

Midshires Care Limited

Helping Hands Wokingham

Inspection report

64a Peach Street
Wokingham
RG40 1XH

Date of inspection visit:
17 February 2021

Date of publication:
12 March 2021

Ratings

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

Summary of findings

Overall summary

About the service

Helping Hands Wokingham is a domiciliary care agency. It provides personal care to people living in their own homes. The service supports older people, people living with dementia and people with a physical disability. Not everyone who uses the service may receive personal care. The Care Quality Commission (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 the inspection the service was providing personal care to 48 people in the Wokingham area.

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

People were supported by enough suitable staff, who understood their responsibilities to safeguard people from discrimination, neglect, and abuse. Staff effectively assessed people's needs and risks to their health and safety, which were managed safely. People experienced good continuity and consistency of care from regular staff who knew them well and how they wished their care to be delivered. The provider recruited staff safely in accordance with regulations. Staff were trained effectively and supported to provide high quality care. People received prescribed medicines safely from staff who had their competency to do so regularly assessed. Staff followed required food safety standards when preparing or handling food. Staff raised concerns and reported incidents, which ensured action was taken to protect people from similar events in the future. We were assured that staff followed good infection control practices.

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.

The provider had established systems and processes for reviewing the quality and safety of the service, which the management team operated effectively. The service was well managed by the branch manager, who provided clear and direct leadership, which inspired staff and instilled confidence in people. The branch manager had developed the care training practitioners and care coordinator into an effective management team that worked well together. The management team and staff were focused on putting people first to ensure they consistently experienced good outcomes. The branch manager readily assumed responsibility and accountability when concerns had been raised or mistakes had been made. The management team actively encouraged critical feedback from people and staff to drive continuous improvement in the service. Staff had developed good relationships with community health care professionals and effective communication and information sharing ensured people's changing needs were met with the appropriate care and treatment.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (report published 17 December 2017). The provider

completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the service had improved to good.

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Helping Hands Wokingham

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Helping Hands Wokingham is a domiciliary care agency. It provides personal care to people living in their own homes.

The service did not have a manager registered with the CQC. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service had a manager in place who was completing the CQC process to become the registered manager. They are referred to as the branch manager throughout this report and together with their two care training practitioners and care coordinator as the management team.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or branch manager would be in the office to support the inspection. Inspection activity started on 17 February 2021 and ended on 2 March 2021. We visited the office location on 17 February 2021.

What we did before the inspection

We reviewed other information we had received about the service, including notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We sought feedback from the local authority, community professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and

represents the views of the public about health and social care services in England. We reviewed the provider's website. 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 this information to plan our inspection.

During the inspection

We spoke with six people who used the service and six relatives about their experience of the care provided. We spoke with 15 members of staff, including the branch manager, a care training practitioner, a care coordinator, the provider's compliance manager and 11 care staff.

We reviewed a range of records. This included six people's care records, medication records and daily notes. We looked at 11 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed, including the provider's policies, procedures, quality assurance audits, accident and incident reports.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with five community professionals who engaged with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our last inspection risk assessments did not always detail the measures to be taken by staff to reduce the risks identified. Immediately following our last inspection, the previous registered manager and compliance manager had completed a 12-week recovery plan, during which they reviewed and updated all risk assessments and care plans.
- People consistently told us the management team liaised closely with them and their chosen representatives, to understand how best to manage their risks, in the least restrictive way. People and their relatives were fully involved in the assessment of their needs and development of care plans to keep them safe.
- The service had clear processes to assess and manage risks to people to ensure they were met safely. Risk assessments were reviewed regularly in response to people's changing needs.
- People experienced safe care from staff who were aware of people's individual risks. The management team effectively assessed risks to people, which staff managed safely. Support plans provided staff with the necessary information and guidance to enable them to mitigate identified risks, such as choking, malnutrition, moving and positioning and developing pressure area breakdown.

Staffing and recruitment

- At our last inspection some people had experienced missed or mistimed calls and poor continuity of care. At this inspection, without exception, people and relatives told us they experienced good consistency and continuity of care from regular staff, which rotas confirmed. One person told us, "Things are much better now because you know who's coming and when and the best thing is you mainly get the same carers [staff] so you get to know them." A relative told us, "Since the new manager and coordinator have been there, we've had no missed calls and you always get a call if they're [staff] running late for any reason." One person told us, "You can now call the office now, they listen to you. You can speak to [Named care trainer practitioner/care coordinator] about anything and they will sort it out for you."
- The management team effectively monitored the provider's electronic allocation system, which identified when visits were delayed by more than 15 minutes. This allowed the service to ensure staff were safe, keep people informed and arrange other staff if required due unforeseen circumstances.
- There were enough suitable staff to support people safely, in accordance with their risk assessments and care plans. The branch manager completed a weekly staffing needs analysis, which ensured available staffing was maintained at least ten per cent above that required to meet commissioned hours of care. This afforded resilience to cover any unforeseen staff absence.
- The provider effectively recruited and retained staff who were able to develop meaningful relationships

and nurture trust in people.

- The provider had completed relevant pre-employment checks to ensure staff were suitable and had the necessary skills and character to support people living in their own homes. These included Disclosure and Barring Service (DBS) checks, prospective staff's conduct in previous care roles, exploration of any gaps in their employment histories and their right to work in the UK. The DBS carries out checks which help employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People and relatives consistently told us they felt safe with regular staff who had gained their trust and confidence. One person told us, "I feel very safe because they [staff] are so kind. They make me feel special and will do anything for me." Another person told us, "I couldn't do without them [staff]. They help me to live my life and remain independent."

- Community professionals told us the service was responsive to people's needs, ensuring people were safe.

- The provider had established systems to protect people from the risk of poor care, which staff operated effectively. People were protected from avoidable harm and discrimination by staff who had completed safeguarding training and understood how to report any concerns, both internally and to the local safeguarding authority and the Care Quality Commission.

Using medicines safely

- People received their prescribed medicines safely from staff who had completed the required training and had their competency reassessed every six months by the branch manager or care training practitioner.

- The provider's policies and procedures gave staff clear guidance to manage people's medicines safely.

The management team completed regular competency assessments and observations to ensure staff managed medicines safely in practice, in accordance with their training, current guidance and regulations,

- The branch manager and care training practitioners completed regular audits to check staff administered medicines safely and clearly identified any issues or actions to be taken. Staff were able to explain the action required if a mistake happened, to ensure any potential harm to a person and any future recurrence was minimised.

Preventing and controlling infection

- Staff adhered to the provider's infection control policy and procedures. People and relatives were reassured by staff who consistently used personal protective equipment in line with government guidance.

- People and relatives told us that staff demonstrated the required standards of hygiene and cleanliness whilst delivering care and support. Staff had completed recognised food safety training. Relatives told us that staff followed correct procedures whenever food was prepared.

- Staff consistently praised the branch manager for proactively implementing Covid-19 testing and arranging staff vaccinations through engagement with local GP practices.

- The provider implemented recognised infection prevention and control practice in relation to people visiting the service office, including temperature checks and the recognised NHS venue scanning system.

Learning lessons when things go wrong

- The branch manager had ensured that staff took the required action to keep people safe, by reducing the risk of further incidents and accidents.

- Staff accurately recorded all incidents and accidents, in accordance with the provider's policy, which the management team analysed and investigated thoroughly. Any learning or changes to risk assessments were discussed with staff.

- People's risk assessments and care plans had been reviewed and updated as required, in relation to

accidents and incidents. For example, if people were identified to be at increased risk of falling. Appropriate referrals had been made to healthcare professionals in relation to reported incidents and where necessary additional supportive equipment had been arranged. For example, specific beds and mattress toppers to help maintain good skin integrity.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection quality assurance processes were not always applied consistently. Immediately after our last inspection, the previous registered manager and compliance manager completed a 12-week recovery plan, during which they reviewed the service quality assurance systems. The provider's head of compliance also completed a root cause analysis to identify areas for improvement and implemented a quality improvement plan. Since their appointment on 11 August 2020 the branch manager had completed a further review and audit of the service quality assurance arrangements to ensure they were fit for purpose. At this inspection the branch manager had established effective systems and processes for reviewing the quality and safety of the service.
- The branch manager used feedback from people and their families to identify necessary learning and areas for improvement. Designated staff completed regular audits and reviews of care records and developed action plans to address any areas for improvement identified. The branch manager held daily meetings with the management team to discuss significant events, identify required improvements and ensure any required action was taken.
- There was a clear management structure within the service. The branch manager was highly visible and provided clear and direct leadership, which inspired staff. Staff told us they felt respected, valued and well supported by the whole management team.

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

- The management team placed people and their needs at the centre of the service, ensuring their dignity, independence and choices were prioritised. In addition to the provider's needs assessment process, the care coordinator visited everyone who used the service, to further assist them to allocate the most suitable staff for each individual.
- After some open and forthright discussions, the management team had successfully bonded to develop a strong, inclusive, person-centred culture, which was reflected in the approach of all staff.
- The management team and staff were focused on putting people first to ensure they consistently experienced good outcomes. People experienced personalised care from a stable staff team who knew them well and were committed to delivering high quality care, which was individual to them.
- People and staff trusted the branch manager because they responded personally and quickly addressed

any issues they raised. People, relatives and professionals consistently described the service as well organised and well managed.

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

- The provider's policy clearly identified the actions the branch manager and staff should take, in situations where the duty of candour applied. The branch manager had assumed responsibility and accountability when concerns had been raised or mistakes had been made.
- The branch manager and staff were aware of their responsibilities and understood the importance of transparency when investigating circumstances where something had gone wrong. Where there had been concerns raised, the branch manager had completed a full investigation and spoke directly to people to explain the circumstances of the issues and apologise.

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

- The branch manager actively sought and encouraged critical feedback from people to help improve the service. People had the opportunity to give feedback during quarterly telephone calls and unannounced spot checks of the care provided by staff. People's equality and diversity needs were understood by the staff and supported. For example, people who were unable to communicate via telephone were visited personally by the management team to ensure they could still give their views.
- The management team engaged in meaningful conversations with people and staff to seek their views and involve them in any changes. The care training practitioners and care coordinator delivered care to people regularly and knew them well.
- People and relatives told us they felt fully involved in care decisions and that they experienced good communication with the branch manager and staff. One relative said, "She [branch manager] is a straight talker but gets things done." Another person told us, "You wouldn't know it was the same service. About 18 months ago it was utter chaos, but the new manager has really improved things. Now you can be confident that whoever you speak to in the office knows you and wants to help."
- Staff told us the branch manager valued their views and they were encouraged to share good practice and identify individual and group training needs, during supervisions and team meetings. Staff consistently praised the good communication and mutual appreciation shown between office and care staff.

Continuous learning and improving care

- The branch manager and management team contacted staff regularly to discuss working practices, as well as personal development and wellbeing. Due to the pandemic, this contact was managed through virtual meetings or telephone conversations.
- Staff told us they enjoyed their roles and had the time and skills to deliver care effectively and safely. Staff with experience working for alternative care providers highlighted the training and development provided at Helping Hands Wokingham to be a strength of the service.
- Staff spoke in positive terms regarding the provider's response and guidance during the pandemic, which had enabled staff to reassure and deliver safe care to people in their homes.
- Professionals consistently told us the branch manager was open to their guidance and welcomed constructive advice.

Working in partnership with others

- The service worked collaboratively in partnership with other stakeholders to deliver joined-up care. The branch manager and staff had developed good relationships with healthcare professionals to ensure people were receiving the appropriate care and support to meet their needs. Records demonstrated effective

communication and information sharing with healthcare professionals, such as community nurses and occupational therapists.

- The branch manager had worked effectively with local GP services to fast track Covid-19 vaccinations for their front-line care staff.