

Midshires Care Limited

# Helping Hands Solihull

## 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

About the service: Helping Hands Solihull is a domiciliary care agency. It provides personal care to people living in their own homes, including, older people, younger adults, people with mental health problems, sensory impairments and learning disabilities. At the time of our visit 56 people were in receipt of personal care.

People's experience of using this service:

- People remained living in their own homes in line with their wishes.
- People felt safe and were protected from avoidable harm.
- Staff knew about the risks associated with people's care and understood how to keep people safe.
- Care calls were provided at the times people expected and for the length of time agreed.
- Staff were recruited safely, and enough staff were employed.
- Staff received the support and training they needed to be effective in their roles.
- Medicines were managed and administered safely by the service.
- Staff followed good infection control practice.
- People's needs were assessed to ensure they could be met by the service.
- People received information about the service in a way they could understand and chose how to live their lives in the least restrictive way possible.
- People felt respected and their independence was promoted.
- Care and support was provided in a dignified way.
- People's end of life wishes had been discussed and recorded.
- People were supported to meet their nutritional needs.
- People were involved in planning and agreeing their care. Care plans contained detailed information staff needed to provide personalised care.
- Systems were in place to manage and respond to complaints.
- People were happy with the service they received and the way the service was managed.
- Feedback gathered was used to drive improvement.
- Staff felt supported and enjoyed their jobs.
- Effective systems were used to continually monitor and evaluate the service provided.

At this inspection we found the evidence supported a rating of 'Good' in all areas. More information in 'Detailed Findings' below.

Rating at last inspection: This was the first inspection of the service.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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?

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 Solihull

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** One inspector, an assistant inspector and an expert by experience, carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

**Service and service type:** Helping Hands Solihull is a domiciliary care agency. It provides personal care to people living in their own homes, including, older people, younger people, people with mental health problems, people living with dementia, people with sensory impairments and people with learning disabilities. CQC regulates the personal care provided.

The service had a manager registered 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:** This comprehensive inspection took place on 7 March 2019. The inspection was announced. We gave the provider short notice of the inspection because we needed to be sure the registered manager and other staff would be available to speak with us.

**What we did:** Prior to the inspection, we looked at the information we held about the service and used this to help us plan our inspection. This included information the provider must notify us about, such as allegations of abuse. We also considered the Provider Information Return (PIR). This 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 also contacted the local authority commissioners for the service, they had no information to share with us.

During the inspection we spoke with:

- 12 people.

- Six people's relatives.
- The registered manager, the provider's quality partner, the head of homecare, a care co-ordinator and three care workers.

We looked at:

- Five people's care records, including risk assessments and medicine records.
- Three staff personnel files, including recruitment, induction and training records.
- Records of accidents, incidents, compliments and complaints.
- Quality assurance information and completed audits and checks.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- People felt safe. One person said, "Carers are nice to me. I certainly feel safe." A relative commented, "Mum feels safe with her carers. They keep her safe in her own home."
- Risks associated with people's care, were assessed and detailed risk management plans were in place to inform staff how to manage and reduce risks. For example, where people required help to move safely the number of staff needed and the equipment used was documented.
- Staff knew how to manage risks. One said, "Step by step routines are in place which we follow to provide safe care."

### Systems and processes to safeguard people from the risk of abuse

- The management team and staff understood their responsibility to safeguard people from harm.
- The registered manager had shared information, when required with the local authority and to us (CQC) to ensure allegations or suspected abuse were investigated.
- Staff received safeguarding training which supported them to understand the different types of abuse people may experience. Staff knew to report any suspected or witnessed abuse to the management team and whilst confident these would be addressed understood how to escalate their concerns if they were not.

### Staffing and recruitment

- Enough staff were employed to ensure people received all their care calls, from familiar staff at the times agreed.
- Staff had enough time to provide the support people required. One said, "Time is scheduled to ensure people's needs are met. We are not rushed, we get enough time."
- The provider's recruitment procedures minimised, as far as possible, the risks to people's safety. Staff confirmed they were not able to start work at the service until the required checks had been completed to ensure they were suitable to work with people who used the service.

### Using medicines safely

- Medicines were managed and administered safely by the service.
- People received support to take their medicines if this was part of their planned care. A relative said, "They (staff) write everything down so we know. They do it exactly as it should be done."
- Staff were trained and deemed competent by the management team before they administered medicines. One staff member said, "We get training and have regular checks to make sure we are handling medicines correctly."
- A series of effective medicine checks took place which meant any errors could be identified and addressed promptly.

### Preventing and controlling infection

- Everyone we spoke with confirmed staff followed good infection control practice.
- Staff completed infection control training and understood their responsibilities in relation to this, including the use and safe disposal of single use aprons and gloves.

### Learning lessons when things go wrong

- The head of home care explained incidents were used as a learning opportunity to develop services across the organisation. Strong emphasis was placed upon continually developing the safety of the service. For example, information including the early signs to indicate a person may have sepsis had shared with staff to increase their knowledge.
- A system to record accidents and incidents that occurred was in place. The registered manager regularly reviewed completed records to identify any patterns or trends, so appropriate action could be taken to reduce the likelihood of them happening again.



# 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.

Good: 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 assessed before they started using the service to ensure their needs could be met. Assessments included their preferences, required call times and life style choices.
- Outcomes were clearly recorded, and progress was monitored and regularly reviewed which supported a good quality life.
- Information gathered during the assessments was used to develop detailed care plans which helped staff to get to know people and understand their needs.
- Most people recalled being involved in planning and agreeing to their care. One person said, "Someone senior came out. We went through what I wanted them to do. It was useful, I think we were all clear about what I needed and when."

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager understood the relevant requirements of the Act. No one using the service at the time of our inspection had restrictions on their liberty.
- Staff had completed MCA training and people confirmed staff always gained their consent before they provided assistance. One person said, "My carer asks me what I want doing first. She says, do you want a shower this morning? Shall I help?" Another told us, "It's all very easy. They never impose."

Staff support: induction, training, skills and experience

- People felt staff were well trained. Comments included, "They know what I want to do. I have confidence in them and that means a lot." And, "They seem very professional. They are all really good."
- Staff developed and refreshed their knowledge and skills through an initial induction, which included the Care Certificate followed by a programme of on-going training. The Care Certificate is the nationally recognised induction standard.
- The provider was committed to ensuring staff had the skills and knowledge they needed to be effective in

their roles. New training facilities were being developed at the time of our visit.

- Staff felt supported. They received individual support through one to one meetings to help guide them with their work and continually improve their practices.

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

- People received the support they needed to meet their nutritional needs. One person said, "They (staff) make me a drink and always ask what I'd like. They fill the water bottle in the morning and evening. I have it beside me during the day." Another told us, "I tell them what I fancy. They sort it for me."
- People's dietary requirements and preferences were documented in their care plans. Staff knew what people liked to eat and drink.
- Staff knew who required encouragement to eat and drink and ensured these were provided in line with the recommendations of specialist health care professionals. A relative commented, "They encourage her to eat and we monitor her weight weekly."

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

- Most people made their own health appointments and felt staff would support them if needed, for example, supporting them to attend appointments.
- The provider and management team worked in partnership with health and social care professionals to ensure people received effective care.
- Care records included details of people's health conditions and how staff needed to support people to manage their health. This included guidelines for the effective management of a percutaneous endoscopic gastrostomy (PEG) feed. PEG is a procedure to place a feeding tube directly into people's stomach to give them sufficient nutrients and fluids.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care. Legal requirements were met.

Ensuring people are well treated and supported

- People and relatives were complimentary about the level of care shown by staff. One person said, "They're wonderful I look forward to them coming." A relative told us, "On a scale of one to ten, I'd give them 10 plus. They are excellent and bring a smile to her face when no-one else can."
- Staff knew people extremely well. They cared for the same people and knew what was important to people from their perspective.
- People had opportunities to get to know their staff. Staff had shared information about themselves and 'staff profiles' had been created.
  
- Staff and the management team were committed to improving people's wellbeing. Some people lived alone and were at risk of being isolated. In response community events including a Christmas dinner had been arranged to give people the opportunity to socialise and make friends.
- Staff knew how people preferred to communicate and communication methods were documented within people's care plans. For example, one person used facial expressions, 'thumbs up' and pictures to make their needs known. This was important because the person was unable to use speech.
- Staff understood the principles of the Equality Act and supported people in a caring way regardless of their disability, race, gender, religion, sexual orientation or cultural backgrounds.

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

- Care plans demonstrated the inclusion of people and their families. The management team regularly visited people and spoke to them via the tele phone to discuss their care. Where changes had been made information had been shared with staff and most records updated.
- People made day to day decisions about their care and were provided with information in a format they could understand. Providing information in preferred formats for people who have a disability, impairment or sensory loss meets the requirements of the 'Accessible Information Standard' (AIS) which aims to ensure people received the communication support they need.

Respecting and promoting people's privacy, dignity and independence

- People felt respected by the staff. One person said, ""They're (staff) all polite. They don't help themselves to things in my home. They ask if they want a glass of water."
- People's personal care was provided in a dignified way. One person said, "They cover my bottom half first while I wash my top. Then I do my private parts while they leave the bathroom. They wait just outside the door."
- People were supported to remain independent. One person said, "I do as much as I can for myself. Staff

never automatically step." Care plans helped staff to understand what people could do for themselves and when they need prompting, or support.

- People's personal information was kept confidential.

## Is the service responsive?

### Our findings

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

Good: People's needs were met through good organisation and delivery. Legal requirements were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received their care at the agreed time and for the agreed duration from a small number of staff they knew. One person said, "Always arrive on time and stay the length of time they're meant to." Another said, "I have one main carer she's the best I've ever had."
- Staff were responsive to people's needs and knew how they liked their care to be provided. One person commented, "They know how to make my cup of tea. I can't ask for more than that."
- Care plans contained detailed information including people's life histories, 'goals' and achievements. A relative said, "The care plan is regularly kept up to date."
- Staff told us communication was good at the service and helped them to respond to peoples' changing needs. One said, "If there is a change we are emailed. If its urgent office staff phone us too so we know how to provide care."
- People's individual religious and spiritual needs were known and respected. For example, one person was supported to attend religious services at particular times of year such as, Christmas.

End of life care and support

- People's end of life wishes had been discussed and recorded when people had chosen to share the information.
- Staff worked in partnership with other healthcare professionals such as, district nurses to ensure people had a comfortable and pain free death.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint. A copy of the provider's complaints procedure was provided to people and included information about what they could expect if they raised a concern.
- The management team regularly checked people were happy with the service, so any concerns could be dealt with immediately.
- Records showed complaints had been managed in line with the provider's procedure and the registered manager told us complaints were used to reflect on and improve the service.
- Staff understood their responsibility to support people to share any concerns or complaints.
- The provider kept a record of compliments. One health professional had written, 'Thank you for all your commitment, professionalism and cooperation.'

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider's main aim for the service was achieved because people remained living in their own homes in line with their wishes.
- People were happy with the service they received and the way the service was managed. Comments included, "It's a pretty good service," "I couldn't manage without them," and, "Overall it runs very smoothly."
- An experienced registered manager was in post who people described as, 'easy to talk to' and 'approachable.' The registered manager led by example and were committed to providing high quality care. They said, "Excellent care is my passion. I insist on it."
- Staff felt supported by the registered manager and the provider. One said, "The manager is very supportive, she listens, she cares about us all."
- The provider's staff recognition scheme identified good care and encouraged staff to develop their skills to improve the service. The head of home care said, "We are nothing without our staff it's really important to say thank you and recognise their contribution."
- Helping hands was recognised as one of the top 20 best places to work in the United Kingdom in 2018 for its workplace culture and strong leadership.
- In June 2018 the organisations chief operating officer won an independent employee choice award for the second year running.
- The provider and registered manager understood their responsibility to be open and honest when things had gone wrong. Learning had been shared across the organisation with staff, to prevent reoccurrence.

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

- The registered manager demonstrated a good understanding of their regulatory responsibilities and kept their knowledge of legislation and best practice up to date.
- Staff confirmed they understood their roles and were aware of what the provider expected of them. One said, "The owners have good values, it's a family run company and I really like working here."
- Effective systems were used to continually monitor and evaluate the service provided. The registered manager was supported by the provider quality partner to continually improve the service, Findings from audits and completed actions were shared with the provider.

Continuous learning and improving care, working in partnership with others

- The registered manager and staff were committed to working in partnership with other organisations to

improve outcomes for people which meant people received good holistic care.

- People had opportunities to maintain positive links with their community if this was part of their planned care.
- The provider at the time of our visit was implementing a new electronic system called 'Cell Trak'. The aim of the system is coordinate and provide care, efficiently and effectively.

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

- There was a strong emphasis on continuous improvement. The views of people, relatives and staff had been sought through quality surveys, visits to people in their homes and meetings. Records showed feedback received was positive.
- Staff attended regular team meetings which gave them the opportunity to discuss any issues of concern and ideas for improvement with their managers.
- The service had a website and used social media. They had a dedicated 'page' to communicate with people, their relatives, staff and the local community.