

Midshires Care Limited

Helping Hands Swindon

Inspection report

126 Commercial Road
Swindon
Wiltshire
SN1 5PL

Tel: 01793391520
Website: www.helpinghands.co.uk

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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

This inspection took place on 20 July 2018 and was announced. It was the first inspection of Helping Hands Swindon since the service had been registered with the Care Quality Commission in July 2017. We rated the service outstanding.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. People receiving care and support from the service are older adults. Not everyone using the service receives a regulated activity; the CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At the time of our inspection, 36 people were supported with their personal care needs by the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was on annual leave at the time of the inspection.

All the people we contacted said they felt safe because they were supported by staff who knew their needs and were able to support them safely. There was a sufficient number of staff to meet people's needs; people confirmed staffing arrangements met their individual needs. Staff knew about their responsibilities to safeguard people and to report suspected abuse. Risks were identified and appropriate steps were taken to manage them. Robust recruitment procedures were followed to ensure only appropriate staff were recruited to work with vulnerable people. People received their medicines on time and in a safe way.

The management team and staff understood used the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. People were supported by dedicated staff to maintain a well-balanced diet and they were provided with access to health professionals to make sure they were as healthy as possible.

People and their relatives spoke extremely positively about the outstanding care they received and described staff and the provider as extremely kind, caring and friendly. The amount of compliments, both verbal and written, was significant and showed how much people appreciated and recognised the impact of the high quality of care. People emphasized the fact that staff were caring and respectful.

People's relatives confirmed staff showed a high level of compassion towards their family members. People told us the service was reliable and they were kept up to date with changes. Records were well written and individualised, and people had been involved in preparing them. People's privacy was respected and confidentiality was maintained. People were supported by compassionate and caring staff who followed

their preferences.

The service was responsive to supporting people whose needs were complex and tended to change.

Care plans were personalised and centred on people's preferences, views and experiences as well as their care and support needs. People's history, family relationships and religious and cultural needs were taken into account.

People and their relatives were delighted with the kindness and thoughtfulness of staff, which exceeded their expectations of how they would be cared for and supported. People explained how staff went the extra mile for them and assured us they couldn't ask for anything more. People told us the support they received significantly improved their well-being. There was a complaints procedure in place and people felt confident to raise any concerns either with the staff or the registered manager if they needed to.

The service was responsive to people's needs and wishes even if the support people needed proved to exceed their contracted hours. People also said this made a profound difference to their lives.

There was strong leadership with a clear set of values which ran through the service. People using the service and staff told us they were valued by the registered provider. There was a strong culture of staff working in partnership to achieve the best service possible for people using the service. Staff were very positive about their role within the organisation and told us they felt valued. They spoke highly of the strong management team and praised the quality and quantity of training available. Effective quality audit checks were in place and completed regularly to monitor the quality of the service provided.

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.

People were protected from abuse by appropriately trained and recruited staff.

Risks were identified and appropriate steps were taken to reduce them.

Medicines were well managed with good monitoring systems in place to check on staff competency.

Is the service effective?

Good ●

The service was effective.

People's support needs had been holistically assessed to achieve their stated outcomes.

The service was operating within the principles of the Mental Capacity Act 2005.

Staff training, supervision and appraisal were up to date to ensure staff had the skills and knowledge to meet people's needs

Is the service caring?

Good ●

The service was caring.

Staff were motivated to take 'over and above' tasks to ensure people got both physical and emotional support they needed and wanted. People told us the support they received from staff improved their well-being.

People were supported by compassionate and caring staff who listened to people's wishes, suggestions and opinions.

The management team and staff demonstrated their commitment to providing the highest quality care possible.

Is the service responsive?

Good ●

The service was responsive.

The service provided people with personalised care in which emphasis was put on the quality of people's lives and meeting people's needs and preferences.

The actions taken by staff and the management team showed their commitment to reduce people's social isolation.

The service provided people with a wide range of activities to prevent social isolation. People told us they were delighted by events organised by the service.

There was an open and transparent approach to complaints and concerns demonstrating the passion of staff for improving the service.

Is the service well-led?

Good ●

The service was well-led.

The management had produced outstanding characteristics in caring and responsive.

People, their families and staff told us they thought the service was very well-led.

There was strong leadership with clear values that influenced the practice of staff so that high quality care and support was provided.

There were robust systems to assess, monitor and improve the quality of the service people received. People and their relatives were involved in these processes and in the development of the service.

Helping Hands Swindon

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 July 2018 and was announced. We gave the service 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that representatives of the service would be available at the office.

The inspection site visit activity started on 20 July 2018 and ended on 20 July 2018. It included reviewing the records kept in the office and telephone interviews with people using the service. We visited the office location on 20 July 2018 to interview the manager and office staff; and to review care records and policies and procedures.

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. The expert-by-experience who assisted with this inspection had experience in working with elderly people and people living with dementia.

Before the inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We asked the local authority and other relevant professionals if they had any information to share with us about the services provided. Local authorities are responsible for monitoring the quality and funding for people who use the service.

We spoke with five people and six relatives of people using the service, three staff members, the head of

home care and the area manager. The registered manager was on annual leave at the time of the inspection. We also obtained feedback from one health care professional working closely with the service.

We reviewed care plans for four people, four staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

People and their relatives told us the service was safe. One person said, "They help me in and out of bed these days, but I always feel incredibly safe when they are here supporting me".

Staff had a good understanding of the signs of potential abuse and how they should respond if they had any concerns about people's safety or wellbeing. A member of staff told us, "If I suspected any abuse, I would phone the office and report this to my manager. If they did not act on it, I would report it further to the head office".

Risks to people were comprehensively assessed and managed to enable people to live in their own homes safely. Risks assessed included moving and handling, personal care, using specialised equipment and the risk of choking. Associated actions to manage these risks were explained clearly. Staff we spoke with explained how they considered people's safety when they were providing care or support. Staff told us they telephoned the registered manager or updated information in the daily notes to inform staff about changes in people's needs.

These environmental risks assessments were carried out to identify any risks relating to environment, to people and to staff supporting them. People's individual care records detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about access to people's properties, lighting, positions of fire or smoke alarms and the location of 'Control of Substances Hazardous to Health' (COSHH).

Robust recruitment procedures had been followed. Candidates had completed application forms and attended interviews before job offers had been made. Prospective staff had been asked about their skills, motivations for working in care, knowledge and experiences. Any gaps in employment had been explored. Checks had been undertaken through the Disclosure and Barring Service (DBS) to ensure there were no known reasons why staff should not work with vulnerable people and children. References had been sought from previous employers to confirm staff were of good character and had the necessary experiences to carry out their role.

People and their relatives felt there were sufficient numbers of staff to support their needs. People told us they had not experienced any missed calls. One person's relative said, "The traffic round here is very bad, but somehow they do manage to get here within 10 to 15 minutes of their time. We get a list every week so we know who should be coming, and the timings. If the carers are any later, someone will always call us from the office to let us know and make sure that my husband is alright to wait for his carer to get to us. Having said that, it's only happened probably just a couple of times in the last six or so months". One person's relative told us, "We get a list emailed to us every week which tells us who and when they will be coming. We like this because it gives us the reassurance that we're not going to be forgotten. It has proved worthwhile because we've never experienced a totally missed call whatsoever. As far as we're concerned, everything works just like clockwork."

Accidents and incidents were monitored to determine if there were any lessons to be learned or action to be taken to prevent future accidents or incidents reoccurring. This took place on both a service level and provider level. For example, in one of the services run by the same provider, two recent accidents had taken place in which staff had used equipment and techniques that had not been appropriate to people's needs. The service had taken action to prevent future occurrences of this kind. Referral to a specialist healthcare professional and an order for new equipment had been placed and the information about the accidents and the outcome had been shared across the organisation.

Staff received medicines awareness training, which included administering medicines safely. Their competency was assessed by the trainer during the session and feedback was given to the registered manager and the deputy. Medicines records were well completed, with no gaps, so we could see people had been given their medicines as prescribed. One person told us, "The carer gets my tablets out of the box for me where the pharmacist has put all the doses, she passes me a drink and when she's seen that I've taken them, it will get written up in the notes in my purple folder. It works very well and I find it much easier having them remind me about them because I think I'd be bound to forget these days otherwise".

People told us staff wore aprons and gloves when providing care. Staff assured us they had sufficient amounts of Personal Protective Equipment (PPE).

There were robust contingency plans in place in case of an untoward event. The contingency plan assessed the risk of such events as fire or bad weather conditions.

Is the service effective?

Our findings

People told us staff were well-trained, competent and attentive to their needs. One person said, "As far as I'm concerned, everything that I need help with, they seem to have the right skills. They usually tell me when they've been on some update training as well which seems to happen quite often". One person's relative told us, "I'm a retired nurse myself, so I think I expect high standards from carers. I have been absolutely impressed with the quality of the carers and the training that they obviously get, because, in all the 14 months I've been looking after my mother, she has been confined to bed. Not once in all these months has she had even the slightest red mark on her skin. With the best will in the world, it takes good knowledge and good care to be able to achieve that in a lady who is quite frail now".

People were cared for by well trained, competent staff. The service provided excellent training and development to their staff. This support enabled staff to put their learning into practice and deliver care that met people's individual needs. People benefited from the skilled staff team, and highly trained and well-supported staff ensured a high standard of care. A member of staff told us, "I love training. It is really good and really informative. I put into practice things I learned during training. Things like filling the boxes in front of the medication administration records (MAR) sheets. I was able to ask questions on my training to clarify. I always ask them for additional training and they accommodate this". We saw evidence that staff received training in such subjects as safeguarding, infection control, basic life support and moving and handling.

The service utilised the provider's clinical team in order to provide more specialised training. For example, Percutaneous Endoscopic Gastrostomy (PEG) training. This is for people who require a specialised feeding tube. This training was carried out in a clinical training room and staff were able to listen to the theoretical part of the training and then participate actively in the practical part of the training.

We found the provider was always seeking opportunities to enhance staff's knowledge and professional development. The dementia awareness training was provided by a dementia specialist who was looking for unique methods of making staff aware of what it is like to be a person living with dementia. The training developed by the dementia specialist was a part of the induction training. This involved adapting clothes, wearing equipment with sound downloaded from the internet. This provided staff with the 'symptoms and effects' of dementia. Staff were then issued with instructions to follow in order to complete a simple task. Staff told us they found the experience to have had quite an impact on them and it had given them a whole new perspective on how people with dementia may feel and view the environment around them.

The management team demonstrated their commitment to ensuring staff could learn and develop their professional skills from the outset of their employment. New staff were supported to learn about the organisational policies and procedures as well as about peoples' needs. All new members of staff received an induction to ensure they were able to carry out their duties effectively and they were supported to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. The service aimed for the Care Certificate to be completed by new members of staff within the first 12 weeks of their employment. In addition to completing the induction training, new staff were provided with opportunities to shadow more experienced staff. All new starters had

their competencies checked and signed off by a senior member of staff before they started working independently. The competency checklist included such topics as effective use of verbal and non-verbal communication methods, promoting dignity and respect and pressure care.

Once the carers had completed their dementia awareness training, they were enrolled to complete the silver dementia training. The silver dementia training was in-depth training providing staff with essential knowledge and allowing them to care for individuals with all kinds and all levels of dementia in a person-centred and solution focussed way.

People's care and social needs were holistically assessed, and their care and support delivered in line with evidence-based guidance. The registered manager told us they looked for external resources to improve the quality of care. This included resources available from The National Institute for Health and Care Excellence (NICE) and Arthritis Research UK. For example, the service had included guidance on various therapies in people's care, ranging from arthroplasty and arthrodesis to acupuncture and aromatherapy. One person's relative wrote to us, "[The registered manager] came to the hospital to meet my wife, myself and my son. She understood our situation very quickly and we came to a sensible care plan for when my wife was to be discharged. Helping Hands were present at my house to greet my wife and to set the care plan going. A weekly rota was handed to me so that I would know the names of the various carers who would be coming at various times on each day. This enabled me to enjoy a bit of freedom, which I had not been able to do for some years". Another person told us how they were able to decide about their care during the initial stages. The person said, "We were asked what times we would like the visits to happen, how we wanted the care spread out during the week and whether we preferred male or female carers. The agency listened to us fully and we have the care we wanted as set out at that first meeting. When I first started, [the registered manager] asked me to try out a few of the carers and then let her know who I thought I would get on better with, which I did and I've been pleased because I've been able to have those carers that I wanted from the very start".

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be the least restrictive possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. Some people who used the service did require constant support to keep them safe.

Staff we spoke with were knowledgeable about the principles of the MCA, and how it was applied on a day-to-day basis for people who used the service. Staff gave us examples of how they promoted people's right to make choices. One person told us, "None of my carers ever force me to do anything that I don't wish to do. It's like, in this hot weather, I haven't always felt like having a shower so they have helped me with a strip wash instead. Because I've known them for a long time now, they just fit in with whatever I want to do from one visit to the next". Another person said, "They always ask me if I'm ready to make a start in the morning, or when they come in at lunchtime, they find out if I'm ready to eat. It just seems to be more of a general conversation rather than actually making sure I give them their consent every time to do something. It works for me just as it is". A member of staff said, "The MCA is about ensuring that people can decide for themselves. If they lack capacity the decision undertaken must be always in the best interest of the person".

People benefited from excellent communication among staff. Staff in different roles within the service

recognised the importance of keeping in touch with their colleagues to ensure they supported people in the best way possible and in line with people's current needs. Staff were encouraged to contact the office if they had any concerns, including reporting changes in people's mental and physical well-being. Staff involved other health agencies such as GPs and district nurses as they were needed in response to people's changing needs. Records and feedback from health and social care professionals showed there was good teamwork.

People benefited from a responsive service that helped to improve their health and well-being. We saw evidence of how the consistent support from the service had enabled a person to improve their health and mobility. This had resulted in the person regaining their skills, and as a consequence, the service had been able to reduce the support needed by the person. Once the person had been able to mobilise with their zimmer frame, they had expressed the wish to 'be able to go outside of four walls and enjoy life again'. With the support of staff, the person in question had been able to walk outside and to return back home to their family. One person's relative told us, "Just the other day my mother was being taken off to hospital. As the carer arrived, they must have reported back to the office because a bit later on in the day I got a call from them asking how she was and whether there was anything they could do to support us. It's just that type of thing that makes them stand out from the crowd".

People were supported to reduce the risk of malnutrition and dehydration. Care plans and risk assessments stated people's hydration and nutrition needs, ability to eat and drink, willingness to eat and drink, medical history, regular client reviews and daily updates. One person told us, "I haven't got much of an appetite these days, so my carers will ask me if I'd like them to help me prepare anything for my meals when they come to see me. Sometimes I will get them to do me something, and other times I just tell them that I'm alright until a bit later. They do try to encourage me to eat, and I do tell them that that's fine and I know it's my responsibility to make sure I eat enough to keep me going, but they do respect my wishes". Another person told us, "They help me with most of my meals. They always ask me what I fancy to eat and if I can't remember what I've got, then they'll have a look in the fridge and the freezer to remind me before I make up my mind. They always make me a hot drink first thing when they come through the door, and they will usually leave me with another warm drink and some water close by in case I get thirsty".

Is the service caring?

Our findings

People and their relatives told us that staff were exceptionally caring and person centred. One person said, "I have only ever been treated with kindness, consideration and compassion for both my age and the health condition that I find myself in". One person's relative told us, "I have been so impressed with how they are caring for mum and I always get a call from them if they are in anyway concerned about anything to do with her overall health or well-being. Nothing is a surprise to me when I go visit and that's important to me to know that". Another person's relative expressed their gratitude to staff saying, "Dad's carers have been a real lifeline for him and given him a new lease of life which we couldn't see happening until quite recently. I really don't know what we would do without them".

Each person we contacted told us staff treated them with dignity and respect and ensured their privacy was upheld when personal care was being delivered. A member of staff told us, "We do care about people's privacy and dignity. I always reassure people that everything is OK and they are safe". Another member of staff explained to us how they ensured people's privacy, "I always shut the curtain and use dignity towels. I cover up the top part of the body when helping with the personal care of the bottom of the body and then I swap".

People were always introduced to a member of staff who would be delivering their care prior to these visits. People told us the same staff attended to their needs to provide continuity of care and the staff that attended their calls understood their needs, preferences and abilities. One person said, "My carers are like members of the family now. They know me so well that they just get on and do everything that I need help with and we have a bit of a laugh and a chat whilst they're doing it. I wouldn't be without them".

We spoke to a person who had made some significant changes to their way of life and their appearance. Staff were sensitive to the impact these changes had made to the person's relationship with others. Staff helped the person to explore their needs and preferences so they felt comfortable and confident receiving personal care from staff. The person told us, "These days, I really wouldn't be able to have a shower without having a carer here to support me. I hate being smelly, and in this weather it's even more important to me that I get my regular showers. When the carer is here, they can help me with those parts that I can't reach any more, but importantly, they still let me take my time and do the parts of my body that I can still do for myself".

The service matched staff with people as accurately as possible to promote positive relationships which would put people at ease when receiving care. They aimed to match people and staff with similar interests, likes and dislikes or a sense of humour. One person's relative told us, "From what mum tells me, she likes the fact that the carers know her well and she doesn't have to constantly explain everything she needs help with. She likes being able to have a chat with her carers while they just get on and do things for her".

Relatives told us the level of care often exceeded what people expected or paid for. One person's relative said, "Nothing is too much trouble. When they sit with my husband, there's not much they have to do, but they always ask me if they can help me out by doing any housework for me. I came back recently to find all

the ironing done for me. It's just a small thing but it makes my life so much easier". Another person's relative told us, "When Mum was rushed to hospital, they rang me on a number of occasions to see how she was and whether there was anything they could do for us". Another person's relative wrote, "They are a lifeline for my mum who has Alzheimer's".

The service was exceptional at helping people to express their views. Staff used a variety of tools to communicate with people according to their needs. Staff used innovative and creative ways to communicate with people. For example, the service provided care and support to a person with learning difficulties who struggled with reading and writing. The service created a calendar with pictures for the person to keep on the person's fridge so they know what to expect for each visit and when each visit is due to take place. This enabled the person to live as independently as possible at home reducing their anxiety levels and number of missed appointments.

Staff used Makaton in order to communicate with another person who was unable to communicate verbally. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.

We saw the evidence that people who were no longer able to travel and wished to speak to families and friends living abroad were assisted by the service to use computer applications to communicate with them. This provided one person with opportunity to speak to their family they were not able to speak for a long period of time.

Staff were instructed on how to communicate with people with sensory impairment. They were instructed to speak clear and loudly but also when necessary to speak in a calm soft voice. For example, one person had sensitive hearing and did not like noises and loud voices.

People told us that staff encouraged them to retain their independence which helped to improve their quality of life. One person said, "When I first came out of hospital, I started out with twice the amount of care that I have now. That's mainly due to the fact that my carers have supported me whilst I have regained my strength and have allowed me to take my time and do some of the jobs for myself. It's all down to them that I've been able to do that and I can't thank them enough".

A review of the written compliments received by the service in the last 12 months showed there was a significant amount of highly complimentary feedback. One person wrote, "The carers manage the tricky balance of punctuality, efficiency and skill at the same time as being friendly and caring".

People wrote about how the exceptionally caring nature of the service had allowed them to recover and improve their health and well-being. One person wrote in their letter, "I would be grateful if you would pass on my grateful thanks to all the carers who have looked at me for the past weeks. Apparently, my neck was completely healed which is a great relief". Another person's relative wrote, "Helping Hands Swindon have been fantastic in supporting my mother in law to continue caring for my father in law who has dementia and Parkinson's. [The registered manager] really listened to their needs when we first met with her and has ensured these needs have been consistently met. It was important to my mother in law that the carer developed a consistent, trusting relationship with my father in law and this has been provided and exceeded our expectations with [name] his main carer being a huge practical and emotional support to my father in law and helping him with his challenges and making him laugh. This also had a very positive impact on my mother in law who can now have a little time to herself knowing he is well cared for".

People told us that staff had developed positive relationships with them. The service remembered about events important to people such as their birthdays or anniversaries. People, in turn, remembered about the staff. For example, we saw the photos of staff enjoying their birthday cake prepared by a person.

An equality and diversity policy was in place at the service. There were procedures for people's cultural and religious backgrounds as well as people's gender and sexual orientation to be recognised at the initial assessment stage and respected within the service. Staff received training in equality and diversity.

Staff were aware of their responsibilities in confidentiality and preserved information securely. They knew they were bound by a legal duty of confidentiality to protect personal information they may encounter during the course of their work. The registered manager had high regard for confidentiality and said they always aimed to ensure that staff knew how to access and how to share any personal information safely at all times.

Is the service responsive?

Our findings

People benefited from a service that put them at the heart of how it was run. People and their relatives repeatedly told us how the service went over and above to meet the needs of people. One person remarked, "I have to say that [the registered manager] in particular, is excellent, she always says that if I need anything, or I need to change an appointment or add any extra care even at short notice, she will do her best to try and help. I think on the last four occasions when I have had to give her a call, she's been able to help me out every time. Nothing is too much trouble". One person's relative told us, "I only spoke to [the registered manager] a few days ago because I have the opportunity to go away this weekend and she's arranged to put in one of my husband's regular carers who will actually live in with him over the weekend whilst I am away. I only rarely have time off to myself and I have to say [the registered manager] has been such a great support to me because she always bends over backwards to make sure that she can accommodate me when I do get the opportunity to have a little time for myself. It takes a lot for me to leave my husband to be looked after by someone else, but the agency has proven to be capable of the task and I wouldn't trust him to anybody else now".

One person's relative wrote to us, "Helping Hands have proved themselves head and shoulders above the others in our area. Their management is very responsive, caring, flexible and professional. Their carers are of a high calibre with the initiative to call an ambulance or to take other urgent measures in the best interests of their patient, time keeping whatever the weather or traffic conditions is good. I couldn't wish for better care for my wife nor to have more polite, congenial carers in our house". Another person's relative wrote, "[The registered manager] goes the extra mile even when I need a care with short notice. I can leave my husband confident that he will be looked after to the high standard that I expect and he has no complaints when I get home".

We saw the evidence that the service liaised with other health care professionals in order to provide staff with instruction on how to work with people safely. These included not only instruction on how to transfer people but also instruction on how to provide people with physio exercises. In their course of work with people who required physio exercises staff used such equipment as balls, peanut balls and physio hoops. As a result of continuous physio exercises the person was able to remain independent and run their own ceramic enterprise.

Our interviews with staff showed their diligence and commitment to the people they cared for. Records of care and conversations with people showed staff were prepared to 'go the extra mile'. We saw evidence that when people had been unwell, staff had stayed with them over their contractual hours to assist them to see health care professionals. A health care professional told us, "I have always found them to be professional, client-focused and friendly. When I've had issues with other agencies, I know I can rely on Helping Hands. They are flexible in regard to the patients we refer. From full personal care to weekly well-being checks, it can be timetabled or flexi-times. All feedback from patients and carers has been positive".

People were protected from social isolation by staff who had a thorough knowledge of people, their habits and preferences. One person's relative wrote to us, "Each day the carer comes and goes upstairs to check on

[the person], then escorts her downstairs and prepares her breakfast before taking her out into the town for coffee and shopping. My wife thus has her life enhanced by getting out to see the world going out, shopping and having the odd chat with someone she knows or just engages in conversation with her carer. My life is now a lot more relaxed than it had been since my wife's problems began". It was really important for some people to access the local community and stay in touch with their friends. This was accommodated by the service and we saw evidence that people were able to access the community as they wished with the assistance of staff.

The service employed unique and innovative techniques to provide people with activities. The service used different IT applications to meet the different needs of people. For example, some people benefited from a communication applications. Using a tablet application enabled another person to see the places where they had lived, went to school or where they met their wife. This provided them with stimulation and enabled to bring back their memories from the past.

People and their relatives told us they had been involved in discussions about their individual needs and wishes and had contributed to the development and continual review of their care plans. Care and support plans were personalised and people were involved in designing how and when their care would be provided. The care plans contained relevant and current information about everything that was important to people so that staff could provide personalised care and meet people's individual needs. These included an individual's circle of life, their needs and preferences and consent to care.

Some of people had pets which required care and attention. As some of people were not able to care for them due to their condition, staff dedicated their own time to take care about the pets. There were care plans designed for pets called 'Puppy Pals'. These care plans detailed pets' likes and dislikes, walk routes and their favourite foods. This allowed people to maintain their relationships with their pets.

The provider encouraged feedback through various means including home visits and care surveys sent out twice a year. All feedback was then analysed and acted upon. For example, one person had wanted a more itemised invoice showing hours and minutes. This was arranged and now all invoices were arranged this way. One person's relative wrote to us, "Special requests such as a change of carer are always tactfully dealt with by Helping Hands, usually by [the registered manager]. [The registered manager] often phones me to make sure that I am OK and everything is alright with [the person]. I do not know how she finds time to do these things but they are greatly appreciated".

People and their relatives told us that reviews of people's needs were regular and they were able to contribute to them. One person said, "I'm usually asked that when I have a review meeting with [the registered manager], I also recall being telephoned by somebody in the office who again asked if I was happy with everything and if needed, they would have sent someone round to see me to discuss it". One person's relative told us, "We have one each year and in between if we feel that my husband's health is deteriorating, we only have to phone the office and they will arrange for another review".

People told us they had not needed to complain but knew how to make a complaint. One person told us, "I've been with the agency for a number of years now and I'm being honest when I tell you I've not had a single thing that I've needed to make a complaint about. However, if I did have a problem, then I would definitely take it up with [the registered manager] or somebody else on the management side. I certainly wouldn't suffer in silence". Another person told us, "The contact numbers are in my folder here. I've only had to phone the office once or twice when I've needed to change a visit time because of a hospital appointment and they have always told me that I mustn't worry about it, because they will always be able to help me out, because they realise how long you sometimes have to wait to get an appointment".

The service effectively delivered end of life care. We saw evidence that the service provided necessary comfort measures to people reaching the end of their life. For example, when a person had a high temperature staff applied a cold compress, opened the window and pulled down the duvet. Staff regularly cleaned the person's mouth, and dimmed light to give the person rest and privacy. Staff spent the time as the person wished, for example, reading books to the person.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in The Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives praised the registered manager and told us that they could always contact the office. One person said, "The office number can be used to get straight through to the office staff during the day and also on the rare occasion when I need to phone when the office is shut, the telephone number just directs me through to whoever has the on-call phone. On the few occasions when I have called the agency, the phone has always been picked up properly and there's always been someone there who could answer my query".

There was strong leadership with a clear set of values which ran through the service. People using the service and staff were equally valued. There was commitment to providing high quality care and energy to help the service improve and develop to match the changing needs of adult social care.

A staffing structure which gave clear lines of accountability and responsibility was also established. Staff were aware of their managers' roles and responsibilities. The morale of staff was high because they could rely on the help and support from their managers. A member of staff told us, "I feel supported, there is always someone to talk to you in the office".

Staff said that there was an open culture within the service as they knew their views and opinions were always taken into consideration by the registered manager. They also said they were fully involved in the running of the service and their opinions and suggestions contributed to its enhancement. They were kept informed of any changes affecting the service.

The service cooperated closely with health and social care professionals to achieve the highest possible standard of care for people they supported. People's needs were accurately reflected in detailed plans of care and risk assessments. People's records were of good quality and fully completed as appropriate.

Policies and procedures were detailed and gave appropriate information to staff, people using the service and their relatives, and were fit for purpose. We saw that both the policies and the procedures had been reviewed. There was a system in place for ensuring staff had read and understood them.

Audits and checks were carried out to monitor the safety and quality of care. The management team carried out detailed audits in various areas. For example, they conducted a medicines audit, a daily log audit and a training audit. Once the audits were completed, the registered manager used them to identify areas where improvements were needed and a relevant action plan was put in place. For example, a medication audit had found that staff had not counted the tablets in stock. It had been immediately actioned by the service.

Staff meetings were held on a regular basis, where two-way communication took place to consult and gain feedback from staff. We saw that during these meetings staff were able to discuss branch performance or records keeping.

The achievements of the service were recognised by the provider who had awarded them with the regional branch of the year award.

An incentive scheme for staff had been introduced which involved the presentation of a small gift when a member of staff had gone beyond the call of duty. For example, a member of staff had covered work at a short notice when they had not been scheduled to work. This initiative had been received well, improved staff's morale and commitment, and was welcome by staff as a genuine recognition of their efforts.