation to get up and going", "My evening and morning helpers have been very good and eased my life for me" and "The standard of care I experience is very good."

- The service worked effectively in partnership with other professionals to achieve good outcomes for people. Peer support was available to the new manager as part of the provider's manager network.