

Midshires Care Limited

Helping Hands

Middlesbrough

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 Middlesbrough provides domiciliary care services to people living in their own homes in Middlesbrough and the surrounding area. At the time of inspection, 24 people were using the service.

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

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

Staff knew how to safeguard people from abuse. Where concerns had been raised, these had been dealt with appropriately. Risks to people had been assessed and actions identified to reduce risk. Recruitment practices reduced the risk of unsuitable staff being employed.

People had their care and support needs met by enough numbers of suitably trained staff. People's needs were assessed and regularly reviewed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice

People spoke highly of the staff supporting them. Staff knew how to protect people's privacy and dignity and promote their independence. People's choices and wishes were recorded and acted upon.

Complaints were managed appropriately. A range of audits were in place to assess and improve service delivery. Feedback from people and relevant others was sought and acted upon

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 14 August 2018) and there was a breach of regulation 17 related to good governance. 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 improvements had been made and the provider was no longer in breach of regulation 17.

Why we inspected

This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Helping Hands Middlesbrough

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

This inspection was carried out by an 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.

The registered manager of the service had very recently left the service and Helping Hands Middlesbrough was being managed by a manager from one of the provider's other branches. The acting manager informed us that recruitment for a new registered manager had taken place. A registered manager, along with 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 acting manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch for feedback about the service. 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 this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the acting manager, a care and training practitioner and three care workers. We also spoke with a representative of the provider.

We reviewed a range of records. This included three people's care records and three people's medication records. We looked at three 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. We looked at the training matrix for the service and staff rotas.

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 the last inspection we found risks to people had not always been assessed. At this inspection this issue had been addressed. Risks assessed covered areas such as moving and handling, medicines and the home environment. Measures for staff to follow to reduce the likelihood of people being harmed had been identified.
- The service had continuity plans to put in place to ensure people continued to have their care needs met in the event of an emergency occurring. For example, the loss of the telephone system or adverse weather.
- The service was piloting a mobile phone system which tracked the whereabouts of staff on duty to reduce the risk of calls being missed.

Using medicines safely

- Medicines were managed safely. At the last inspection we found medicine recordings were not always comprehensive. At this inspection this issue had been addressed and medicine records were complete.
- Staff who administered or supported people with medicines had received appropriate training, and had their competency assessed.
- People were happy with the support the service gave them with medicines. One relative told us, "They keep a careful check on the medication, [staff are] very diligent."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe being supported by the service. One person told us, "I have carers morning and night, they make me feel safe and good."
- Safeguarding procedures were in place. Where concerns had been raised, these had been dealt with appropriately.
- Staff knew what to do if they suspected people were at risk of abuse. They could recognise types of abuse and understood their individual responsibilities to report concerns. They told us they were confident any concerns raised would be acted upon.

Staffing and recruitment

- The service had recruitment systems and checks in place to reduce the possibility of unsuitable staff being employed.
- People were cared for by enough numbers of suitably qualified staff. One relative told us, "My [relative] needs consistency and it is nice to have the familiarity of having the same carers most of time, the office have been very good about that."
- People told us their calls were usually on time.

- New staff were provided with a handbook to follow which set out the service's vision and policies.

Preventing and controlling infection

- The provider had systems in place to reduce the risk of the spread of infection.
- Staff had training in infection prevention and control.
- Staff told us they had access to plentiful supplies of protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- Accidents and incidents were analysed. The acting manager and provider reviewed incidents to identify how lessons could be learnt and had amended policies accordingly.
- Where opportunities had been identified for lessons learnt, examples had been shared throughout the organisation through memos to staff. For example, around bathroom falls.

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

- People needs were assessed prior to service delivery and reviewed regularly.
- People's plans of support covered a wide range of areas individual to the person such as staying well and risk management plans.

Staff support: induction, training, skills and experience

- Staff were supported with their induction and training.
- One person told us of staff, "They are very good, all the girls are up to speed and quite professional, well trained."
- Direct observations were carried out of staff practice by the management team to identify any shortfalls.
- Staff were supported through supervision meetings with the management team.

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

- Where needed people were supported with their nutrition. One person told us, "When they [staff] come they always make sure I get a drink and food if I need it, they are very good."
- Staff received training in managing food safety.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with a range of other agencies to provide joined up support to people.
- Where required, external professional were sourced to advise the staff team. For example, an epilepsy specialist had provided training to the staff team in this area.
- Where professional advice had been provided by external agencies, this had been followed by the service.

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

- Where identified as a need, staff supported people to live healthy lifestyles.
- Staff were supporting one person with their weight management, advising and supporting them with menu planning, shopping and cooking.

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.

- At the time of inspection, no people were subject to Court of Protection orders, however, the acting manager was aware of their responsibilities in this area.
- Support plans showed consideration had been given to people's capacity.
- Where people were unable to tell staff if they consented, other ways of ascertaining their consent was identified in their plans of care. For example, one person would open their mouth wide if they were happy to have their teeth cleaned.

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

- People and their relatives told us staff were very caring. One relative said, "Carers are really patient, they talk to [person] and I can hear them asking if they can help into the shower."
- The provider had a policy on equality and diversity that staff applied in their roles.
- People's confidential information was kept secure.

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

- People were involved in making decisions about the care they received. One person told us staff, "Always ask what I want... they then ask what else they can do for me."
- Support plans clearly reflected how people wished to be supported. Tasks to be undertaken were broken down to reflect people's choices throughout.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to maintain people's privacy and dignity. One person told us, "They are all very respectful." They understood that this was an important part of their role. One relative said of staff, "They talk and have a laugh with [person] while taking care of [person's] modesty, they always close the door of the bathroom for example."
- People's independence was promoted. Staff told us they encouraged people to do as much for themselves as they could. Support plans contained information about how people could be assisted to be as independent as possible.

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.

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

- People's support plans were very person-centred and put the person at the heart of planning their support. People's goals had been identified.
- Support plans showed involvement of relevant others. One relative told us, "I am involved in the care plan of my [relative] and some things have needed to be changed recently. I am currently waiting for the updated plan."
- The service was flexible and where people needed their regular hours to be changed this was accommodated wherever possible.

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.

- The management team were aware of the requirements of AIS.
- We were told by the acting manager that where information was required in an alternative format, this would be provided by the service on a bespoke basis.

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

- People were supported to avoid isolation. For example, the service provided companionship calls for some people.
- People were supported to access their local communities. For example, one person was accompanied to the local shops each day to buy their newspaper.
- Staff supported people to maintain their hobbies and interests.

Improving care quality in response to complaints or concerns

- The provider had put systems in place to ensure complaints were managed appropriately.
- People and relatives told us that they knew how to make a complaint. One relative said, "I have no complaints but know if any problems who to call."
- The service had received compliments from people and their relatives about the quality of care provided.

End of life care and support

- End of life care policies and procedures were in place to support staff delivering end of life care. No one using the service was receiving end of life care at the time of this inspection. People's individual wishes in this area were documented in their support plans.

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. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found the provider had failed to ensure the service's quality assurance processes and audits were robust. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Regular audits were carried out by the provider and management team to assess and monitor the quality of the service.
- Deficits were identified through the auditing process. These were addressed or included in an action plan to bring about improvements to the service.
- Staff at all levels of the service understood their roles and responsibilities.
- Notifications about incidents that affected people's safety or welfare were sent through to CQC in a timely manner.

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

- People told us they felt the service was well managed. One person told us, "I am highly delighted [with the service]."
- People and relatives said they had a good relationship with office staff and could contact them if any issues arose. One relative said, "It's a very well-run outfit."
- Staff told us that they felt supported and listened to by the management team.

Continuous learning and improving care

- The provider had improved the overall oversight of the service since the last inspection.
- An action plan was in place which outlined plans for further development of the service.
- People's success stories and incidents where things had gone wrong were shared with staff within the provider's services to help promote best practice.

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 management team understood their duty of candour responsibilities. They engaged people in investigations and ensured outcomes were communicated following any incidents.

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

- The service carried out telephone surveys with people to ascertain if they were unhappy with any aspect of the service they were receiving.
- The results of surveys were analysed and actions were identified to meet any shortfalls in service delivery.
- Staff told us team meetings were held regularly. They said these kept them updated with changes to the delivery of people's care. Staff said they could express concerns they may have at these meetings.

Working in partnership with others

- The service worked with a range of other professionals and agencies to best meet people's needs. These included GP's, nurses and social workers to provide joined-up care and support for people.