

Midshires Care Limited

Helping Hands Wimbledon

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

Helping Hands Wimbledon is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The service is owned by Midshires Care Limited.

Not everyone using the service received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'. This is help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. Helping Hands Wimbledon was providing personal care to seven people at the time of this inspection.

This was our first visit to the service since it registered with CQC in November 2016.

A registered manager was 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.

People told us they felt safe and were treated well by staff who were polite and kind. They said they would recommend this service to other people. Relatives were positive about the service provided to their family members.

People were protected from abuse because staff received training in safeguarding, so knew what action to take if they were concerned about someone being abused, mistreated or neglected. Staff were recruited safely. Appropriate employment checks were carried out to help make sure staff were suitable to work with vulnerable people.

Staff received training in the Mental Capacity Act (MCA) and understood the importance of gaining people's consent before assisting them.

People's health and social care needs were holistically assessed. Risks associated with their care were monitored and managed well. People had risk assessments in place so staff were made aware of any hazards that could affect the delivery of safe care. Personalised care plans supported staff to meet people's needs and preferences.

People told us staff were competent and had the skills and experience to meet their needs. Staff, were positive about the training and support they received from the management team.

Staff had access to personal protective equipment (PPE) for the prevention and control of infection.

People and their relatives felt able to raise any concerns or complaints. There was a procedure in place for people to follow if they wanted to raise any issues.

The service promoted a culture that was person centred, open and inclusive. People using the service and their relatives said that Helping Hands Wimbledon was well managed and responsive to their needs.

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.

There were systems to safeguard people from abuse. Any risks to people were assessed and managed safely.

People had sufficient numbers of staff to meet their needs.

People received their medicines safely.

People were protected by safe infection control practices.

Is the service effective?

Good ●

The service was effective.

Staff completed training to provide effective care and support to people using the service.

The provider worked within the principles of the Mental Capacity Act (MCA) 2005 and made sure they obtained people's consent to the care and support they received.

People were supported with their nutrition and to stay healthy and well.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and respected and promoted their privacy, dignity and independence.

The service consulted people and their relatives about the care and support provided and involved them in decision making.

Is the service responsive?

Good ●

The service was responsive.

People using the service received care and support that was personalised and responsive to their needs.

The provider had systems to respond to complaints they received. People using the service and their relatives felt able to raise any concerns or complaints.

Is the service well-led?

Good ●

The service was well-led.

People using the service and their relatives told us the service was well managed. Senior staff were available, consistent, and led by example.

The service carried out regular checks to monitor quality in the service and make improvements where necessary.

Helping Hands Wimbledon

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.

We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that managers and staff would be available. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

Inspection site visit activity started on 31 May 2018 when we visited the office location to see the manager and office staff; and to review care records and policies and procedures. Our inspection ended on 18 June 2018 with phone calls to people using the service and/or their representatives.

We spoke with the organisational head of homecare, the registered manager, a quality assurance manager, the acting branch manager and one care staff. We also reviewed the care records of three people using the service and staff recruitment and training records for three care staff working for the service.

Following the site visit we spoke with four people using the service and two relatives by telephone.

Is the service safe?

Our findings

People using the service said they felt safe because they were supported by staff who knew how to support them safely. One person said, "They keep me safe, absolutely. They don't do anything dangerous. In fact, they stop you from doing anything dangerous."

There were sufficient staff to meet people's needs. People told us that the care staff met their needs and the service provided was reliable. However feedback regarding the consistency of staff who supported them was varied. Their comments included, "Usually it's a mix of staff", "Mostly the same staff", "I'd prefer more stability" and "I'd like more of the same people." One relative commented, "We have the same carer – they are brilliant." Another relative told us that their family member had the same two staff supporting them wherever possible.

Some people using the service needed support with taking their prescribed medicines. People received varying levels of staff support from prompting through to administration depending on their assessed need.

Staff received medicines training to make sure they supported people safely. Their competency was assessed by the trainer during the training session and feedback given to the registered manager. Each individual staff member then had their medicine practice checked as part of a competency assessment to ensure they were safe to administer medicines when they worked alone. Senior staff also carried out checks on medicine records to ensure staff were administering medicines correctly. It was noted however that some checks were not timely and this was discussed with the managers at the time of inspection who agreed to make changes to address this.

Risks to people's health and well-being were assessed and managed. Detailed information was recorded in the electronic care documentation about the potential risks to people and this provided clear guidance to staff addressing areas such as medicines, moving and handling and nutrition. Any potential risks to care workers were also identified and recorded with action taken when necessary. For example, any electrical or tripping hazards in the person's home.

People were protected from potential abuse and avoidable harm. Staff had undertaken safeguarding adults training and understood their responsibility to report concerns immediately. Staff had access to safeguarding and whistle blowing policies and information about what action they should take if they suspected abuse. This meant staff knew who to contact within the service and the agencies to contact externally.

Effective recruitment and selection processes helped make sure new staff were suitable to work with vulnerable people. Recruitment files provided a clear audit trail of the steps taken to ensure new staff members' suitability, which included references and appropriate checks. Disclosure and Barring Service (DBS) checks were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People were protected from risks to their health and well-being by the prevention and control of infection. Staff completed training in infection control and protective personal equipment (PPE) such as gloves and aprons was made available to them. One person using the service commented, "They stop and put gloves on when they need to."

Is the service effective?

Our findings

People using the service had their care and support needs assessed. Records seen confirmed that people's individual needs were assessed prior to their care and support package commencing to make sure these could be met by the service. If necessary, a two-part assessment was completed, initially if the person was in hospital then at home to check their mobility and support needs. One relative told us, "We had an assessment visit. We had a long chat to discuss the support we wanted."

People told us they felt the staff team were appropriately trained to meet their care and support needs. One person told us, "I'm sure they are well trained." A relative said, "Absolutely, they know how to work with my [family member]." Another relative said the staff member working with their family member was "knowledgeable."

New staff members were required to complete a three-day induction where the necessary training was completed in line with the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social care workers adhere to in their daily working life. The induction addressed important areas such as the safeguarding of adults, moving and handling and medicines. Staff then shadowed experienced staff for six hours depending on their own level of experience.

Staff records showed that mandatory training was provided to staff however we noted that refresher training was overdue for some staff. The registered manager told us that this had been arranged and new systems were being put in place to make sure staff were always up to date with their mandatory training. Provided courses included moving and handling, first aid, safeguarding and the Mental Capacity Act (MCA) 2005. A training and meeting room was used to facilitate the training on the first floor of the agency office with moving and handling equipment provided for staff to practice on. One staff member said, "We do training here every month. They are so good on training."

Specialist dementia training was provided to staff and the service had made links with a local dementia hub with some staff becoming dementia friends after attending sessions there.

The staff team were given the opportunity to meet with a member of the management team on a regular basis and competency checks on their work were carried out. This enabled the management team to check the support workers were carrying out the care and support they were required to do.

People's care and support were provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 provides a legal framework for making 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 make 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. People told us the staff team always obtained their consent before they carried out their care and support and choices were always

offered. One person said, "Yes they listen and take it on board." Another person told us, "They listen." Where people lacked capacity to make some decisions, we saw the service worked with their relatives or representatives to agree decisions that were in the person's best interests. A relative told us how the staff member encouraged their family member to be as independent as possible.

Is the service caring?

Our findings

People and their relatives spoken with felt the staff team were caring and kind. One relative talked positively about the care staff saying they were "thoughtful" and had a "manner that works." Another relative described the staff as being "very good" with their family member and confirmed they treated the person in a kind and sensitive manner. A relative commented that the staff member and their family got on "Like a house on fire."

People confirmed their privacy and dignity were promoted when being assisted with personal care. Staff gave us examples of how they upheld people's privacy and dignity when supporting them. For example, making sure curtains were closed and doors shut when helping with personal care. One person told us, "Yes they are all polite." Another person said, "Yes they all talk nicely." A third person commented, "They are very polite." This important area was addressed in training with staff being reminded of the importance of ensuring people's dignity when being supported with personal care.

Care records contained evidence the person or their relative had been involved with and were at the centre of developing their care plans. They were written in the first person, were personalised and contained information about the person beyond their assessed health and personal care needs. Each care file included information about 'what is important to me', 'my life history' and 'my interests and hobbies'.

The service had received a number of compliments and these were displayed in the office for staff to see. A recent compliment seen said, "[Relative's name] has been positive about all of your visits and the kind professional and caring manner in which they are carried out."

Positive feedback was also shared via email throughout the organisation to celebrate each service and the staff providing care.

Staff received equality and diversity training and people's individual needs were taken into account. For example, people's religious needs were detailed within their care plan.

A confidentiality policy was in place and the staff team understood their responsibilities for keeping people's personal information confidential. Computers which stored personal information were password protected and people's care records were kept secure.

Is the service responsive?

Our findings

People using the service told us the service was responsive and they received personalised care that met their needs. One person commented, "Their best is more than good enough."

People were visited before their care package started to determine what help and support they needed. This was to make sure people's needs could be met by the staff team. Records we checked confirmed this. An electronic plan of care was then developed based on the assessment and developed as staff got to know the person better.

Each person's care plan addressed their care and support needs and how they wanted these to be met. They included people's likes and dislikes and personal preferences with regard to how they wanted to be supported. For example, one person's plan of care referenced the importance of them wearing an alarm pendant and their preference for taking a walk each day. Daily notes seen reflected this support.

Good information was presented about people's preferred routines, providing guidance to staff about how they liked to be supported. These were written in the first person, for example, 'I will probably be in bed when you come', 'I would like the carer to ask me if I have had my medicine' and 'I would like the carer to come in and prepare my meal'.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager told us they could provide literature in large print and other formats as required.

There was a complaints process in place. People and/or their relatives received a copy of the complaints process when the service started which detailed how any concerns or complaints would be managed. People and their relatives we spoke with knew who to contact if they were unhappy or unsure about anything. One person told us, "I think I would feel able to complain." Another person said, "I have never needed to speak to anybody." A telephone feedback form from one person said their concerns "have always been resolved quickly."

The organisation had an electronic system which was used to help effectively investigate complaints in a timely manner. Complaints were recorded electronically, and analysed for any themes or trends at a local and national level. When a complaint was raised a 'root cause analysis' was carried out to establish what had happened and to help make sure it did not occur again, within the service as well as elsewhere within the organisation.

Is the service well-led?

Our findings

There was a registered manager in place. 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.

There was a clear leadership structure. The registered manager had been promoted to a regional manager position and a new branch manager appointed who had applied to be registered with CQC. They were supported by field care supervisors in overseeing the overall operation of the service. The branch manager and her staff team were experienced, knowledgeable and familiar with the needs of the people they supported.

People told us the service was well managed and the management team were open and approachable. They were confident in the quality of the service and felt able to recommend the agency to others. Relatives also felt the service was properly managed and the management team were responsive to them. One relative said, "We find the manager to be very helpful. Very organised."

Staff members felt supported by the management team. A staff member told us, "Nothing is a silly question. I do feel comfortable in raising any issues." Another staff member said, "I enjoy working here. You can ask anything." The organisation had different ways of rewarding and appreciating staff for the work they did. For example, staff recognition awards and handing out "Wow you are amazing cards" to recognise their positive work. A member of care staff from Helping Hands Wimbledon won an 'Excellence every time' award in 2017 and five staff were nominated and shortlisted in 2018. A carer of the month award was also run for the service.

Regular staff meetings took place providing staff with the opportunity to have their say and to be involved in how the service was run. Subjects discussed at the last team meeting included medicines administration, record keeping and the awarding of carer of the month. Staff surveys were also used to engage with staff and get their opinion.

There were systems in place to help ensure the quality of the service provided. Customer telephone questionnaires were completed and spot checks took place to observe staff and get feedback from the person using the service and/or their relative. Regular audits of daily records and medicines also took place. As stated previously, the timeliness of checks on medicine records was discussed with the registered manager at the time of inspection.

Organisational quality systems included audits from head office with action plans put in place where required to address any shortfalls. Any accidents or incidents were reported electronically and used to 'learn lessons' with written information supplied to each organisational branch to help avoid any re-occurrences.

The organisation kept managers and staff up to date with changing practice and legislation. For example,

training was recently provided around the new General Data Protection Regulation (GDPR). A 'care2share' intranet provided staff with news and updates as well as organisational information and policies and procedures for reference.