

Midshires Care Limited

Helping Hands Newport Pagnell

Inspection report

Ground Floor & First Floor Offices
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Tel: 01908049329

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 4 and 6 July 2017 and was announced.

Helping Hands Newport Pagnell provides personal care to people who live in their own homes in order for them to maintain their independence.

At the time of our inspection the provider confirmed they were providing personal care to 8 people.

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

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse and people had risk assessments in place to enable them to be as independent as possible.

Effective recruitment processes were in place and followed by the service and there were sufficient numbers of staff available to meet people's care and support needs

People told us that their medicines were administered safely and on time.

Staff members had induction training when joining the service, as well as regular on-going training. Staff members were regularly encouraged to improve their skills with training.

Staff were well supported by the registered manager and senior team, and had regular one to one supervisions.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People were able to choose the food and drink they wanted and staff supported people with this.

People were supported to access health appointments when necessary.

Staff supported people in a caring manner. They knew the people they were supporting well and understood their needs and preferences.

People were involved in their own care planning and were able to contribute to the way in which they were supported.

People's privacy and dignity was maintained at all times.

The service had a complaints procedure in place and people knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed.

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good ●

The service was caring.

People were supported to make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good ●

The service was well led.

People knew the registered manager and were able to see her when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective

Helping Hands Newport Pagnell

Detailed findings

Background to this inspection

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

This inspection took place on 4 and 6 July 2017 and was announced. The registered manager was given 48 hours' notice of the inspection. We did this because we needed to be sure that the registered manager or someone senior would be available on the day of the inspection to help respond to our questions and to provide us with evidence.

The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

We spoke with three people who used the service, one relative of a person who used the service, three support workers, the care coordinator, the quality manager, the regional manager and the registered manager. We reviewed five peoples care records to ensure they were reflective of their needs, four staff files, and other documents relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe when they received care. One person said, "Oh yes, I always feel very safe when they are here, they are very good." Another person said, "They know what they are doing, no problems at all." All of the people we spoke with told us they felt safe when receiving care from the service.

All the staff we spoke with had a good understanding of safeguarding, the signs of abuse, and how to report it. One staff member told us, "I would report anything of concern to [registered manager's name] or the police if needed. I haven't needed to report anything, but I am confident that anything I raise would be taken seriously." Staff also had a good understanding of whistleblowing procedures and were confident to use them if required. The registered manager was aware of the requirement to notify CQC about incidents as required.

Risk assessments were put in place to document risk and to enable staff to work with people in as safe a manner as possible. We saw that the service maintained an electronic care planning system, and that risk assessments were linked directly with parts of people's care planning. The people we spoke with said they felt that staff followed risk assessments and supported them safely. We saw that assessments gave clear guidance and direction for staff to follow in areas such as medication administration and moving and handling. All the risk assessments we viewed had been monitored and updated to reflect any changes necessary.

The service recruited people using safe practices. All the staff we spoke with confirmed that they had undergone a full disclosure and barring check (DBS) before starting any work within the service. All staff were required to provide identification and references before being offered a permanent role. All the staff files we viewed showed us that these checks had taken place.

The service had a sufficient amount of staff working for them to ensure that all calls were covered. One person said, "I have not ever had a missed call, and I have the same team of three staff come to see me. It has been very consistent since day one." Another person said, "The staffing seems very good, they come to see me on time and they don't ever seem rushed." All the staff we spoke with said they felt there were enough staff on the team. One staff member said, "The team is well staffed. We have people that can cover shifts if someone is away or off sick." We saw that staffing schedules were consistently covered and that people were being given sufficient time to get from one location to another.

Medication was administered safely. The people we spoke with told us they were happy with the support they received with medicines. The staff told us that the training they received was good and enabled them to feel confident in supporting people with the administration of their medicines. We saw that staff had attended the medication training, and the medication administration records (MAR) were accurately filled in and returned to the office when completed. All the MAR were then audited by management to ensure accuracy.

Is the service effective?

Our findings

The staff had the knowledge and skills to support people effectively. One person said, "I have never had any complaints. I think they know what they are doing and I am very happy with the service I get." All the staff we spoke with were confident that the training and guidance they received enabled them to work effectively with people.

All new staff took part in an induction training package. The registered manager member told us, "All staff complete a three day training session where the basic mandatory training is covered. This is built around the care certificate. They have an orientation day which covers company policy and how everything works, then they complete a minimum of six hours shadowing more experienced staff." All the staff we spoke with confirmed that they had gone through this process. Training for all staff was recorded and monitored by a separate training team that was part of the provider. They managed training records and provided prompts to the registered manager to book people on for refresher training as and when was required. We saw that refresher training had been booked for people that required it.

The staff we spoke with all had an understanding of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). 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. We checked whether the service was working within the principles of the MCA and we saw that they were.

Staff were supervised by the manager and felt they had the support they required within their roles. The registered manager told us that new staff would receive a formal supervision as well as a spot check within the first month of employment, and then three monthly supervisions and six monthly spot checks after that. The staff we spoke with all felt happy with the supervision they got, and said they were able to contact senior staff for any further support and supervision if they needed it.

People told us that staff would always gain their consent before carrying out any care tasks. One person said, "Yes the staff always check with me first what needs doing and I tell them." All the people we spoke with made similar positive comments. We saw that people had signed consent forms within their files.

People were supported to maintain a healthy and balanced diet. People we spoke with told us that they were able to receive support with making meals as they required. The staff we spoke with told us that when people did not have help from family members, they could receive help from the staff with their meals. We saw that care plans contained information on people's food and drink preferences which included specifics such as how they prefer their tea.

People could have support to access healthcare services. All of the people we spoke with told us that family

members usually supported them to health appointments. The staff we spoke with confirmed that people had family members to support them to attend appointments, but they could offer help with this when required. We saw that people had information within their files that detailed their medical needs and the support that they had been given. The provider had employed a clinical nurse that the service could get advice and support from when required.

Is the service caring?

Our findings

People said that the staff had a friendly and caring approach towards them. One person said, "The staff are ever so friendly." Another person said, "Yes I find all the staff very kind and caring, they always ask if there is anything extra I need doing and always make sure I am sorted before they leave." One staff member said, "I am able to see the same people regularly, which means I can get to know them and have good conversations. It's not nice for people to constantly have different staff, you can't build up a good relationship."

Staff were aware people's preferences, and were able to support people in a person centred way. Care plans we looked at contained personalised information that guided staff in supporting people the way they liked. One staff member said, "I think the care plans are very good and are accurate to people's needs." We saw that information about what was important to a person, and who was important to the person, was detailed within their care plans, as well as future plans and aspirations.

People were involved in their own care planning. One person told us, "The manager is actually due to see me this afternoon to do a review of my care. I am able to state what I need and control my own care." All the people we spoke with confirmed that they were in control of their own care and could contact management and make any necessary changes as required. During our inspection, we saw that a person rang the office to change their care arrangements due to an appointment they had, and the service was flexible in its response to them.

Staff respected the privacy and dignity of the people being supported. One person told us, "Yes I feel that my privacy and dignity are always respected. The carers are very good, very polite, and respectful." All the people we spoke with made similar positive comments. The staff we spoke with were all aware of respecting privacy within people's home. One staff member told us, "I believe that all the staff, and the company as a whole, respects people's privacy and dignity. Whenever I have worked alongside someone else, I can see the same level of respect is given by them."

People were supported to be as independent as possible. One person told us, "The carers let me do as much as I can when they are here, they don't just take over from me and do the things that I know I can do. It helps me to improve in certain areas and regain some independence." Our conversations with confirmed that this approach was taken with all the people who were being supported and were able to do various tasks for themselves.

We were told that advocacy services were available should people require them. At the time of our inspection, no one was using the services of an advocate.

Is the service responsive?

Our findings

People's needs were assessed before receiving care from the service, and then reviewed and updated regularly. A relative of a person using the service said, "The registered manager came out to us first and we discussed what [person's name] needs were." All the people we spoke with confirmed that they had an assessment with the manager and we saw that pre assessment forms had been completed which formed the basis of each person's care plan.

People's care was personalised to their needs. One person told us, "I get on very well with the staff and we have a good chat. They know what I need." All the people that we spoke with felt that the staff knew how to care for them appropriately. Care plans we looked at all started with information that was personalised to the individual, such as family history, life history, likes and dislikes, interests and hobbies. Care tasks were listed in a personalised way, explaining both the tasks that were required as well as the specific way that each person should be supported.

Care plans and risk assessments were regularly updated. We saw that plans for the reviewing of people's care was in place. Staff members told us that they felt able to relay any changes required to people's care to management, and they would always be updated. People we spoke with felt that the service listened to any requests they had to change and responded to them promptly.

People had the time they needed to receive care in a person-centred way. One person said, "The staff are patient, and nothing is ever rushed." Another person said, "The staff are on the ball and are on time. They never leave early or without making sure everything is complete."

People received planned care when and where they needed it. The people we spoke with told us that the staff provided them with what they needed and they did not feel that anything was missed. We saw that the staff members signed in and out of the visits, and people then signed to confirm that the staff member had attended. The regional manager explained that the service would soon be implementing an electronic log in system for staff to use, which would track their specific whereabouts and ensure that alerts were sent should any call get missed. Nobody reported that any of their calls had been missed by the service.

People knew how to share their concerns and complaints. All the people we spoke with told us that they had not had to make any complaints, but were aware of the formal complaints procedure. The registered manager showed us that the service had a complaints policy and procedure for dealing with complaints effectively. We saw that actions and responses could be created and carried out for any complaints made.

Is the service well-led?

Our findings

People told us that the registered manager and the office based staff were friendly and approachable. One person said "[Registered manager's name] is lovely, very friendly and helpful." A staff member told us, "The management support is excellent, I can get help whenever I need it, and the manager is always very quick to answer any queries." The registered manager told us, "I always have an open door policy." During our inspection, we observed that the registered manager was very knowledgeable about the people receiving a service, as well as the staff team and their skills. The management and office staff that we met were all very positive about the staff team they had, and the company ethos and values in general. All the staff we spoke with were positive about the continued growth of the service.

Incidents and accidents were reported accurately by staff. We saw that any incidents or accidents were recorded by staff on the electronic system. This information was then sent through to a separate team who would monitor all incidents and accidents and identify if any trends were forming. We saw that appropriate actions were taken whenever required to address any incident reported.

Staff members were able to raise concerns and felt they were responded to promptly and appropriately by the registered manager. All the staff we spoke with had confidence that they would be listened to and any issues would be dealt with professionally.

Staff told us that they were encouraged and supported by management to access training and support one another. We saw that the provider had an intranet site where all staff could be regularly updated with company matters, communicate with other team members, and access up to date policy and procedure. Team meetings were also held for staff to attend and discuss topics specific to their service, including staffing, training, and clients. We saw minutes of team meetings which showed us these discussions had taken place.

We saw that quality control had been implemented. The registered manager informed us that the service had quality assurance systems in place that were used to monitor and improve the quality of the care provided. For example, we saw that audits on medication recording and daily notes had taken place. The service had recently employed a quality assurance manager whose role was to monitor quality and work with the registered manager on any areas of improvement.

Quality questionnaires had been sent out to people to allow them to feedback on the quality of the service they were receiving. We saw that the results of these surveys had been collated and used to show any further areas for improvements. We saw that the service had responded appropriately to any concerns that had been raised.