

Midshires Care Limited

Helping Hands Lichfield & Tamworth

Inspection report

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Date of inspection visit:
15 December 2022

Date of publication:
17 January 2023

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 Lichfield & Tamworth is a domiciliary care agency. The service provides support to people who live in their own homes. At the time of our inspection there were 23 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to 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 keep people safe from harm. Risk assessments for people and their environments were in place and up to date. Staff were recruited safely and trained to provide support in a way which was individualised for each person receiving care.

People received effective care from staff who had received a detailed induction. The care plans were electronic. They were detailed, and personalised. Senior staff ensured staff used the plans to effectively support people in line with the plans..

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 received care which was personalised to their needs. People, their relatives and professionals were included in writing the care plans and in the decisions about the care they received. Staff knew people well and used their knowledge to provide support which fully met their needs.

Staff were responsive to the needs of each person. They used a range of skills to aid communication and considered people's religious and cultural needs. Complaints were managed well and responded to in a timely way.

The registered manager and senior staff had good oversight of the service. Audits were used to improve the quality of the service. Staff spoke of the support they received which helped them to do their jobs well. They felt the culture of the service was positive and everyone was working to provide good care.

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

This service was registered with us on 2 July 2019 and this is the first inspection.

Why we inspected

We needed to inspect the service to provide a rating.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 Lichfield & Tamworth

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we held about the service. We sought feedback from the local authority, Healthwatch and other professionals who work with 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.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

During our inspection we spoke with 9 relatives. We also spoke with the care manager, 2 area managers, the quality assurance manager, and 5 care staff. We looked at the care records for 3 people. We checked the care people received matched the information in their records. We looked at records relating to the management of the service, including audits carried out within the service.

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 of 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 were safeguarded from abuse.
- People's relatives told us they knew their relatives felt safe and were protected from potential abuse. One relative told us, "The carers provide an essential service and I know my relative is in safe hands."
- Staff were trained in safeguarding and were able to tell us about the different types of abuse.
- Safeguarding concerns were reported to the Local Authority safeguarding team as required.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed safely.
- People had risk assessments in place which explored their known risks and provided staff with clear guidance on how to mitigate them. For example, a person with a modified diet had a risk assessment in place with guidance for staff on how to support the person with their modified drink.
- Staff demonstrated a good understanding of how to manage people's risks and keep them safe. For example, where one person's skin integrity was at risk, appropriate pressure relieving equipment was in place and staff knew how to use it.

Staffing and recruitment

- People's relatives told us staff attended on time. One relative told us, "The staff are just brilliant-never late and sometimes early so they can have a chat."
- Staff rotas included travel times between all people's care calls. Staff told us they had enough time to get to their next calls, without feeling rushed.
- People were supported by safely recruited staff. The registered manager completed Disclosure and Barring Service (DBS) checks on staff prior to them commencing their employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely. One relative told us, "The carers and myself have responsibility for my relative's medicines so it's vital everything is documented properly, and it is."
- Where people were prescribed medicines on an 'as required' basis there were clear records in place to ensure people received these when they needed them.
- Staff had attended medication training and had spot checks done to make sure they administered medicines safely.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Lessons were learned where things had gone wrong. For example, the care manager reviewed accidents and incidents and made changes to people's care and support to reduce future risk.

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.

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 MCA 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.

- Some minor issues were identified with the MCA process, as assessments viewed, were not always completed within the principles of the MCA. It was suggested the manager reviewed and updated their knowledge about this.
- People were supported by staff who had a good understanding of the MCA and were meeting this. For example, people had decision specific capacity assessments in place which involved them and those important to them.
- Staff ensured they asked people's consent prior to supporting them. One staff member told us, "I always get consent, it's about giving them the control."

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

- People's needs were assessed before they received care and reviewed regularly in response to changes in their health.
- Staff followed people's care plans to meet any associated needs. For example, a person with specific communication needs had these recorded within their care plan and guidance for staff on how to support the person with this.

Staff support: induction, training, skills and experience

- We received positive feedback from people's relatives and staff about training. One relative said, " Staff are very obviously well trained, you can tell by their confidence."
- Staff received an induction and training relevant to their roles and prior to supporting people. One staff member said, "The induction was really good, it included very practical training as well as the online

training, it was very comprehensive." A staff member said, " Yes I had an induction and all the training - definitely a lot better than my old company "

- New staff completed their care certificate within 12 weeks. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were supported to eat and drink safely in line with their needs.
- Where people required additional support with eating and drinking, they received this support safely. For example, one person needed a modified drink and staff documented clearly that they had prepared it in line with the care plan.

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

- People had access to health and social care professionals where they required them. For example, staff supported people to contact their GP's where concerns with their health had been raised. One staff member told us, "I help [person]to call professionals about their care, and I get their prescriptions."
- The registered manager worked with health and social care professionals to make improvements to people's care where their needs changed.

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

- Relatives gave positive feedback about staff. One relative told us, "The carers are considerate and caring with all of us, couldn't ask for more."
- Information about people's protected characteristics was included within care plans to support staff to meet these needs. For example, people's religion, gender and sexuality was recorded within their care file.
- People were supported by kind and caring staff who knew them well.

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

- People were supported to be involved in their care and how it was delivered. One relative told us, "I had to ask for regular carers and the manager visited to ensure I was happy with the resolution."
- People's relatives told us staff knew their relatives well and supported them to make changes. One relative told us, "We discuss my relative's care regularly and change things if needed."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, dignity and independence. One staff member said, "I make sure they always know what is happening, I give them control. Another staff member told us, "We used to hoist a person, but now we have encouraged them, and they are confident again and they do not need to be hoisted anymore, they can get up themselves."
- People's independence was promoted through their care planning. For example, one person's care plan contained details about what they like to eat, and staff are to offer choices.

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's preferences were included within their care plans. For example, people's food, drink and care preferences were recorded to support staff to understand and meet these.
- One relative told us, "The carers know my [relative] so well and remember their favourite things."
- People and, where appropriate, their relatives were involved in the assessing and planning of their care. The care manager told us, "When we go out to do reviews we will always speak to the person and listen to what they say."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication care plans which provided guidance for staff on how to meet people's needs. For example, care plans recorded whether people required glasses or hearing aids.
- Where people had complex communication needs staff worked with them and their families to develop an understanding of how best to communicate with them. For example, one person, who has limited mobility, had pictures above their bed and staff could discuss the pictures with them.
- People could access information in a variety of formats such as braille or large print. The area manager told us about one person with sight issues and how they had produced a voice care plan where the person recorded the plan in their voice.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain. One relative told us, "My relative needs stability and when I discussed this with the manager they ensured that the regular carers should attend."
- Where complaints had been made the registered manager responded to these in full, in line with their policy.

End of life care and support

- Nobody at the service was receiving end of life care at the time of our inspection.
- However, staff were trained in End of life care

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 and relatives told us they received good quality care and that they were happy with the service provided. Comments included, "The staff and office have been so great with me after [relative] was admitted to hospital, checking I am ok." Also, "Yes this is a good agency with lovely staff for example, they will water plants in the summer outside and pull curtains in the winter all to make [relative] feel looked after."
- The care manager and senior staff had a good understanding of people's needs and were committed to promoting a good quality and consistent service.
- The provider had received compliments from people and relatives, and this was fed back to staff, so they knew what people had said about them.

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 care manager understood their responsibilities in relation to duty of candour. There were policies in place to help ensure the provider was honest and transparent with people if there were incidents and mistakes or if things went wrong.

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

- There were effective systems in place to oversee the quality of the service. Senior staff completed regular audits of care plans, care records and medicines records to help ensure documentation was completed accurately. Senior staff monitored the electronic care planning system both inside and outside of office hours to help ensure care was being carried out as planned.
- Senior staff monitored staff's working performance and behaviours through regular observations of their working practice. Positive feedback and areas for improvement were shared with staff to help ensure they understood how they were performing.
- There was a clear management structure in place. Key roles and responsibilities were defined, and each member of senior staff had a good understanding of each other's roles.
- The care manager had submitted appropriate statutory notifications about significant incidents at the service.

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

- The provider had effective systems in place to gain people's feedback about care. This included quality assurance questionnaires and regular contact from senior staff. One relative said, "We get calls to ensure all is ok."
- Records of responses received from quality assurance questionnaires reflected positive feedback from people and relatives about staffing and the overall quality of care.
- Staff attended regular team meetings where the registered manager shared positive feedback to reinforce good practice and encourage learning where improvements were identified.

Continuous learning and improving care

- The provider had continuously assessed where changes could be made to improve the quality and safety of the service. They had recently changed to an electronic care planning system to better enable them to monitor care in real time. This helped to make the provider's processes around care call monitoring more robust.

Working in partnership with others

- The provider worked in partnership with professionals involved with people's care to ensure they received appropriate input and support. This included contacting professionals for their input when people's needs changed. One staff member told us, "If there is a new piece of equipment in someone's home, the occupational therapist will train us on it and sign us off."
- Senior staff produced magazines and bulletins for people and staff to inform them of what was going on within the service.
- The senior staff told us how they linked in with the local community to provide support for people.