

Midshires Care Limited

Helping Hands Newark

Inspection report

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Date of inspection visit:
26 May 2021

Date of publication:
12 July 2021

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 Newark is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people, people living with dementia, people with physical disabilities, younger people and people with sensory impairments. At the time of the inspection 29 people were receiving the regulated activity of personal care.

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 the service and what we found □□□□

People and their relatives were positive about the service. People were safeguarded from the risk of abuse and received safe care and treatment. Medicines were managed in the right way, there were enough staff on duty and safe recruitment practices were in place. Accidents and near misses had been analysed so lessons could be learned to help avoid preventable accidents. Infection was prevented and controlled and people had been helped to quickly receive medical attention when necessary.

People were supported to have maximum choice and control of their lives and care 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 were treated with kindness and compassion, their privacy was respected and confidential information was kept private.

People were consulted about their care, had been given information in a user-friendly and were supported to avoid the risk of social isolation. There were effective arrangements in place to resolve complaints.

Quality checks had been completed and people had been consulted about the development of the service. Good team work was encouraged and joint working was promoted.

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

Why we inspected

The service was registered with us on 10 October 2019 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 Newark

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 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 who had commenced their registration 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 72 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 26 May 2021 and ended on 11 June 2021. We visited the office location on 26 May 2021.

What we did before the inspection ☐☐☐☐☐☐☐

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 reviewed information we had received about the service. We sought feedback from the local authority and professionals who work

with the service. We used all of this information to plan our inspection.

During the inspection □□□□□□□□

We contacted five people who used the service and six relatives about their experience of the care provided. We contacted 12 care staff, the care coordinator, the training officer the manager and the area manager.

We reviewed a range of records relating to the management of the service, including policies and procedures, audits and governance records. We looked at five people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This was the first inspection of this newly registered service. At this inspection 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 felt safe when staff supported them. A person said, "I am quite safe. They [staff] are lovely." ☐
- Staff were aware of the signs and symptoms of harm and told us they would report any concerns to the manager or to the local authority safeguarding team. One staff member said, "Our job is to make sure people are supported safely in their home's so people can maintain their independence." ☐
- The provider ensured that staff received relevant training and development to assist in their understanding of how to keep people safe. A safeguarding policy was in place and records reviewed confirmed staff had attended safeguarding adults training.

Assessing risk, safety monitoring and management ☐☐☐

- Risks were well managed. Staff understood where people required support to reduce the risk of avoidable harm. Care plans explained how staff can keep people safe in the home and when out in the community. A relative said, "[Name] will be using a hoist soon to help them move. Staff are getting some video training and then there will be some hands-on training. One of the staff said they don't understand the sling, so the Occupational Therapist came to show two staff how to do it. Staff always check for pressure sores as well."
- Risk assessments were clear and regularly reviewed for each person's level of risk, including risk of falls, skin integrity and maintaining people's independence. ☐

Staffing and recruitment ☐

- Staff were recruited safely. We checked the recruitment files of four staff members and the provider had robust recruitment checks in place. This ensured staff were suitable to work in the care industry. ☐☐
- People and relatives we spoke with were happy with the care, staff were providing. One person said, "They have half an hour's leeway. They get emergencies or traffic round here is not great. They've never missed a call and they always apologise, if they're late." Some people told us there had been occasions when they were not informed if staff were running late. The manager agreed to make sure this always happened in the future so people were reassured their care was on its way. ☐☐
- Some relatives told us they used to get rotas in advance, but this had stopped. The office team agreed to review this practice and make sure people who wanted a rota in advance was provided with one.

Using medicines safely ☐☐☐☐☐☐☐☐

- Medicines were managed safely. We reviewed three medicines administration recording sheets (MAR). All were well written and had the name of the person who the medicine was prescribed for, the name of the medicine, dosage and frequency. The MAR sheets had been signed appropriately. ☐☐☐

- People confirmed they were happy with the support they received to take their medicines. Some relatives were also carers for their loved ones. One relative said, "With medications they follow the plan." □□□□
- Staff received medication training as part of their induction and their competency had been assessed. A staff member said, "I had medication training and it was really helpful when I did my induction because it was all new to me understanding the medicines." □□□□□□
- The service had guidelines for staff to follow when administering medicines and other guidelines for as and when required medicine should be administered. We reviewed monthly medicine audits, and these had been completed regularly.

Preventing and controlling infection □□□□□□

- The provider has robust infection control procedures in place. □
- People felt staff were aware of how to reduce the risk of the spread of infection. They told us staff wore masks and other personal protective equipment when providing care for them in their homes.
- Infection control policies and procedures had been adapted to address Covid-19 concerns. The manager was providing care in accordance with government guidelines and ensured they implemented any changes quickly. This helped to reduce the risk of the spread of infection within the provider's office and people's homes.

Learning lessons when things go wrong □□□□□□

- The provider had systems in place for recording incidents and accidents, and for disseminating learning when things went wrong. One relative said, "There was only one incident when the medication wasn't in the box and staff went looking for it rather than asking us. There are other people in the house who also have medication and so we prefer staff to ask." They went on to tell me that any concerns had now been resolved.

Is the service effective?

Our findings

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

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

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

- People's needs were met effectively. A comprehensive assessment was completed to ensure the service could meet people's needs prior to using the service. Care and support plans were then created which were person centred, well written and included detailed life histories. One person said, "Staff do what I ask.

They're pretty good. They always ask me what I need." ☐☐☐☐☐

- Care plans were reviewed regularly or sooner if there were any change of needs. A relative told us, "There's a review every six months. They are very efficient with changes to calls and to the care plan." Staff confirmed they regularly check care plans and one staff member told us, "I always check the care plan for updates."

Staff skills, knowledge and experience ☐☐☐☐☐

- Staff had the right knowledge, qualifications, skills and experience. Staff received a mix of online and face to face training followed by shadowing sessions with experienced colleagues during care calls. A staff member who had not worked in care before said the induction, "Gives you lots of good information and the shadowing helps you build your confidence."

- We reviewed training records and all staff training was up to date. Other than one induction record which the manager agreed to review and update. Staff confirmed they had a thorough induction. ☐☐

- All staff received regular supervision and support from their line manager. A staff member said supervisions, "Allow me to discuss my work and identify any gaps that I may need support with."

- Staff attended a wide range of training. This included administration of medicines, moving and handling, infection control, mental capacity, moving people safely and safeguarding adults. Where specialised training was required this was available. ☐

Supporting people to eat and drink enough with choice in a balanced diet

- Where people needed support with meals information was available in people's care plans. One person said, "I choose a frozen meal from the freezer, but one of the staff likes cooking. She did me a full breakfast one of the days and a pasta with tomato sauce as well."

- Care plans and risk assessments were in place to help staff to reduce the risks to people's nutritional health. If people had a condition that affected their health and could not have meals in the usual way, their records were updated to ensure people received their meals safely. ☐

Staff providing consistent, effective, timely care ☐☐☐☐☐

- People and their relatives told us the service supported them [or their relative] to maintain good health and were referred to health professionals when required. Records checked confirmed documentation from health and social care professionals were available in people's care files.

- People told us staff completed care notes effectively. One person said, "Staff are always writing down what they've done." □□

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.

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.

- The provider was working within the principles of the MCA. Where people were assessed as not having capacity to understand and make decisions about their support, 'best interests' decisions were appropriately documented in their records. Where people had an attorney or deputy appointed to make decisions on their behalf, this was clearly recorded. □□□□

- All staff had received training on the MCA and were able to explain the principles and how this impacted on people's daily lives.

- People told us they were always given choices about their care needs. One person said, "Staff do things the way I like it because I like things done my way."

Is the service caring?

Our findings

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

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

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

- People and relatives told us staff were kind and caring. One person said, "I can't speak too highly of staff. They are polite and helpful. They are the most pleasant staff you could imagine."
- Staff spent time talking with people and people looked forward to their visits. Some staff would come in on their days off or in between care calls and do a quick shop for clients. One relative said, "They are all very pleasant people. Lovely. I can't fault them. They are kind and caring and they make sure everything is alright."
- People felt staff were very respectful of their homes. A person told us, "Staff always knock before they come in." ☐☐☐☐☐☐☐☐
- People we spoke with said both office staff and care staff were always supportive. When people telephoned the office, we observed calls were answered promptly.

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

- People's life histories were comprehensive and care plans well written. The office team took great care to make sure people and their relatives shared information about the person's whole life. This gave a detailed and accurate picture of the person and their life experiences.
- The provider had an equality policy and staff understood that people's support was based on their individual needs. People were consulted about the gender of staff who supported them, and preferences were recorded in people's files. ☐☐☐☐
- The provider did not have information available on independent advocacy for people to access. The manager confirmed they would put this in place with immediate effect. Independent advocates support people with making decisions and expressing their views and wishes.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity and people were complimentary about how staff provided their support and care. Staff told us they always maintained people's dignity and respect. People told us staff always introduced themselves and spoke respectfully with them when in their homes. One staff member said, "I always ask for consent before I do any care." ☐☐☐☐☐
- People retained their independence and staff provided support that enabled people to retain their skills. One care record we reviewed detailed personal care preferences which clearly noted details such as the amount of body wash a person wished to use each time. ☐☐
- Care records were held securely in a locked cabinet within a locked office or through a secure internet-based system with password security. Staff understood the importance of ensuring confidentiality.

Is the service responsive?

Our findings

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

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

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

- The provider was responsive in meeting people's needs. One person said, "They stay as long as needed." Another person wanted to change their number of visits and told us, "In the care plan, it was for three visits and now it's for two visits. That's our choice. It is regularly updated and we dictate what we want."
- The service encouraged staff to get to know the people they supported well and build a rapport. The care records we reviewed showed people's preferences as well as their needs, for example, their preferred name, food and drink preferences, and hobbies. A relative told us, "The care plan does reflect our needs."
- People and relatives constantly told us they were very satisfied with the service they received. A person said, "Some staff are more experienced than others. They are competent even if inexperienced. To be fair the more you engage with staff the more they develop."

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 provider met the requirements of the AIS. People's communication needs were documented in their care plans and met by the staff of the service. Information was made available to people in ways they understood.

Improving care quality in response to complaints or concerns ☐☐

- The provider had an effective system in place to receive, record and respond to complaints.
- No complaints had been received by the provider in the last 12 months. One person said, "I've got no issues with them at all. I used them last year and I have returned to them. We chose them so that tells you what we think."
- Managers analysed feedback from a range of sources for example, surveys, care reviews, telephone check-in calls, spot checks to identify any concerns or queries and took action to address them.

End of life care and support ☐☐☐☐☐☐☐☐

- The service did not currently support anyone at their end of their life. The provider had policies and procedures in place to support this should it be required.
- People's care and support records where expressed, included preferences for care at the end of their life.

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 ☐☐☐☐

- The service had a positive culture. People and their relatives told us they were happy with the service they received. A person said, "The office staff and manager are very helpful. They always listen."
- Weekly quality checks had been completed by the office staff, manager and area manager. This supported people reliably by receiving safe care and treatment. These checks included spot checks; weekly compliance reports completed by the manager requested by the regional manager. ☐

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 understood their responsibilities under the duty of candour. Relatives were kept well informed of any changes in people's needs or incidents that occurred.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.
- The service had notified the Care Quality Commission of all significant events which had occurred in line with their legal obligations.

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

- The current manager had been in post for four weeks at the time of our inspection and had commenced their registration with us. The regional manager had been overseeing and managing the service during a short period while a new manager was being recruited. The regional manager was continuing to support the service and the new manager.
- The service was well organised and there was a clear staffing structure. The office team worked together to manage the day to day running of the service, including working hands on, alongside staff where required. There was good communication between the management team and care staff.
- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in its performance. The regional manager and manager had carried out an assessment of the service and identified some areas for improvement in relation to staff support and supervision. An action plan was being created to support this.
- People and their families were positive about how the service was managed. Comments included, "They have a new manager. It's always difficult with change but now everyone is very settled. This manager is

having a positive effect."

- Staff said they felt respected, valued, supported and fairly treated. There was a positive culture in the service and staff made comments like, "I think Helping Hands is a good company. All [office staff] are very supportive.", "Any support I need I just ask the manager she's very good.", "The manager is very well organised, friendly and supportive."

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

- Staff worked with a range of health and social care professionals to ensure people's needs were met. Protected characteristics, including sexuality, religion, race and disability, were respected and supported. People, relatives and care staff confirmed the office management and regional manager were always available if they needed to get in touch with them. One staff member said, "The manager is very friendly and supportive."
- Before the new manager arrived the regional manager held a staff engagement event where staff were able to raise any concerns or issues. Staff requested more recognition for their work and a phone call just to make sure staff were okay. The regional manager introduced an employee monthly recognition scheme called 'Moments of Kindness'. People and staff could nominate staff who they felt went above and beyond their role. Monthly wellbeing telephone calls now take place with staff.

Continuous learning and improving care

- The manager held weekly team meetings to review incidents and actions raised through the weekly audit checks and any review of people's care had been completed. These were then reviewed monthly by the regional director.
- The service was part of a larger provider network which met regularly with other branch managers to share learning and best practice. These meetings were led by the regional manager.

Working in partnership with others

- The registered manager and staff worked to develop working relationships with health and social care professionals to ensure people's needs were appropriately met. Professionals from the local Clinical Commissioning Group (CCG) told us the service worked well with their clients. One professional said, "We have several care packages in place with Helping Hands and we have had no issues. The care packages are working well and the families have not raised any problems with the care that they have been receiving." This meant people and professionals were happy with the care provided.