

Midshires Care Limited

Helping Hands Birmingham

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

Helping Hands Birmingham is a domiciliary service which provides personal care to adults with a range of support needs in their houses and flats. At the time of this inspection the service was supporting 36 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

People were protected from abuse and relatives told us their loved ones received safe care. People received support from a regular staff team and staff were recruited safely. Staff were trained to administer medicines safely. Competency checks had been completed to ensure staff were following safe medicine practices.

Staff had received training in infection control and demonstrated an understanding of what personal protective equipment (PPE) should be used when supporting people. People told us that staff wore PPE (personal protective equipment) whilst spending time in their homes.

People's needs were assessed and staff with the right skills helped to meet these. Staff supported people with their eating, drinking and to access healthcare support.

There was an enthusiastic, positive and caring culture amongst staff at the service. Staff had good knowledge about the people they supported and told us they enjoyed working at the service. People were cared for by staff with sincerity, kindness and compassion and in a calm unhurried manner. Staff supported people in a dignified and respectful way. People's independence was promoted and respected.

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.

Complaints were effectively resolved and actions taken were effective to prevent similar issues in future.

People and their relatives were able to give feedback about their care in a variety of ways. Examples included satisfaction surveys and during spot checks which monitored staff performance. The provider had systems and processes in place to retain oversight of people's care and ensure good standards were consistently met.

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 12 April 2019 and this is the first inspection.

Why we inspected

This inspection was carried out due to the length of time the provider had been registered with CQC without receiving a formal rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well-led.

Helping Hands Birmingham

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.

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 22 April 2021 and ended on 28 April 2021. We visited the office location on 22 April 2021.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care

provided. We spoke with seven members of staff including the registered manager, area care manager and care workers.

We reviewed a range of records. This included six 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 continued to seek clarification from the provider to validate evidence found. We also considered 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.

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

- Staff received training on safeguarding and understood how to recognise and report abuse.
- Staff told us they would always report any safeguarding concerns such as unexplained bruising or change in a person's behaviours to their manager.
- People we spoke with and their relatives confirmed they felt safe with the care they received. One person told us, "I feel safe, would be lost without them."

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and plans put in place to minimise risk of harm and to provide safe support to people.
- Risk assessments such as for moving and handling were detailed and gave clear guidance for staff and how to safely use equipment.
- Staff were able to tell us how they supported people safely and understood people's risks.

Staffing and recruitment

- Staff were recruited safely. The provider completed pre employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- There were enough staff to meet people's needs and people usually received support from a regular staff team. One person told us, "I usually get the same person – you get used to a person – I am at ease with them and they come on time". A relative told us, "They will always try and ring one of the family if someone is running late, one time they rang to let us know that a different person would be coming to cover, they always let us know."
- The provider had an electronic call monitoring system where staff logged in and out of their calls, which enabled care staff visits and punctuality to be monitored.

Using medicines safely

- People's medicines were managed safely, and people were encouraged to take their own medicines where appropriate.
- Medicines administration records (MARs) were accurate and provided a clear record of people's support. One relative told us, "We have good communication for example about new medication" and another relative commented, "Staff support with medication they are generally fine, really hot on the MAR chart".
- Staff had received training in administering medicines safely and competency checks had been

completed to ensure staff were following safe practices.

Preventing and controlling infection

- The provider had systems, procedures and policies in place that helped promote good standards of infection prevention and control (IPC).
- Staff had regular IPC training and updated guidance based on how to manage risks associated with COVID-19. Staff were regularly tested for COVID-19
- Our inspection found staff had enough personal protective equipment (PPE), they used this effectively when in people's homes. One person told us, "They [staff] wear mask, aprons, gloves always". A relative told us, "They [staff] are very good about masks, aprons, gloves some come in already in apron and mask. All staff wear a mask before arrival".
- We saw that IPC measures were in place at the office and the registered manager and office staff wore the appropriate masks. We did however observe that some employees who were not involved in providing personal care wore face coverings and not masks. The registered manager confirmed following our visit that they had taken action to ensure all employees wore a mask in line with the providers policy.

Learning lessons when things go wrong

- Accidents and incidents were dealt with appropriately as and when they occurred.
- Systems were in place to identify possible themes in order to reduce the chance of a similar incident occurring again.

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 were assessed and regularly reviewed as and when required if a change occurred.
- People's preferences, likes and dislikes, past life histories and background information were recorded in their care documentation.
- People and relatives commented positively about the service provided and told us they were involved in developing their care plans. One person told us, "They came to see me and put together the care plan – it's a good plan and works well – I keep as independent as possible"

Staff support: induction, training, skills and experience

- Staff confirmed they received the training they needed.
- An induction was in place to support new staff. This included on-line training and shadowing more experienced staff.
- People informed us that they felt staff had the right skills and knowledge to support them. One person told us, "I feel they are well trained with the hoist, there is a lead person, I never feel put at risk I have been lucky, I feel they are well trained".

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

- Not all the people who used the service required support with eating and drinking.
- People's dietary needs were assessed, and plans were put in place that supported these needs. Staff assisted some people with the preparation of a favourite meal, drink or food. One relative told us "They give [family member] breakfast – cup of tea, jam and toast. They always leave a drink handy and always ask if [family member] wants another drink.
- We saw that where a person was at risk of not eating or drinking sufficiently that staff were monitoring their intake to help ensure adequate nutrition and hydration.

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 by staff who were aware of their healthcare needs. People's care plans included a detailed record of people's health conditions and needs such as skin integrity, and how staff would manage these.
- Staff worked closely with health and social care professionals to ensure people's changing needs were addressed, and people received the support they needed. One relative told us, "They do a lot and if anything is not quite right, they will call the GP if needed and then let me know".

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.

- Suitable processes were in place to give people's maximum choice over their lives.
- People's capacity to make their own decisions had been considered as part of the initial and subsequent assessments and staff worked alongside people to involve them in decision making when required.
- Staff were able to describe how they sought people's consent and offered choices to people during their care.
- Where people had a Power of Attorney (POA) in place the service ensured it obtained evidence of this to confirm the POA had the authority to make certain decisions on people's behalf.

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 caring nature of staff. One person told us, "They [staff] are so good, they just do what I want – get me up, shower and breakfast. I like having a regular one, I asked for her". A relative told us, "I have been in the house working and can hear the staff member talk to [family member]. She makes sure all is safe before she goes, I can see she cares. That reassures us all".
- Staff demonstrated an understanding of people's care needs and the importance of respecting diversity. One relative gave an example of how staff respected their family member's cultural background in relation to the hair care they provided.
- Staff spoke with kindness about the people they supported. They told us they enjoyed their role and had got to know the people they supported well.
- The provider had introduced 'Moments of Kindness' where staff or people using the service could nominate a staff member for their kindness.

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

- Conversations with staff demonstrated they understood people's needs encouraged people to make choices about their care.
- People confirmed their views were sought and they were involved in making decisions. One person told us, "Before they [Helping Hands] started they came and wrote a care plan, they asked what we wanted". Another person told us, "We talk about how I like to be washed".

Respecting and promoting people's privacy, dignity and independence

Staff we spoke with described how they promoted people's privacy and dignity. This was confirmed by the people we spoke to. One relative told us, "They are very respectful of privacy, for example when using the toilet, they will wait outside the door". One person told us, "I feel they maintain privacy and dignity. They cover me up when washing even if no-one else is around".

- Staff maintained people's independence wherever possible. One relative told us, "They [staff] encourage him to stay as independent as possible such as continuing to shave."
- People's right to confidentiality was respected and protected appropriately in accordance with General Data Protection Regulation (GDPR). We saw that people's confidential private information was respected and kept secure.

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 confirmed they received care that was person centred and responsive to their needs.
- People's care records included information about their preferences and wishes to ensure support was provided in the way the person wanted.

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.

- Information on people's individual methods of communication was included in their care plans.
- The registered manager was aware of the AIS and the service could provide adapted information for people, and information in different formats such as large print if required.

Improving care quality in response to complaints or concerns

- Information was provided to people about how to raise concerns or make a complaint, if needed.
- People and relatives indicated they felt able to raise any concerns. One person told us, "If I was not happy there are two managers, I know they have been to see me. I raised an issue – I would do that again."
- We found a record of complaints was kept showing the actions taken to resolve the issue. Sampled records showed the response from the service had been timely, and where needed action taken.

End of life care and support

- People had supportive care records, which identified people's end of life care wishes and if people had a 'do not resuscitate' order in place. End of life care would be provided by relevant other professionals such as district nursing teams and doctors and supported by staff from Helping Hands.

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; 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 and staff were passionate about providing people with a high quality, personalised service. This was evident throughout our inspection and from the positive feedback we received.
- Through our discussions with the registered manager we determined that they were aware of, and acted in line with the duty of candour requirements. The registered manager was open and transparent throughout the inspection process and in response to complaints, feedback and incidents.

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

- The provider had systems in place to monitor, assess and improve the quality and safety of service being provided. The provider had introduced numerous measures to protect people and staff in regard to COVID-19 but had not completed individual written risk assessments for staff. This had been identified by the provider and action was in progress to rectify this.
- Records showed appropriate action and improvements were made when needed and staff and managers were committed to continuously improving the service.
- Senior staff carried out audits including care and medication records. They acted where improvement was needed to help achieve good outcomes for people.
- The provider had an electronic call monitoring system where staff logged in and out of their calls, which enabled care staff visits and punctuality to be monitored.
- The management team completed spot checks and observations on staff to monitor staff performance and competency.
- The registered manager understood their role and legal responsibilities, including appropriately notifying CQC about any important events that happened in the service.

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

- We saw evidence of the provider asking people and relatives for their views about the service through care reviews and telephone surveys. One relative told us, "I had a phone call to check on the service and was asked my opinion".

- Staff were encouraged to raise concerns about the care provided, including through whistleblowing processes. Staff told us they would feel confident raising any concerns or issues with the management team and that action would be taken to address these.

Working in partnership with others

- Staff obtained advice from, and made referrals to, other health and social care professionals when necessary to ensure people's health and wellbeing was maintained.