Midshires Care Limited

# Helping Hands Richmond

## 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

This inspection took place on 09 October 2018 and was announced. This was the provider's first inspection since their registration on 23 October 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and those with physical disabilities.

Not everyone using Helping Hands Richmond receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection 10 people were receiving support from the service.

There was a registered manager in post at the time of our inspection. 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.

People received care that was delivered in a safe way, by staff that had been securely vetted. Risks to people were regularly reviewed to ensure that risks were mitigated. Staff knew the action to take if they suspected anyone to be at risk of abuse, and the provider took appropriate action. Any incidents or accidents were investigated to ensure that the likelihood of reoccurrence was reduced. Medicines were administered to people safely, and records showed that people received them at the times that they needed them. Appropriate steps were taken to manage infection control.

Staff received appropriate training to conduct their role through training, supervision and appraisal of their role. People received support to access meals of their choosing and had access to healthcare professionals. Staff understood the principles of the Mental Capacity Act 2005 (MCA) and the provider ensured these were followed. The staff team worked together to ensure that people's needs were met effectively.

People and relatives felt that the care they received was compassionate and kind. Staff respected people's privacy and dignity when supporting them. People were involved in decisions about their care, and were encourage to carry out the tasks they were able to, in order to remain independent.

The provider was responsive to people's needs and ensured that their care needs were regularly reviewed. Care plans reflected people's preferences and demonstrated their involvement in the planning of their care. People were supported to express any end of life wishes. People and relatives knew how to complaint should they need to.

The registered manager was thought of highly by staff, and they felt supported to carry out their roles. Quality assurance systems were effective in identifying areas for improvement and driving the quality of the

service forward. The registered manager took steps to work with other organisations to ensure people received the support they required.

## 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.

People were supported by safely recruited staff, who knew how to take steps to safeguard people. Risks were regularly assessed to ensure people were safe. Medicines were safely administered. The provider took action to ensure incidents and accidents were investigated.

### Is the service effective?

Good

The service was effective.

People were supported to eat and drink, as well as access healthcare professionals when they needed them. The provider followed the principles of the MCA to support people effectively. Staff received relevant training and supervision to support them in their roles.

### Is the service caring?

Good

The service was caring.

Staff delivered kind and compassionate care, whilst supporting people to remain as independent as possible.
People's privacy and dignity was well respected.

### Is the service responsive?

Good

The service was responsive.

People's care needs were regularly assessed, and relevant people were involved in this process. The provider had a suitable complaints policy in place that had been adhered to. People were able to express any end of life wishes.

### Is the service well-led?

Good

The service was well-led.

The registered manager understood their responsibilities and ensured that staff received appropriate support. Quality monitoring systems were robust and prompt action was taken to

drive improvement across the service.

# Helping Hands Richmond

**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 09 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 09 October 2018 and ended on 10 October 2018. It included speaking with people that use the service, their relatives and staff members. We visited the office location on 09 October 2018 to see the manager and office staff; and to review care records and policies and procedures.

This inspection was conducted by one inspector.

We used information the provider sent us in the Provider Information Return to inform our inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the registered manager and three members of staff. We looked at care files for four people using the service. We also looked at records held about the service including four staff files, incidents and accident reports and quality compliance audits. Following the inspection, we spoke to one person using the service and two relatives.

Good

# Is the service safe?

## Our findings

People and their relatives felt that Helping Hands Richmond provided them with a safe service. One relative told us, "I know [family member's] safe with them." Staff knew of the steps to take to enable people to remain safe, and undertook relevant safeguarding training. A staff member said, "It's about protecting myself and the person from anything that could cause harm. There are different types of abuse, mental, physical, verbal. I would report it immediately to my manager and make a note of it."

We reviewed records of investigations into safeguarding incidents that the provider kept. Each incident had been fully reviewed by the provider using an analysis tool, which ensured that full actions arising from any incidents were completed in a timely manner.

Incidents and accidents were well managed to help prevent reoccurrence. Where a 'near miss' incident had been identified the provider carried out a full investigation to review and ensure that appropriate action was taken. Each investigation resulted in an action plan and records showed that the provider had kept involved parties informed throughout.

Risks to people were well managed to ensure that staff were equipped to mitigate any potential risks. People's records included detailed risk assessments for a range of areas such as medicines, moving and handling, finances and the environment. Individual risk assessments were also in place to meet potential specific needs such as smoking, alcohol consumption or falls. Where people required support with their mobility each person had agreed safe transferring procedures. These clearly detailed how staff should use any lifting equipment with instructions on how to ensure there was a safe outcome. The likelihood of each potential risk was clearly recorded, and actions to keep people and staff safe were clear.

Recruitment processes were robust to ensure that staff were safely recruited. Records included staff application forms, explanations of any gaps in employment and records of staff interview outcomes. Each person had two references on file as well proof of identification and each staff member had an up to date Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were managed safely to ensure that they received them on time. Where support with medicines was required, each person had a risk assessment that included a list of their medicines, when and how they needed to be taken as well as guidance notes on how they should be administered. There was guidance to inform staff as to where on the body any creams should be applied as well as any preparation required. Staff received specific training to support them to meet the needs of people requiring specialist medicines. Staff knew how to ensure people received their medicines safely, with collection of medicines from the pharmacy integrated into people's call times. One staff member told us, "One person was hospitalised and I had to send all their medicines with them, and I've had to add antibiotics to the medicines administration record (MAR), we've had training." We reviewed the MAR for three people and found that any gaps or omissions were fully explained with accurate recordings when 'as required'

medicines had been administered.

Staff knew how to control the spread of infection. Comments included, "We have gloves and aprons. We always cover the [people's] lunches, write dates when packages are open and check that foods are in date"

Good

# Is the service effective?

## Our findings

People's needs were thoroughly assessed prior to the commencement of the service, to ensure that an appropriate package of care was in place for them. The registered manager met with each person and where relevant their next of kin, to carry out an assessment of their needs. People were consulted on the outcomes they wanted to achieve, such as tasks to improve independence or companionship; and who was most important to them to support them to achieve their goals.

Staff were supported to ensure that they were competent to carry out their roles. Staff received a thorough induction prior to commencing work, with one staff member telling us, "We did three days in the office for e-learning and policies. In the field hours as well, signed off by the manager, they would watch you do it [provide care for people]." Records showed that all staff had been subject to an induction sign off prior to being able to work independently with people. Staff received annual refresher training in topics such as basic life support, health and safety, dementia awareness and moving and handling. Specific training courses were available to staff to meet specific needs such as ear and eye drop administration, catheter washout or bowel management. Where staff were due annual refresher training, records showed that this had been booked to ensure that they were up to date. Staff received routine one to one sessions with their manager, as well as unannounced spot checks to observe their practice. A staff member said, "We talk about any concerns, communicate if care plans need to be updated, any additional support we need. We can request additional risk assessments. We also talk about what I'm going through, they're always there." We reviewed the spot checks records for the four staff files that we reviewed and saw that staff competencies were fully assessed and action taken where improvements were identified.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When people are living in their own homes, this is done via the Court of Protection.

We checked whether the service was working within the principles of the MCA. Staff were aware of how to apply the MCA to their roles with one staff member telling us, "It's about always assuming someone has capacity. If they make an unwise decision it doesn't mean they're not capable, we need to support them. If acting on their behalf, we do so in their best interests in the least restrictive way possible. You make sure they understand and do everything in your power to accommodate their capacity." Records showed that people's consent was sought prior to the commencement of treatment, and the service liaised with people's power of attorney where appropriate.

People were supported to maintain a diet in line with their preferences. Each person had their nutritional needs assessed and records detailed preferences such as portion sizes, any allergies or how people liked

their food to be prepared and presented to them. Daily records reflected the meals people had been served and how much they had consumed. A staff member told us, "I have one person who has ready meals, some others need assistance [to prepare meals]. I don't take over, you want them to be as independent as possible."

Efforts were made to ensure that people were supported to access healthcare professionals at times that they needed them. People's care records clearly detailed their health conditions, and included fact sheets to guide staff on signs to look out for and steps to take to support people if deterioration was identified.

Good

# Is the service caring?

## Our findings

People and relatives felt that they were supported by staff that were caring and compassionate. Comments included, "As far as I'm concerned they've [staff] all been good", "I've been impressed by them, all carers have been brilliant. Very police and trustworthy and very friendly", "[Family member] is really happy and it seems to be working for her."

Staff demonstrated that they knew the people they were caring for well, and spoke passionately about the care they delivered. One staff member told us, "I remember [person's] family details, and when looking at family photographs I can help jog his memory. I know what frustrates and empowers him, for example support [person] to get their own paper at the local shop." Another staff member told us, "One staff member said, "You build a rapport, you know when people aren't happy."

People told is they were supported to express their views, with one person telling us, "They [staff] ask what I like, how I'd like it done and they just do it." A staff member told us, "I'm usually informed of [the person's] care beforehand. I'll ask the customer, if there's any additional notes I'll let the office know."

Staff knew how to respect people's privacy and dignity. A staff member said, "I have to remove the bottom half, cover them with a towel, give privacy for getting dressed. I give them [person] what they want. I have regular customers, once comfortable with you the way to speak to them really helps." People's care records detailed how they preferred to receive their personal care, so that it was clear to staff how people's dignity should be maintained.

People were supported to be as independent as possible. People's care records detailed the personal care activities they could carry out for themselves, or the tasks they would complete within the home.

Good

# Is the service responsive?

## Our findings

People received care that reflected their needs, and relatives commented on their inclusion in the care planning process. One person said, "I feel my preferences are met, most definitely." Relatives told us, "[Person] was here when they [service] came to assess, so they knew exactly what was going on" and "I was with [person] at the initial meeting to discuss the care."

Staff demonstrated to us that they knew how to highlight any changes in people's needs, by reporting this to the office and requesting a review of their care plan. A staff member said, "One person said they were lonely so I spoke to the office about extra visits for companionship, people's requirements change." Another told us, "If care plans need to be updated, if any additional duties or support are needed I can request a new risk assessment."

People's care plans showed that individual preferences had been taken into account when planning their care. One person's record reflected how they preferred staff to wear their uniform, and records showed that staff accommodated this request. A staff member told us of one person, "He's very visual, so I leave my jacket or jumper out where he can see it, I leave a reminder to jog his memory to know I'm still there. It's about figuring out what works for that particular person and reacting to it."

Records showed that people received regular home visits to review their care and support. People were included in this process, and that appropriate changes in needs such as medicines or how they wished duties to be performed were discussed. Feedback was also sought on the care they received so that the service could ensure that people were satisfied with the staff that attended to them.

People were supported to access information if they presented with a sensory impairment. The registered manager told us they were able to provide documents in large print if needed, that staff read their care notes to people in order for them to sign them and that some people were supported with the reading of their post.

People were aware of how to complain, and both people and relatives told us they had a copy of the provider's complaints policy. Records showed that all complaints were thoroughly investigated as they were reported. Findings were clearly recorded so that the service could conduct and investigation analysis and share any learning from the complaints raised. We saw that all complaints were responded to promptly, with action being taken where necessary.

People were supported to discuss their end of life wishes. This included liaison with family members and people's power of attorney to ensure that people's preferences were accommodated.

Good

# Is the service well-led?

## Our findings

People, relatives and staff felt that the service was well-led. Comments included, "I'm really glad we put it in place, they give me peace of mind" and "[Registered manager] is always very polite, very gentle when she speaks to me." Staff told us, "I think she's [registered manager] a good manager, very communicative and very available to us employees", "I definitely, 100% get enough support to do the role. I'm really happy with the company, I get support from managers and co-workers as well" and "[Registered manager] is always willing to answer any questions I have."

The quality monitoring systems in place was thorough and effective in evaluating service delivery and any improvements. The provider monitored any accidents, incidents and complaints with an analysis tool to ensure that lessons learnt were identified promptly and shared with relevant parties. All of the audit records that we viewed identified any discrepancies, and detailed the action taken to remedy any issues found. Where learning or development was identified for staff we saw that the provider arranged updated training, where MAR needed improving we saw that training was arranged for all staff. Individual staff were also subject to improvement notices where it had been identified that practice required improvement, and we saw that these were reviewed as appropriate.

Staff were also subject to regular spot checks of their practice, where the registered manager would observe staff delivering care to people. Records of these checks were kept to ensure that there was evidence of staff competence and ability to carry out their role. Staff also attended regular team meetings to ensure that there was a suitable forum to discuss practice development and the care provided to people.

People and relative views were sought through home visits and telephone calls, with encouragement for people to leave online reviews. We reviewed recent compliments praising the care staff delivered as well as the efficiency of office staff.

The registered manager worked with continuing healthcare professionals when accepting referrals to ensure that they had suitable staff to work with people. The registered manage had also made contact with a ready meals distributor and arranged for both parties to share leaflet communication for their services. A local hairdresser who had experience of supporting people in care homes, was also recommended to people should they be seeking this service.