

Midshires Care Limited

# Helping Hands York

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Helping Hands York is a domiciliary care service which is registered to provide personal care to people living with dementia, eating disorders, learning disabilities or autistic spectrum disorder, mental health and people who misuse drugs and alcohol. At the time of the inspection the service provided support to 43 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Care provided was person centred. People were encouraged to get out and about in their communities and were supported to visit the office. Staff held weekly themed meals where people and staff mingled and enjoyed each other's company. People and their relatives told us they were very happy with the service provided.

People received safe care and support because systems and processes in place ensured any risks were safely managed by staff, and their needs met with minimal restrictions in place. Staff had received training and clear guidance was followed to help people to understand how to remain safe from avoidable harm and abuse.

Medicines were managed and administered safely. Records confirmed people had received their medicines as prescribed.

People were involved in their care planning. Records were person-centred and evaluated consistently. Where agreed outcomes were not achieved, amendments were made with people's input.

Staff received appropriate induction, training, and support and applied learning effectively in line with best practice.

People knew the manager by name and told us they trusted them. Staff told us the registered manager worked tirelessly and promoted innovative ways to support people to live full lives and enjoy achievable outcomes.

Quality assurance remained a priority. The area manager had oversight of checks carried out on the service to maintain standards and drive improvements.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Requires Improvement (published 19 December 2018). There were no breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found significant improvements had been made.

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Helping Hands York on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service 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 York

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because 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 was completed on 17 December 2019

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, commissioners, 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and seven relatives about their experience of the care provided. We spoke with four members of staff, the registered manager, and the compliance business partner. We visited and spoke with two people in their own homes.

We reviewed a range of records. This included three people's care records in the office and two people's records in their own home. We reviewed medication records and looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- At our last inspection, assessments to manage people's risks were not robustly completed. At this inspection we found significant improvements had been made to the assessment and management of risks. The provider had implemented an electronic care planning and recording system which contained explanations of the control measures for staff to follow to keep people safe. Staff understood where people required support to reduce the risk of avoidable harm. One person said, "I've read my care plan, it's detailed, and it records the different transfers I have".
- Staff had access to information to keep them safe. Assessments of people's homes had been completed and staff understood the importance of maintaining a safe working environment and to report any hazards.
- People were kept safe when accessing the community. The provider had liaised with the local police on a "we care" project. The scheme had been designed to enable people who have learning difficulties or difficulties with communication, to go out into their local communities and live their lives, but at the same time feel a bit more safe and secure.

### Staffing and recruitment

- People's call times were more reliable since the last inspection. One person told us, "The carers are good, if they are unavoidable detained they text what time they will be here; very helpful." The registered manager told us their new electronic system provided a detailed analysis of the calls people received and enabled them to make any adjustments to ensure people received the right call at the right time.
- There were enough competent staff on duty and this was adjusted to keep people safe and meet their changing needs.
- Recruitment systems were robust and ensured that the right staff were recruited to support safely support people and meet their everyday needs.

### Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risks of abuse. Local safeguarding guidance was clear and followed by staff to escalate any concerns. Outcomes and actions from detailed investigations were routinely shared to keep people safe.
- People and their relatives told us they were supported to keep themselves and their belongings safe. One person said, "I'm very safe; absolutely, never an issue."

### Using medicines safely

- People received assessments to determine the level of support they required to take their medicines as prescribed. One person said, "They [staff] help me with my tablets, they are very good. Something went wrong with the ordering of it recently with the chemist and the staff spent two or three hours sorting it out."

They were really brilliant, I can't fault them."

- Staff were trained in the management of medicines and maintained accurate records.
- Checks on medicines management and to ensure staff remained competent to complete this role were completed. Where any further training was required this was provided.

#### Preventing and controlling infection

- The provider ensured people were protected from harm of infections.
- Staff had been trained in infection prevention and control and used appropriate equipment to minimise the risks from infection.

#### Learning lessons when things go wrong

- Clear processes were in place and robustly followed where incidents had occurred. Investigations included outcomes and actions. These were used to help improve processes and learning for the benefit of the service.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 completed initial assessments of people's needs and information was then used to formulate care plans for staff to follow.
- Care and support was planned, delivered and monitored in line with current best practice and evidence. Regular reviews of people's care, and support included input from other health professionals which led to good outcomes for people and supported a good quality of life.
- People's rights were respected. Their diverse needs were suitably supported so people were not discriminated against in any way. For example, disability and religion, were considered as part of people's pre-admission assessment and care planning.

Staff support: induction, training, skills and experience; Staff working with other agencies to provide consistent, effective, timely care

- Staff were competent, knowledgeable and skilled and carried out their roles effectively. On person said, "The staff are pretty well trained; they manage the hoisting well."
- Staff completed an induction and training programme which was managed electronically to ensure they remained up to date.
- Additional training was available where people had any specific medical needs.
- The provider worked in partnership with other specialist services. For example, an M.E specialist provided additional extra training and a carer who has specialised in dementia provided further end of life care training to support staff.
- Staff were supported in their roles. The provider completed checks to ensure staff remained competent and followed best practice. Any concerns were discussed as part of regular supervisions and additional training was provided. A staff member said, "I feel supported and appreciated by both the office and the people we support."

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

- People were supported to maintain a balanced diet and protected from risks of poor nutrition and dehydration.
- People who had complex eating and drinking needs were well supported by trained staff. The provider had links with a 'nutrition nurse' who worked with staff to improve their knowledge and confidence to support people, for example, where they required tube feeding.

Supporting people to live healthier lives, access healthcare services and support

- Reviews and referrals enabled people to have a smooth transition into the service and to access other

appropriate healthcare where this was required.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Up to date records confirmed decisions about people's care respected their human rights and were made in accordance with legislation and people's wishes.
- Staff had a working knowledge of the MCA and understood where people had been assessed as having a lack of capacity to make larger decisions, the importance of supporting them to make other day to day decisions and choices.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Staff were caring and understanding. People had good relationships with staff.
- People and their relatives provided positive feedback about the caring and supportive actions of staff. One person said, "The carers are kind, very nice, and they hardly change through the week. When staff visit [relatives name] recognises them, she smiles, we are involved when they come, it works very well and she's very comfortable".
- Staff showed genuine concern for people and ensured they were not discriminated against in any way. They recognised how choice was important to people and responded to their individuality.
- People's cultural and religious wishes were respected by staff. Associated information was recorded in care plans.

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

- People's wishes, and preferences were recorded, and staff responded by providing person centred care. The registered manager told us, "We adapt the service to meet people's individual needs and we encourage people to take control of the care they would like to receive. We invite the customer to the branch or visit in the home, where we can discuss how the support plan needs to read so staff can provide the right care."
- People had choice and input into the people who supported them. This included choice based on gender and personality. New staff were introduced to people and post visit feedback ensured compatibility.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were considerate when assisting with any personal cares and understood how to maintain their dignity. A relative told us, "Staff go over and above, several times [relatives name] has had problems with their bowels but they [care staff] have come out in between visits so that they are not sitting dirty all day. The Manager did this one bank holiday."
- Staff were polite and showed empathy to people's needs. One person said, "The staff are kind and very thoughtful. They are very gentle with me; I can't use my left side, so they very carefully lift my arm and they ask if it is alright and not hurting."
- People were encouraged to retain their independence and confirmed they only received assistance where this was required. Comments included, "Staff encourage [relative] to do things for themselves. They can wash, but it all depends on the day; the staff are very persuasive."
- Confidentiality was maintained at all times.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff completed assessments to meet people's information and communication needs. Information was available in different formats such as easy read, braille, large print, email, BSL. People said, "We have all the information we need."
- Routine assessments ensured communication remained effective. For example, one person due to their condition required significant rest. Telephone calls disturbed this rest and the provider responded by sending information by electronic message.

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

- The service was proactive in supporting people to remain part of the community and to engage in activities that were socially and culturally relevant and appropriate to them.
- Innovative ideas to meet people's aspirations included a project called the wishing well. People were encouraged to record an activity that could be supported by staff. Some people had enjoyed fish and chips. Other larger requests were supported by fundraising projects. One person had been supported to enjoy a hot air balloon ride, another required support to visit a concert. Staff organised this in their free time and surprised the person for their 21st birthday.
- People were encouraged to visit and socialise in the office with staff. Staff cooked themed meals in the office known as, 'Winter Warmer Wednesday'. One staff member said, "Everyone's encouraged to drop in. The last one was for new staff starters. They are a positive event and promote staff building and engagement with people."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs and information on how best to meet their preferences were recorded and updated. One relative told us, "The care review was fine, they [staff] asked about all their needs and wants; they were not rushed or pressurised."
- Staff were knowledgeable about people and had a good understanding of their preferences and interests; this enabled them to provide personalised care. For example, people were able to choose a male or female care worker to provide assistance with their personal cares.

#### Improving care quality in response to complaints or concerns

- The service had a complaints procedure for people to refer to in an accessible format.
- People and their relatives told us they were confident if they had any complaints the registered manager would address them appropriately.
- Staff recognised the importance of ensuring people were happy with their care and support.
- Where complaints had been made, they were recorded, investigated and responded to in line with provider's policy.

#### End of life care and support

- The service discussed end of life wishes with people. However, associated records to support people with end of life care was limited and would benefit from further research to capture peoples wishes and preferences at this time of their lives.
- Staff understood the importance of ensuring people received the appropriate care and support for example to remain pain free. The registered manager told us one carer had specialised in dementia and end of life care and was scheduled to provide further training to support staff in this area of their work.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led.

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

- At our previous inspection we found quality assurance audits were carried out, however, they were not consistently completed and were not always effective. At this inspection we found the provider had made improvements.
- The service was well-run and well-led. Effective systems were in place to manage risks to care quality, which staff understood and used.
- There was a clear staffing structure and staff understood their roles and responsibilities and when to escalate any concerns.
- People told us the registered manager was extremely supportive and approachable. They told they received good support when they needed it. A staff member said, "Our new manager has worked tirelessly to turn the service around. They have improved moral by team building and recognising the work we do. We have a much more stable staff team now."
- Policies and procedures for staff to reference to ensure care and support was provided in line with national guidance and regulation were kept up to date

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider demonstrated a commitment to improving person-centred, high-quality care by engaging with everyone using the service equally along with and stakeholders.
- People had opportunities to be involved in developing the service. We saw people and their relatives were asked to complete a quality assurance questionnaire. Feedback was summarised, and action was taken where people made suggestions.
- People had contributed their experiences of how the service had supported them with their needs in an office, 'customer corner.' Feedback was used to support staff to understand how best to support people based on their experiences
- The provider promoted staff inclusion with awards and nominations. This approach was supported by nominations from people in receipt of a service.

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 was open and transparent in dealing with issues and concerns. They understood their responsibility to apologise when mistakes were made and give feedback to people if needed.

#### Working in partnership with others

- The service worked closely with key organisations and had good links within the local community to ensure good outcomes for people. For example, the registered manager told us they had connected with the Alzheimer's society to improve staff knowledge and understanding of caring for people with dementia.