Midshires Care Limited

Helping Hands Guildford

Inspection report

Regis Building
Guildford Business Park Road
Guildford
GU2 8XG

Date of inspection visit:
31 August 2022
01 September 2022
12 September 2022

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28 October 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 Guildford is a homecare agency providing care to people in their own homes. The service is registered to provide care to older people, people living with sensory impairments, mental health needs, dementia, physical disabilities and learning disabilities and/or autistic 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. There were 24 people receiving personal care at the time of the inspection.

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

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Right Support:
Staff supported people to live as independently as possible and be in control of their daily lives. People were provided with a choice in all their decision-making and families were involved where they wanted to be. People's risks in relation to their care were managed and staff understood how to maintain people's independence. There were sufficient staff to cover visits and people told us that they were generally on time with no missed visits. Where staff had arrived late for their calls, the registered manager tracked this and people were informed. We were assured that the service were following good infection prevention and control procedures to keep people safe.

Right Care:
People and their relatives told us they felt supported by staff in a kind, caring and dignified way. People's differences were respected by staff and they had undertaken relevant training to effectively support people. People told us that the care was generally consistent and that staff knew them well. People's right to privacy was respected and staff encouraged people to provide feedback about the care provided. Care plans were personalised and included information on people's healthcare needs, preferences and hobbies. Care plans included information on the support staff provided in relation to oral care.

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.

Right Culture:
The culture of the service was open, inclusive and empowered people to live independent lives. People and their relatives were complimentary about the service, and felt their ideas and concerns would be listened to by the management team. People told us they felt that staff had helped them become more confident and independent where this was possible. Management had undertaken audits to look at ways of improving the service and identifying issues. Staff were generally complimentary about the registered manager and told us they were able to raise concerns.

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 May 2021 and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Helping Hands Guildford

Detailed findings

Background to this inspection

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

Inspection team
The inspection was carried out by one inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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 registered manager would be in the office to support the inspection.

Inspection activity started on 31 August 2022 and ended on 12 September 2022. We visited the location's office on 31 August 2022.

What we did before the inspection
We reviewed the information we held since the service's registration. We sought feedback from the local

authority 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 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 all this information to plan our inspection.

During the inspection
We spoke with three people who used the service and 11 relatives to hear about their experience of the care provided. We spoke with nine members of staff including the registered manager, a care and training practitioner and carers. We reviewed a range of records. This included four people's care plans and risk assessments, and three people's medication records. We looked at four staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Good

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

- People and their relatives told us they felt safe from the risk of abuse when staff undertook care visits in their home. One person told us, "I don't feel they put me in danger." A relative told us in relation to safety, "Yes I do very much. They are very attentive to her. They notify me if they spot any problems such as if something in the house doesn't look right."
- Staff told us they understood what constituted abuse and the steps they would take if they suspected abuse. One member of staff told us, "There are different kinds of abuse, they can be financial, verbal, physical. Physical abuse is if you see a bruise. I must report to my line manager immediately. I will go to CQC if I need to whistle-blow."
- There was a whistleblowing and safeguarding policy in place and staff told us they had undertaken relevant training. One member of staff told us, "I have done the safeguarding online training."

Assessing risk, safety monitoring and management

- People and their relatives told us staff took appropriate steps to manage risks to them including the risk of falling and developing pressure areas whilst maintaining their independence. One relative told us, "They know how to use the equipment."
- Staff told us they knew how to reduce potential risks to people. One member of staff told us in relation to undertaking dynamic risk assessments, "You do a risk assessment in your head, make sure there's no wires and no rips in the sling." Another member of staff told us, "All the clients have a risk assessment. It explains everything."
- Where people had specific risks in relation to their care, there were clear instructions recorded within risk assessments for staff to follow. For example, where a person was at risk of falling, there were steps for staff to follow such as ensuring an Occupational Therapy (OT) referral was made to reduce the risk of falls and for staff to ensure that relevant equipment was within reach.
- Staff had undertaken risk assessments in relation to people's skin integrity which included information on people's ability to move and the assistance staff should provide to reduce the risk of experiencing pressure areas.
- We reviewed the service's contingency plan which prioritised people based on their needs and if they left alone. This was in place to be used in the event of an emergency, for example if multiple staff were unable to work due to sickness.

Staffing and recruitment

- The provider operated safe recruitment practices when employing new staff. This included requesting references from previous employers, identity checks, right-to-work checks and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions

held on the Police National Computer. The information helps employers make safer recruitment decisions.
● People using the service and relatives told us they had not experienced missed visits and that visits were usually on time. One person told us, "They take extra time when they need to." A relative told us, "They have been late a few times but they phone. They are not rushed, there is plenty of time." Another relative told us, "Not missed calls but sometimes they can't avoid being late but they let us know." A third relative told us, "They are always on time."
● The provider told us they had plans in place to cover short-notice staff sickness and other events. There was an electronic monitoring system in place which the registered manager regularly reviewed. This flagged to the registered manager when staff were running late and the registered manager had addressed lateness which was reduced as a result.

Using medicines safely
● There were systems in place to ensure medicines were recorded appropriately. For example, there were electronic medication administration records (EMARs) in place for people's medicines to be recorded in. EMARs included information on the dosage, what the medicine was prescribed for and the route of administration. One relative told us, "All of the medication is given in the morning and they let me know if it is running low."
● Where people were prescribed 'when required' medicines (PRN), there were clear plans for staff to follow on how to recognise that an individual may need their PRN medicines and the maximum they are able to have in one day. For example, where a person was prescribed pain-relief, this was clearly recorded in the PRN plan including the location of the pain.
● There were medication policies in place including for the administration, recording and safe disposal of medicines.
● Staff had completed training and undergone competency checks for the administration of medicines to ensure they had the skills required to give medicines. One member of staff told us, "We had medication training and observations."

Preventing and controlling infection
● People and their relatives told us staff followed good infection prevention and control (IPC) practice. One person told us, "[Staff wear] masks and aprons and gloves." A relative told us, "They wear full uniform, name badges and PPE (personal protective equipment)."
● The registered manager told us they had adequate supplies of PPE to ensure staff always had sufficient stock for their care visits. There were systems in place to ensure staff stock was topped up regularly. One member of staff told us, "There's always been enough PPE."
● The registered manager undertook regular spot checks to ensure staff were following national IPC guidelines.
● Staff told us they had undertaken relevant training and understood national guidelines in relation to the appropriate use of PPE. One member of staff told us in relation to COVID-19 training, "We had infection control training."

Learning lessons when things go wrong
● There were systems in place to ensure accidents and incidents were recorded and any lessons learnt shared. Staff told us they understood their responsibility to raise concerns and record incidents and accidents appropriately. One member of staff told us, "I would always report accidents to the manager or the on-call."
● The provider completed an analysis and a tracker of accidents and incidents to see where risks could be reduced further in order to reduce the likelihood of recurrence. The provider used an electronic tracker which included when the incident had occurred, who had been notified and any other steps taken to ensure

lessons could be learnt.

●The registered manager understood their responsibility in reporting incidents to appropriate agencies, such as the local authority or the Care Quality Commission. We saw in incident reports that this had happened.

Good

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 of 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 provider had assessed information about the individual prior to agreeing to take on a package of care. Assessments were completed through a combination of in-person visits and telephone calls. Assessments included involving an individual's family and other loved ones. One relative told us, "They did the pre-assessment about 9 months ago. [Registered manager] came [and undertook the assessment]." Another relative told us, "They did a pre-assessment with me and my sister."
- Assessments included information about the prospective service user's allergies, communication methods, general preferences, goals, religious needs and medical conditions.
- The provider was aware of their responsibility to deliver care in line with national standards, guidance and the law. The service had provided training for staff which included Right Support, Right Care, Right Culture. At the time of the inspection, the service was not providing a regulated activity to anybody with a learning disability and/or autistic people. Several staff had undertaken this training and were ready to provide the support if the provider was to start a package of care for a person with a learning disability and/or autistic people. We saw certificates which showed that staff had undertaken the relevant training. This meant they were able to provide people with the appropriate care.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff had the skills and experience to provide effective care. One person told us, "Yes I think they are well trained. They are a 'good match'."
- Staff told us they had received induction training, regular refreshers and competency checks. Training was delivered partly in-person, such as medication and moving and handling training. Other training was delivered as online training. One member of staff told us, "I did two days' face to face practical training. After that then I did the theory."
- Training modules included autism awareness and training to support people with a learning disability.
- The registered manager had undertaken regular supervisions and spot checks to monitor staff performance and provide support. One member of staff told us, "I've had a spot check. They check everything."
- We saw in supervision records we reviewed that staff described their personal and work challenges and stated that they felt able to speak to their manager should they wish to. Supervisions were also an opportunity to address training requirements and how these could be met to improve the quality of life of people they supported.

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

- Where people were supported with their meal preparation, they were encouraged to maintain a

nutritionally balanced diet whilst their choices were respected. One relative told us, "I told them to give her two meal choices." Another relative told us, "We are going to get an extra visit at lunch to see if she is eating. We experiment with choices to get her to eat."
● Staff had undertaken training in food safety to ensure they had the skills to prepare nutritionally balanced meals in line with national standards. One member of staff told us, "We recently suggested something with a bit more protein and vegetables rather than just a ready meal. It's about giving him a good diet."
● Staff understood their responsibility in encouraging people to maintain their independence in relation to meal preparation. One member of staff told us, "We ask him if he wants to do it himself."
● People's care plans and risk assessments highlighted the level of support to be provided by carers, the involvement of people's families and preferences. These also highlighted how food should be prepared in line with people's cultural or religious wishes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Whilst the majority of people preferred to organise their own healthcare appointments with the support of their relatives, they told us that they felt supported by staff should they change their minds or if their health was to deteriorate. One relative told us, "[Person] is at hospital today [with the support of carers]."
● Staff understood their responsibilities in relation to ensuring that people had access to healthcare services when they needed this. One member of staff told us, "I would ring 999 and then I would ring my manager."
● We saw in care records that staff had liaised with the local authority, healthcare professionals and relatives to ensure healthcare needs were met in a timely manner. For example, staff had recorded if an individual wished for carers to contact healthcare professionals on their behalf and the steps staff should take.
● There were systems in place to ensure changes in healthcare needs were communicated effectively with the relative responsible for people's care in line with the person's wishes. One relative told us, "They called to let me know he wasn't very well and I organised a GP to go out to him."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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

● All people who used the service had capacity to make decisions in relation to their day-to-day care. People's relatives and staff supported them to make decisions in line with their wishes. One person told us, "They know what to do but ask my consent." One relative told us, "They always have her best interests at heart."
● There were systems in place to assess people's capacity should this be required.
● Staff had undertaken training in relation to the MCA and understood the principles. One member of staff

told us, "MCA means you have to give them the tools to make their own choice from the options. I would tell the manager if they are confused."

Good

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 of 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; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were respectful, kind and attentive. One person told us, "Very caring very attentive. Always ask if they can do anymore before they leave."

One relative told us, "They genuinely care for her and what she is doing." Another relative told us, "They are friendly, helpful and caring."

- The provider understood their responsibilities in relation to ensuring people were supported to maintain their independence and the importance of goals and objectives. They had undertaken training and had plans in place to ensure all relevant staff had completed their training prior to supporting people with a learning disability and/or autistic people.
- Staff had undertaken training for Equality and Diversity and told us they understood their role in relation to this. One member of staff told us, "Some people's lifestyles are different. No matter their background, everyone is a person. We did training and all staff have to do this." We saw staff had also undertaken training for Awareness of Mental Health, Dementia and Learning Disabilities during their induction.
- Where people had religious or cultural needs, they were supported by staff who understood these and took the time to support people appropriately. One member of staff told us, "She likes to read the bible in privacy and we respect that. She visits the church with her live-in carer."
- People were supported by the same care staff where this was possible in order for people to feel as comfortable as possible and to respect their right to privacy. One person told us, "They are well trained and well matched as we have a rota [for which staff will visit]."

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

- People and their relatives told us they were involved in making decisions about their care. One person told us, "I have full capacity and my wife was there." One relative told us, "Yes, I`m fully involved in his care and they do listen!"
- We saw in care records that people and their relatives had been involved in their care. For example, it was clearly recorded which relative was to be contacted in relation to decision-making which was in line with people's preferences. We also saw that people had consented to their care plans were involved throughout and able to say if they disagreed with a care plan.

Good

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 of 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; 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

- Care plans were personalised with steps for staff to take to support the individual appropriately in line with their needs and wishes. Care plans included information on people's medical history, hobbies, interests, how to enter and leave the house safely, and people's preferences. One person told us, "Involved? Yes, absolutely." A relative told us, "Yes there is a care plan and I feel involved."
- Where a person had particular wishes in relation to how they would like staff to conduct themselves, this was clearly recorded in the care plan including to offer options to go for a walk.
- Staff told us they had the time to read care plans and informed the provider if there had been changes to people's needs so that care plans could be updated. One member of staff told us, "I have read her care plan. I do have enough time to read it."
- Whilst the service was not providing people with support for activities at the time of the inspection, they told us they felt staff were flexible should they request this. For example, to attend a hospital appointment or to go for a walk. One relative told us, "They are open to suggestions." Another relative told us, "They ring the office and the office calls me."
- Care plans included information on people's oral health care arrangements. For example, care plans detailed the support staff should offer to people based on their preferences and needs.

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 were recorded in their care plans and there was information on how to effectively communicate with the individual. For example, care plans informed staff whether people were able to express themselves and the level of ability. Care plans also included information on whether people required additional support in line with the Accessible Information Standard.
- Policies and procedures were available in different formats such as large print and easy-read. There was nobody using large print or easy-read formats at the time of the inspection, but the documentation was available in case it was needed.

Improving care quality in response to complaints or concerns

● People and their relatives told us they knew how to complain, and they felt confident action would be taken in response. One person told us, "No complaints but if I did, I have a number [to call]." A relative told us, "Yes, I would feel comfortable [to complain].".
● The provider had a complaints procedure in place and people told us they felt confident this was effective. One relative told us that they had complained about a minor issue when the package of care was initially started and that the registered manager resolved this in a timely manner, "Things weren't running smoothly in the beginning and things were quickly addressed."
● We saw where complaints had been received, these had been investigated by the registered manager and steps were taken to prevent these from happening again.

End of life care and support
● At the time of the inspection, there was nobody being supported with end of life care. Where people wished to discuss arrangements for their end of life care, staff supported people with this. One relative told us, "We have spoken about his changing needs and they have assured they will do whatever required."
● We saw in care records that end of life care had been considered by the registered manager in line with people's wishes. For example, one person had details recorded in the care plan which informed staff that the person wished to remain at home and comfortable if their health was to deteriorate.

Good

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 of 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

● People and their relatives told us the culture of the service was inclusive, person-centred and empowered them. People were complimentary about the management of the service. One person told us, "Yes, it's well-led." Another person told us, "I`d recommend - and I have done." A relative told us, "I`m always empowered to 'speak up'." Another relative told us, "I think it`s well managed." A third relative told us, "Little things mean a lot! Yes, I do recommend." Another person told us, "Yes, I'd recommend totally for the care I've received. They are kind, attentive and polite. They are what carers should be."

● Staff told us the registered manager was approachable and spoke positively of them. One member of staff told us, "I think she manages it really well." Another member of staff told us, "[Registered manager] is approachable." A third member of staff commented, "I do have enough support. She's always there. They never let me down."

● The registered manager told us they operated an open-door policy and were always available for staff to contact them should they require support.

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

● Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) about important events that happen in the service. The provider had informed the CQC of events including significant incidents and safeguarding concerns.

● Relatives and the local authority had been informed of incidents and concerns, and the registered manager had kept a tracker of significant incidents to ensure they were sharing with relevant parties when something went wrong. One relative told us, "[Person] has had a couple of bruises here and there and they have told me."

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

● There was a structure of governance in place and staff told us they knew what their role was and where to go if they were unsure. One member of staff told us, "[Registered manager] is very supportive. Never had an issue with her." Another member of staff told us, "With my experience and the training we get, I do know what to do. I know where to go if I need any help or training." A third member of staff told us, "[Registered manager] explains everything with plenty of explanations."

● The provider had undertaken regular audits of the quality of care provided and understood their

responsibilities in relation to regulatory requirements. This included compliance audits and action plans as a result of issues that were identified. Where actions could be addressed immediately, this was done. Where there were longer-term actions, there were ongoing plans in place to address these. Audits included reviewing people's medicines, care plans and risk assessments, staff training and branch standards.

● Audits undertaken were comprehensive and detailed with information for managers on the regulatory requirements. The audits aimed to highlight shortfalls so that they could be addressed by the registered manager with the support of the provider.

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

● People and their relatives had the opportunity to provide feedback on the service and told us they felt the registered manager was approachable. Staff had made regular telephone calls and undertaken visits to gather feedback about the care. One person told us, "As a result of 'feedback' they now ring me .I have witnessed spot checks once and the staff do seem happy." Another person told us, "They ring me over the phone and ask questions." A relative told us, "They have left [feedback] forms and I did one."

● Staff told us they felt valued and supported by the registered manager. One member of staff told us, "I definitely feel valued." Another member of staff told us, "I know if I want to do it, then [registered manager] will get it sorted." A third member of staff told us, "I think [registered manager] values what we do every day. She says thank you which means a lot."

● The registered manager held meetings with staff through videocalls and there were systems in place for effective communication. This included discussions updated policies, an opportunity for staff to speak up, and learning from accidents and incidents was shared. One member of staff told us, "I can say there is very good communication [between staff and the registered manager]."

Continuous learning and improving care; Working in partnership with others

● People and their relatives told us they felt the registered manager would listen if they had an idea of how to improve the service for them. One person told us after they made a suggestion on how best to support them, "They listened and are very good actually." A relative told us, "Yes, they do listen. Any issues, I e-mail [the registered manager]."

● Staff told us they had discussed incidents and accidents and how to reduce the risk of them happening again, including how to improve the care provided. A member of staff told us, "We talk about the accidents that have happened and what to do. The communication is great."

● The majority of people's healthcare professionals were contacted by families and this information was provided to the service. We saw in care records that staff had worked with healthcare professionals where this was agreed. For example, where an individual had been referred to a speech and language therapist (SaLT), this was recorded in the relevant risk assessments and staff provided appropriate support in line with healthcare professionals' instructions. There were plans in place should the person's health deteriorate which were written with the input of healthcare professionals where this was appropriate.

● It was clearly recorded in care plans and risk assessments where families did not wish for staff to organise healthcare professionals' input. This was respected by staff and there were systems in place to inform families prior to contacting relevant healthcare professionals, unless this was in an emergency.