

Midshires Care Limited

Helping Hands Cheltenham

Inspection report

Festival House
Jessop Avenue
Cheltenham
GL50 3SH

Date of inspection visit:
25 July 2022

Date of publication:
24 August 2022

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 Cheltenham is a domiciliary care service providing the regulated activity of personal care. At the time of our inspection there were 28 people using the service.

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's needs were assessed when they first started using the service to ensure the service could meet their needs and to understand their personal likes and preferences. This information informed people's care plans which guided staff on how to deliver safe and effective care to people.

Accidents and incidents were reported and responded to appropriately.

People were supported to take their medicines safely by staff who were assessed as being competent in managing administering their medicines.

Staff followed good infection control practices and had access to personal protective equipment (PPE)

Staff were safely recruited, and people told us they were supported by a small and consistent staff team who knew them well.

Staff had been suitably inducted and had received ongoing training to carry out their roles effectively.

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 relatives provided positive feedback about the friendly and positive nature of the staff team who supported them. They reported they were treated with kindness and respect.

People and their relatives were involved in the planning of their care needs. People's views and experiences of the care they received were considered and reviewed to help drive improvements.

People and their told us they felt their concerns were listened to and acted on.

The registered manager promoted a positive culture and expected high standards of care. The registered manager monitored the service through quality assurance checks, spot checks of staff practices and

requesting feedback from people who use the service.

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 20 May 2021 and this is the first inspection.

Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

This service had not been inspected since their registration; therefore, this inspection was also carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

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 Cheltenham

Detailed findings

Background to this 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

This inspection was carried out by three inspectors, a medicines 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.

Registered Manager

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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 July 2022 and ended on 28 July 2022. We visited the location's office/service on 25 July 2022.

What we did before the inspection

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 this information we held about the service. We used all this

information to plan our inspection.

During the inspection

We spoke with ten people and 12 people's relatives about their experience of the care provided. We spoke with the registered manager and the care coordinator and received feedback from seven members of staff.

We reviewed a range of records. This included eight people's care records and three people's medication records.

We looked at three staff files in relation to staff recruitment. A variety of records relating to the management of the service, staff development and the provider's policies and procedures were reviewed. After the inspection, we continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of 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

- Systems were in place which safeguarded people from harm and abuse.
- People and their relatives confirmed they felt safe being supported by the staff. Comments included "I feel safe with them. They always come and look after me well" and "I think they're very good. I feel safe with them because they understand my condition."
- Where people required support with financial matters such as shopping; there were safe and effective systems in place to help monitor and manage people's money to reduce the risk of financial abuse.
- Staff had been trained in safeguarding and had access to the provider's safeguarding policies and procedures to protect people from abuse. They knew how to report any concerns. One staff member said, "I know I have to go to management or safeguarding if it can't be dealt with internally."
- The registered manager stated there had been no safeguarding concerns since their registration. They were able to describe the process to follow, in line with their safeguarding policy.

Assessing risk, safety monitoring and management

- People's needs, and any associated risks were assessed, monitored, and regularly reviewed. Staff had a proactive approach in ensuring people retained their independence where possible and managed their own risks.
- Staff had access to comprehensive care and risk management plans which provided them with the information they needed to support people in a safe manner.
- Additional information was in place which provided staff with guidance about people's health care conditions. This helped staff to have a clear understanding of the impact of people's conditions.
- The provider had implemented protocols which would assist emergency services if a person was reported missing from their home.

Staffing and recruitment

- People were supported by a core staff team who knew them well. New staff were given opportunities to read people's care plans and shadow more experienced staff to enable them to fully understand people's needs. One relative said, "Generally, we have a small team of carers who we are familiar with. If we have a new person, they will shadow for the first time."
- People and their relatives confirmed staff were reliable and punctual. A system was in place to inform people of their care call times and the staff who would be supporting them. We were told that communication from the service was generally good if staff were running late. We received comments such as, "Their time-keeping is generally good" and "They're always on time. If they change the time, they always give me a phone call."

- A system was in place to ensure people with the highest needs were prioritised to receive care in the event of an emergency or disruption to the service such as adverse weather or staff shortages.
- Recruitment processes were comprehensive. The registered manager was supported by the provider's human resource team to safely recruit staff. The registered manager assured themselves that staff were judged to be of good character through the interview process, assessment days and employment and criminal checks.

Using medicines safely

- The service had processes in place to ensure that medicines were managed safely.
- People had the choice of managing their own medicines and the provider had a system in place to ensure where people needed support with their medicines, this was received and managed in a safe and personalised way.
- Staff reviewed people's medicines regularly and prompted a review with other healthcare professionals where this was needed.

Preventing and controlling infection

- The provider's COVID-19 protocol was reflective of current good practice guidelines.
- Staff confirmed they had access to sufficient stock of personal protective equipment (PPE) to help keep them and the people they supported safe. People and their relatives confirmed staff consistently wore PPE appropriately and had no concerns about their infection control practices.
- Staff were undertaking regular COVID-19 testing on a weekly basis.
- Staff had completed infection prevention and control (IPC) training. Their competencies to correctly use PPE were regularly assessed to ensure their practices remained in line with guidance.

Learning lessons when things go wrong

- Accident and incidents were recorded by staff on the provider's data management system. This in turn, immediately alerted the registered manager of the incident and enabled them to take immediate steps to ensure measures were in place to mitigate future risks to people.
- Changes were made to people's care plans after incidents to help reduce the risk of repeat incidents. Changes in the management of people's risks and support requirements were shared with staff in a timely manner.

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 received effective care based on current best practice for supporting people in their own home.
- People's needs were initially assessed to determine whether the service could safely meet people's support requirements. People's diverse needs and protected characteristics were identified as part of their assessment.
- Care plans were developed from people's initial assessment with the involvement of people and their relatives. Effective communication between staff ensured the staff team who supported people remained aware of changes in people's needs and support requirements.

Staff support: induction, training, skills and experience

- People and their relatives confirmed staff were skilled in their role and were knowledgeable about different aspects of people's care, such as looking after their skin. One relative said, "They do seem to be well trained and have a fair proportion of carers who seem to think like nurses."
- Staff completed the providers induction and online training and received regular support from their line managers. This was confirmed by new staff who said, "Induction was brilliant and contained lots of information that we needed to do our jobs." New staff shadowed experienced staff and were assessed as competent before they started to deliver care alone.
- Records showed staff had received ongoing training to enable them to deliver safe and effective care.
- Medicines training was completed, and staff competencies were reviewed regularly.
- Spot checks, meetings and supervisions were held to support staff and monitor their performance.

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

- Where required, people were supported with shopping and the preparation of their meals and drinks.
- Care plans detailed the support people required with meals and drinks and any dietary requirements and risks.
- Where staff had raised concerns about people's appetite and hydration, they were required to monitor and record people's food and fluid intake. This assisted staff in the monitoring of people's nutritional intake and refer people to relevant health care services as needed.
- Staff ensured people were left with access to food and drinks as part of their care calls.

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 to seek medical attention when needed. Relatives told us they were

always kept informed.

- People's care needs were regularly reviewed or reviewed when there were changes in people's well-being or after hospital admissions to ensure staff fully understood people's current support 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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were supported to make decisions about their own care and support. Staff listened to people and respected their choices.
- Through conversations with staff and people, we judged that staff had a good understanding of gaining consent from people before delivering personal care. They could describe the principles of MCA and how they would support people in their best interest.
- The provider ensured they involved people, lasting power of attorney representatives and other significant stakeholders in decisions about people's 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

- People received personalised support from kind and caring staff. The provider's values were based on kindness through listening and empowering people. These values were embedded in staff practices.
- People and their relatives told us they had developed positive and meaningful relationships with the staff who supported them.
- Overwhelmingly we received positive feedback from people and their families about the compassionate nature of the staff who supported them. We received comments such as, "The quality of care is fantastic."; "They're very pleasant, kind and understanding. We always have conversations about things. It's nice to have contact beyond the home" and "Because they're all very caring and I feel I can talk to them if need be."
- People's diverse needs and protected characteristics were respected by staff in a non-judgmental way.

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

- People and their relatives told us staff listened to them and involved them in decisions about their care. They were confident in raising in any concerns.
- The service welcomed feedback from people to help them monitor the quality of care being provided.
- Care plans included detailed information about people's history, needs and preferences. People confirmed they were aware of their care plan and they were involved in any updates or review of their care needs.

Respecting and promoting people's privacy, dignity and independence

- People felt their privacy and dignity was respected and staff always sought consent before supporting people with their personal care.
- Staff provided examples of how they supported people with dignity and respect. They stated they were mindful to be discreet and respectful when supporting people during personal care. One staff member said, "When people need support with personal care, I am always mindful of dignity. I always ask permission before supporting with personal care. Always knock the door and gain consent before entering. I make sure the gentleman I work with is clean and comfortable and I promote independence as much as possible."

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 responsive care which met their support requirements. They explained staff were attentive to their care needs and always enquired after their well-being. One person said, "She [staff member] always asks me how I am and is very helpful and sympathetic to my needs. It makes an awful lot of difference."
- Staff always ensured people were left comfortable and had important items by them when they left, such as a drink or their life-line pendant.
- People's care plans and risk assessments were stored securely on an electronic care management system. Staff accessed information about people's support requirements and documented the care they provided on an application (app) on their mobile devices.
- Staff confirmed people's care plans were current and provided them with the information they needed to support people. One staff member said, "Every day I check the app as any new information is recorded here. They tell us to check so we always know what is going on."
- We were provided with examples of how the service and staff responded to people's changing needs. For example, additional training in continence aids or dementia awareness had been provided when people's needs had changed. Staff said, "We are shown how to support people with dementia so that we communicate with them in a way they prefer."
- Systems were in place to check people's needs were being met and they were satisfied with the service being delivered.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed to support and guide staff on how to effectively communicate with people.

Improving care quality in response to complaints or concerns

- We were informed that people's concerns were listened to and managed well. The registered manager said they aimed to review and resolve people's concerns in a timely way.
- People and their relatives knew how and where to raise any concerns or to make a complaint. The registered manager said they used any feedback from people as a trigger to review the service and drive

improvements.

End of life care and support

- No one was being supported with end of life care at the time of inspection.
- However, we were assured the service had appropriate systems in place to support people who may need end of life support, if required. For example, staff had formed good working relationships with local clinicians and GPs to ensure people's health needs were managed. Staff could also access the provider's clinical advisors to assist them in supporting people safely.
- End of life training for staff was available to help them understand the principles of good end of life care, as well as further support if they needed it.

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 registered manager had a clear vision of the standard of care people should receive. There was a strong ethos of providing high quality care by staff who had been given opportunities to develop their skills.
- Staff confirmed they thought the service was well led. They were confident that the provider's values of delivering care based on the 'foundation of kindness', were embedded in the services policies, procedures and practices.

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 understood their responsibilities to be open and honest when things go wrong.
- Staff were aware of their responsibility to report any incidents or accidents involving the people they looked after. Systems were in place to immediately alert the management team of any incidents reported by staff. This prompted them to investigate and take action in a timely way. Records showed people and their representatives were kept well informed of any concerns.

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

- Effective audits and checks were in place to monitor the quality of care being provided, staff development and the punctuality of people's care calls.
- The care practices of staff were regularly checked through spot checks and competency assessments.
- Regular contact with people who used the service enabled the registered manager to monitor people's care and obtain their views about the service.
- Representatives from the provider also reviewed the quality of care and the service's governance and management systems to ensure people received good quality of care.
- The registered manager was supported by the provider and other local managers. They met regularly to share learning and good practices. The registered manager was aware of their legal requirements to inform relevant agencies and CQC of any concerns.

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

- People and their relatives were generally positive about the service and the care they received.
- People told us they felt comfortable to raise any issues and said they would recommend the service.

- Systems were in place to encourage people, their relatives and staff to share their views. Most people said they had received questionnaires or a telephone call from the service which enabled them to discuss their care requirements and to raise any concerns.
- Regular communication and newsletters were sent to people and their relatives from the provider to inform them of any internal local or national changes.
- Staff told us the management team was supportive and approachable. They spoke positively about the responsiveness of the managers and the culture of the service.
- Staff told us they enjoyed working for the service. The achievements and approach of staff were recognised and celebrated.

Continuous learning and improving care

- The registered manager and management team had developed clear processes to follow when things went wrong, and any lessons learnt were shared with staff. There was a strong focus on continuous learning and sharing good practices.

Working in partnership with others

- The service worked well with key partners, people's relatives and other stakeholders. These partnerships had helped to sustain good practices and communication resulting in good outcomes for people such as seamless delivery of care when there had been changes in people's medicines or care needs.