

Midshires Care Limited

Helping Hands Worcester

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 Worcester is a domiciliary care service that provides personal care to people in their own homes. At the time of our inspection visit, the service was mainly supporting older people who may have physical disabilities and/or dementia. 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. At the time of our inspection, 35 people were using the service.

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

People felt safe around the staff who provided their care. Staff had training on their role in protecting people from harm and abuse. The risks associated with people's care were assessed, reviewed and managed. People received a reliable and consistent service from staff who underwent appropriate pre-employment checks. People had the level of support needed to safely manage their medicines. The provider took steps to protect people, staff and others from the risk of infections. The provider monitored any accidents or incidents involving people who used the service and sought to learn from these.

People's individual needs and requirements were assessed with them before their care started. Staff had training and ongoing management support to enable them to succeed in their job roles. People had support to prepare meals and drinks where they needed this. Staff helped people access professional medical advice and treatment if they were unwell. 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.

Staff adopted a kind and caring approach towards their work. People and their relatives were supported to express their views about the care they received. People were treated with dignity and respect by staff and management.

People's care plans were individual to them and encouraged a person-centred approach. People and their relatives understood how to complain about the service. Staff understood the need to work with community healthcare professionals to assess and address people's end of life care needs.

People felt management and staff at the provider's office were approachable and took their views on board. Most staff felt well-supported and valued by management. The provider used quality assurance systems and processes to monitor and drive improvement in the quality and safety of people's care.

Rating at last inspection

This is the first inspection for this newly registered service.

Why we inspected

This was a planned inspection based upon the service's registration date.

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.

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

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 Worcester

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors.

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 is required to have 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. At the time of our inspection, there was no registered manager in post. We met with the manager who had applied to the Care Quality Commission to become registered manager of the service.

Notice of inspection

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the provider delivers a domiciliary care service to people in their own homes, and we needed to be sure that someone would be available in the office.

What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We also sought feedback on the service from the local authority. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the manager, compliance business partner, regional care director, area care manager and e-learning manager. We reviewed a range of records at the provider's office. These included four people's care records, staff training records, incident and accident records, three staff recruitment records and medicines records. We also reviewed selected policies and procedures, complaints records and records relating to the management of the service.

After the inspection

We spoke with five people, one relative and three community health and social care professionals about their experiences of the care provided. We also spoke with a care and training practitioner and six care staff.

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 for 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 told us they felt safe receiving care from staff in their own homes. They said staff's friendly and caring attitude helped them feel safe and comfortable. A relative explained, "We feel very safe. We have regular carers and they are always friendly. I have no reason not to feel safe."
- Staff had training in how to recognise and report potential abuse involving the people who used the service. They said they would immediately notify management of any abuse concerns, and were confident these would be fully investigated.
- The provider had procedures in place to ensure relevant external agencies, such as the police and local authority's safeguarding team, were notified of potential abuse.

Assessing risk, safety monitoring and management

- The risks associated with people's care needs had been assessed, recorded and reviewed. This included consideration of people's mobility, nutrition, physical and mental health and any potential hazards within their home environment.
- Plans had been developed to keep people safe and staff told us they read and followed these. These plans explained when staff should involve and seek advice from community health and social care professionals in keeping people safe.
- The manager and office staff contacted staff with any changes in the risks to people. Most staff spoke positively about the effectiveness of communication within the service.

Staffing and recruitment

- People and their relatives told us they received a punctual and reliable service from staff.
- The provider used an electronic call monitoring system to alert them to any problems with late or missed calls.
- Staff felt the provider employed enough staff to cover people's care calls, without undue pressure on staff.
- Checks were carried out on prospective staff to confirm they were suitable to provide care to people in their own homes.

Using medicines safely

- The provider's medicines systems and procedures were designed to ensure people received their medicines safely and as prescribed.
- Staff received training and underwent competency checks in relation to the provider's medicines procedures, and told us they felt confident following these.
- Staff maintained up-to-date records in relation to the administration of people's medicines. They were

provided with clear written guidance on when to offer people 'when required' (PRN) medicines.

Preventing and controlling infection

- Staff received training to help them understand their role in protecting people from infections.
- Staff were provided with personal protective equipment (e.g. disposable gloves and aprons) to reduce the risk of cross-infection. People's care plans reminded staff of the importance of using this equipment, and people confirmed they did so when caring for them.

Learning lessons when things go wrong

- In the event people were involved in any accidents or incidents, staff informed management and completed the relevant report form.
- The provider and manager monitored these reports to identify any trends in accidents or incidents, learning for the service and actions needed to prevent things from happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The manager or office staff met with people and, where appropriate, their relatives to discuss what they wanted and needed from the service before their care started. One person told us, "I got to say what I wanted and how it's done."
- People's needs and wishes were then reviewed on a regular basis, to ensure care plans and risk assessments remained accurate and effective.
- 'Direct observations' were completed with individual staff members every six months to check they were delivering people's care in line with their care plans and expected standards.
- Staff and management understood the need to promote equality and diversity through their work. Staff spoke positively about the provider's approach to protecting people's human rights and tackling any form of discrimination.

Staff support: induction, training, skills and experience

- People and their relatives felt staff had the knowledge and skills needed to meet their needs. A relative told us, "They [staff] know [family member] well and they seem to be good at their jobs."
- All new staff completed induction training to help them settle into their new roles with the provider. This included initial training, time spent working alongside more experienced staff and support to complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in health and social care. Staff said their induction had given them confidence to provide people's care on their own.
- Staff participated in a programme of face-to-face and online training, which was refreshed annually, to enable them to work safely and effectively. This was shaped around people's needs and staff's duties and responsibilities. Staff's competency was checked following the completion of face-to-face training.

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

- People's needs and risks in relation to their nutrition and hydration were assessed and plans put in place to manage these as needed.
- People told us they received the support they needed from staff to prepare meals and drinks of their choosing.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People's care plans included information and fact sheets about their current health conditions, to help staff understand the impact of these on their care.

- People told us staff monitored any changes in their general health and helped them seek professional medical advice and treatment if they were unwell. One person described how staff had called an ambulance for them, after discovering they had fallen.
- People's care records demonstrated staff worked with community healthcare professionals, such as GPs and district nurses, to ensure people's health needs were met.

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

- Staff received training in people's rights under the MCA and understood the importance of fully supporting people's decision-making about their care.
- People told us staff sought their permission before carrying out their care, and respected their choices and decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff took the time to get to know them and treated them with kindness. One person said, "They [staff] are so friendly and do extra little things for me that are not on the agenda. They will stop on and have a little natter if they have time." Another person told us, "They [staff] know my ways now." A relative explained, "They [staff] are really caring. I can hear them talk to [family member] and they are friendly. [Family member] seems happy with them and they do look after them."
- People confirmed staff spoke to them appropriately and listened to what they had to say.
- Staff spoke about the people they supported with clear empathy and insight into their care preferences.

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

- People and their relatives were encouraged to have their say about the care provided, and to be involved in decision-making that affected them.
- The provider arranged periodic face-to-face meetings and telephone reviews with people and their relatives to check the care provided was still meeting their individual needs and requirements.
- In addition, the provider distributed annual surveys to invite feedback on the service from people and their relatives. Feedback received was used to identify potential areas for improvement in the service.
- Management signposted people to sources of independent support and advice on their care, such as independent advocacy services, as needed.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect and respected their right to independence. One person described the staff who provided their care as 'very respectful'.
- Staff understood the importance of promoting people's dignity, and gave us examples of how they achieved this on a day-to-day basis. This included taking time to check how people were feeling that day, involving them in all aspects of their care and encouraging them to make their own decisions.
- Staff received training and support to help them understand the importance of protecting people's personal information. Confidentiality was also discussed at staff meetings to remind people of their associated responsibilities.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People told us the care they received reflected what they wanted and needed from the service. One person said, "They [staff] look after me really well. They come in and sit on my bed for five minutes and we have a chat which is what I like before we start moving." A relative told us, "They [staff] listen to what I tell them [family member] needs to be comfortable and they do it."
- People's care plans included information about their personal backgrounds, known preferences and interests to facilitate person-centred care. They also provided staff with clear guidance on the care and support to be provided during each care call.
- Staff confirmed they read and followed people's care plans, to ensure their care needs were met.

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.

- People told us staff communicated with them effectively when providing their care and support.
- People's care plans included information for staff about any communication needs or sensory impairments they had.
- The provider had the facility to produce information in alternative accessible formats in response to people's needs or requests. They provided people and their relatives with information on 'applications' (computer software) which may assist with any individual communication needs.

Improving care quality in response to complaints or concerns

- People told us they understood how to raise any complaints or concerns about the service, and were confident these would be addressed. One person described how the provider had taken on board their request not to be supported by particular staff members, due to their personal preferences.
- Staff checked people's understanding of how to complain about their care as part of their six-monthly care review meetings.
- The provider had a complaints procedure in place, designed to ensure complaints were recorded and responded in a prompt, fair and consistent manner.

End of life care and support

- At the time of our inspection, staff were not supporting anyone with palliative or end-of-life care.
- The branch manager explained staff would work closely with community healthcare professionals to

ensure people's end-of-life care needs and wishes were identified and met.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People spoke positively about the overall care they received, which met their individual needs. One person told us, "I couldn't wish for better lot of people [staff and management]. Not once have I thought about replacing them. I would recommend them to other people."
- People praised the willingness of management and other staff at the provider's office to listen to and address any requests and concerns. One person told us, "They [management and office staff] always listen. If I want changes made, I tell them and things change." Another person said, "I know I can call them [management and office staff] whenever I need to. They bend over backward to try and fit in with you. Nine times out of ten they will work around any late requests I make. I have every confidence in them."
- Most staff spoke positively about the ongoing support they received from management, whom they found approachable and willing to listen. One staff member told us, "They [management] are helpful and will sort out any problems." Another staff member said, "The manager has been really nice and supportive of me because this is my first caring job. I haven't been with here long, but everyone is really nice."
- Two members of staff raised concerns about management's handling of staff performance issues. We discussed this with the manager who assured any such issues were addressed constructively with staff.
- The provider nominated a 'carer of the month' to encourage and recognise high-quality care.

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

- The provider had developed a duty of candour policy explaining how they would meet their associated responsibilities.
- Management understood the requirement for them to inform people, and relevant others, if they experienced harm as a result of the care provided.

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

- Staff and management were clear about their respective roles and responsibilities within the service.
- The manager felt they had the support and resources they needed from the provider to drive improvement in the service.
- Management and senior management worked closely together, and communicated regularly, to maintain a shared understanding of any risks or quality performance issues affecting the service.
- The provider's regional care director and manager sent weekly emails to staff to keep them up-to-date on

any issues affecting the service and people's care.

- The management and senior management teams carried out regular audits and checks to monitor the quality and safety of people's care. These included 'provider visits' by the compliance business partner and monthly branch audits by the area care manager. An clear action plan was in place, and monitored weekly, to track progress towards completion of identified actions to improve the service.
- The manager kept themselves up to date with current legislation and best practice through, for example, accessing care sector websites, reviewing regular bulletins from the provider and attending the provider's managers' meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The provider had systems and procedures in place designed to enable them to engage with and involve people, their relatives and staff. This included regular care review meetings, weekly newsletters, staff meetings and the periodic distribution and analysis of feedback surveys.
- Staff worked with community health and social care professionals to ensure people's individual care needs were assessed, monitored and met. The community professionals we spoke with described positive working relationships and good communication with staff and management. One community professional told us, "They [provider] stood out as being very good and caring. They [management] were easy to get hold of and would always update me."