

Midshires Care Limited

Helping Hands Tunbridge Wells

Inspection report

42 Monson Road
Tunbridge Wells
TN1 1LU

Tel: 01892335234

Website: www.helpinghands.co.uk

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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 Tunbridge Wells is a domiciliary care service registered to provide personal care. At this inspection the service was providing personal care for 35 people. The service can provide care for older people and people living with dementia and/or mental health needs. It can also care for people with learning adaptive needs/autism and people with eating disorders.

Personal care was provided by a team of care staff completing care calls to people in their own homes.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects the service being received by people provided with personal care, where they do we also take into account any wider social care provided.

People's experience of using the service and what we found

People and their relatives were positive about the service. A person said, "The staff are very kind to me and I'm happy to use the service."

People were safeguarded from the risk of abuse. They received safe care and treatment in line with national guidance. There were enough care staff to reliably complete care calls on time and safe recruitment practices were in place. People were supported to safely manage medicines, lessons had been learned when things had gone wrong and good standards of hygiene were promoted.

Care staff had received introductory and refresher training and guidance. They had the knowledge and skills they needed to provide safe care. People had been helped to obtain medical attention when necessary and to receive consistent care when they moved between service.

People were supported to have maximum choice and control of their lives and care 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 compassionate care, their dignity was promoted and their right to privacy was respected. They were also supported to express their views about things important to them.

People were consulted about their care and given information in a user-friendly way. People were supported to pursue their hobbies and interests. There was a procedure for quickly resolving complaints and provision was in place to ensure people were supported at the end of their lives to have a dignified death.

Quality checks had been completed. People had been consulted about the development of the service and their suggestions had been implemented. Good team work was promoted, regulatory requirements had been met and joint working was promoted.

For more details, please read the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was registered with us on 10 January 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered with us.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 Tunbridge Wells

Detailed findings

Background to this inspection

The 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 checked whether the registered provider was 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.

Inspection team

The inspection was completed by one inspector.

Service and service type

Helping Hands Tunbridge Wells is a domiciliary care service providing personal care to people living in their own homes.

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

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 registered manager would be in the office to support the inspection.

What we did before the inspection

We spoke by telephone with five people who used the service and with five relatives. We also spoke by telephone with four care staff.

We reviewed information we had received about the service since it was registered with us. We sought feedback from the local authority and professionals who work with the service. We used all this information

to plan our inspection.

We looked at other information we held about the service. This included any notifications of incidents the registered provider had sent us. These are events happening in the service registered providers are required to tell us about.

Due to technical problems the registered provider was not asked to complete a Provider Information Return. This is information we require registered providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made judgements in this inspection report.

During the inspection

We spoke with the care services coordinator, registered manager and area manager at the service's office.

We reviewed documents and records that described how care had been provided for five people. We also examined documents and records relating to how the service was run including health and safety, the management of medicines, learning lessons when things had gone wrong, obtaining consent and staff training.

Is the service safe?

Our findings

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

This was our first inspection of the service and so this key question had not been rated before. At this inspection this key question has been rated as Good. This meant people were safe and protected from avoidable harm.

Supporting staff to keep people safe from harm and abuse, systems and processes

- People were safeguarded from situations in which they may be at risk of experiencing abuse. Care staff had received training and knew what to do if they were concerned a person was at risk. A person said, "The staff are fine with me and I look forward to seeing them. I feel completely safe in their company."
- There were systems and processes to quickly act upon any concerns including notifying the local safeguarding of adults authority and the Care Quality Commission. This helps to ensure the right action is taken to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Some people had reduced mobility and needed to be assisted to use a hoist when transferring. Other people who needed help to keep their skin healthy were being correctly helped. This included care staff assisting them to use creams prescribed for them. When a person had a special dressing applied by a community nurse care staff checked to make sure it remained clean and hygienic.
- People had been assisted to remove trip hazards caused by trailing electrical wires and loose carpets. People had been helped to test their smoke alarms to make sure they were working correctly. Some people had life-line pendants to automatically notify a national switchboard if something was wrong and the person needed assistance. Care staff helped people to check their pendants to ensure they were working correctly.
- People had been asked how they wanted care staff to access their homes. When care calls had been completed people's homes were left secure. Robust arrangements were in place if care staff could not obtain access to a person's home. These involved establishing if the person was at home and if necessary contacting relatives and the emergency services for assistance.

Staffing and recruitment

- The registered manager had calculated how many care staff needed to be available to enable care calls to be completed on time. The completion of care calls was recorded electronically. These records showed care calls were being completed on time, lasted for the right amount of time and enabled care staff to provide people with the assistance they had agreed to receive.
- A person said, "The staff are very good and turn up like clockwork. Time-keeping hasn't been an issue for me at all." A relative said, "My family member lives with dementia and needs consistency. I appreciate the way it's nearly always the same staff who call to see her and certainly the time-keeping is very good."
- Safe recruitment and selection procedures were in place. Applicants were required to provide a full

account of previous jobs they had done so the registered manager could check their previous good conduct.

- Disclosures from the Disclosure and Barring Service had been obtained. These disclosures establish if an applicant has a relevant criminal conviction or has been included on a barring list due to professional misconduct. All these checks helped to ensure that only suitable people were employed to work in the service.

Using medicines safely

- Some people needed help to manage their medicines and care staff did this safely. This included helping some people to re-order medicines so they did not run out. When care staff dispensed medicines they checked they were offering people the right medicines at the right times.
- Care staff recorded each medicine they had given. We checked the records of the medicines recently administered for a person and they were correct. These records were regularly audited by the care services coordinator to double-check people were being supported to use medicines in the right way.
- Care staff knew how to respond correctly to occasions when a person declined to accept medicines offered to them. This included informing the care services coordinator so action could be taken including contacting relatives and healthcare professionals for advice.

Preventing and controlling infection

- There were suitable measures to prevent and control infection. Care staff had received training and were correctly following guidance about how to promote good standards of hygiene.
- People told us care staff had clean uniforms, wore disposable gloves and aprons when providing close personal care and washed their hands using anti-bacterial soap.
- When necessary people who received personal care were also helped to keep their homes clean. This included care staff assisting people to wash-up in the kitchen, vacuuming carpets and managing laundry.

Learning lessons when things go wrong

- There were arrangements to analyse accidents and near misses occurring during the provision of care so lessons could be learned. Care staff completed a record of accidents and near misses and these were reviewed by the registered manager so action could be taken to help prevent the same thing happening again. This included liaising with health care professionals when a person needed specialist equipment to enable them to manage safely at home.
- No accidents resulting in a person sustaining a significant injury had occurred since the service was registered.

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 was our first inspection of the service and so this key question had not been rated before. At this inspection this key question has been rated as Good. This meant 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

- An assessment had been completed before each person started to use the service to decide what care calls the person wanted to receive. The assessments also established whether people had the right equipment in their homes for care staff to use. An example was checking care staff had the space they needed to safely assist a person use their shower.
- People's protected characteristics under the Equality Act 2010 were considered. An example was respecting a person's cultural or ethnic heritage by enabling them to choose the gender of the care staff who provided their close personal care.

Staff support: induction, training, skills and experience

- New care staff had received introductory training before they provided people with assistance. This was equivalent to the Care Certificate that is a nationally recognised system to ensure that new care staff know how to care for people in the right way. New care staff had also completed a number of 'shadow shifts' to observe and learn from a more experienced colleague. During these shadow shifts checks had been completed to ensure new care staff had learnt the competencies they needed to safely care for people.
- Care staff had received refresher training to keep their knowledge and skills up to date. The subjects covered included how to safely support people who experienced reduced mobility, first aid and the management of healthcare conditions such as diabetes.
- Care staff regularly met with the registered manager to review their performance, the training they had received and to promote their professional development.
- People said care staff had the knowledge and skills they needed. A person said, "The staff who call to see me know what help I want and how to give it." A relative said, "My family member lives with dementia and their needs for help change a lot and can be quite different one day to the next. The care staff have a really good understanding of this and so can fit the care around my family member and not the other way around."
- Care staff correctly described to us key parts of the care they provided. Examples were knowing how to assist people use different continence promotion aids and how to administer emergency first aid.

Supporting people to eat and drink enough with choice in a balanced diet

- Some people needed help to eat and drink enough and care staff were doing this in the right way. When necessary, care staff assisted people to go shopping for food or to arrange home deliveries. Care staff also helped some people to prepare and eat their meals.
- Care staff were following guidance they had received from a person's doctor when helping a person to eat

and drink safely. This included providing the person with modified food that was easier to swallow.

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

- People were helped to receive coordinated care when they used or moved between different services. When requested the service passed on important information to ambulance and hospital staff about a person's healthcare conditions and known allergies.
- When necessary the care services coordinator and registered manager liaised with people's relatives to arrange healthcare appointments. These included family doctors, mental health specialists, dentists and opticians.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

- Whenever possible people had been supported to make decisions for themselves. A person said, "I have my own routine and my carers know that. They always say they're guests in my home to help me do things my way." Another person said, "When the carers help me get dressed they always ask me what clothes I want put out for me. I choose not them."
- Some people needed assistance to make more significant decisions. An example was considering if a person needed to continue to receive care calls to keep them safe. The registered manager had liaised with relatives and healthcare professionals to ensure important decisions were made in these people's best interests.
- None of the people using the service at the time of our inspection visit were subject to a deprivation of their liberty authorised by the Court of Protection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

This was our first inspection of the service and so this key question had not been rated before. At this inspection this key question has been rated as 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; Promoting people's privacy, dignity and independence

- People were consistently positive about the care they received. A person said, "The care staff are all lovely. They don't do the job to get rich but because they care and want to help." A relative said, "I really can't fault the service because the staff are very good and my family member would soon tell me if they weren't happy with the staff."
- People told us they received care promoting their dignity. When necessary people had been assisted to wear neat and clean clothes. They had also been supported to wash and comb their hair if they wished. People were also supported to be as independent as they wished. A person said, "I like to do stuff for myself as I've always done and the staff understand and they don't try to take over. They're not bossy at all."
- People were treated with compassion and kindness. The registered manager sent people a birthday card and at Christmas each person had been given a present.
- People's right to privacy was respected and promoted. People described how care staff closed doors to rooms in which close personal care was provided when relatives were present. They also covered people up as much as possible.
- Private information was kept confidential. Care staff had been provided with training about managing confidential information in the right way. Most care records were electronic and access to these was password-protected so only authorised staff could see them.
- Care staff recognised the importance of promoting equality and diversity. They had received training and guidance in respecting the choices people made about their identities and lifestyles. An example was a member of care staff telling us how important it was to support a person living with dementia to have personal keepsake with them to provide comfort.

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

- People were supported to be actively involved in making decisions about things important to them as far as possible. An example was a person who had been supported to consider replacing their cooker to a different model making it easier and safer for them to use.
- People had family, friends, solicitors or care managers (social workers) who could support them to express their preferences. The registered manager had developed links with local lay advocacy resources. Lay advocates are independent of the service and who can support people to weigh up information, make decisions and communicate their wishes.

Is the service responsive?

Our findings

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

This was our first inspection of the service and so this key question had not been rated before. At this inspection this key question has been rated as 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

- The care coordinator and registered manager had consulted each person about the care they wanted to receive and had recorded the results in an individual care plan. These care plans were regularly reviewed in consultation with each person and their representatives so they accurately reflected changing needs and wishes.
- People received personalised care according to their preferences. An example was some people preferring to be supported to have a bath while others chose to have a shower. Another example was people being supported to get and go to bed at times of their choice.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information presented to them in a user-friendly way. There was an information pack given to people when they started using the service. This contained information about how the service ran and what assistance they could expect to receive. The handbook could be presented in larger print or different languages if necessary.
- The service had a number of explanatory leaflets care staff could pass on to people. These leaflets presented information in an accessible way about important subjects such as how to claim benefits and how to stay safe from the risk of abuse.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had been supported to keep in touch with their families when necessary. With the person's agreement the care services coordinator and registered manager contacted family members to let them know about important developments in the care being provided. A relative said, "The service is very good about keeping me in the loop so I know how things are going. It might be something is running low or something around the house needs mending."
- People were supported to pursue their hobbies, interests and commitments. Some people were supported to go shopping and to visit cafes. A person had been helped to visit a local zoo where special arrangements had been made so they could feed one of their favourite animals. Another person had been supported to

visit their local church accompanied by a member of care staff who shared the same religious beliefs.

Improving care quality in response to complaints or concerns

- There was a complaints procedure reassuring people about their right to make a complaint. A person said, "I've never had to even get close to complaining but if there was something I'm sure the manager would sort it out for me."
- There was a procedure for the registered manager to follow when resolving complaints. This included establishing what had gone wrong and what the complainant wanted to be done about it. The registered manager told us no complaint would be considered as closed until the complainant was satisfied with the outcome.
- The service had received one complaint since it was registered and records showed this had quickly been resolved to the complainant's satisfaction.

End of life care and support

- There were arrangements to support people at the end of their life to have a dignified death.
- People were asked about how they wished to be assisted. When necessary the registered manager liaised with relatives and healthcare professionals if a person needed to receive extra medical assistance to keep them comfortable.
- At the time of our inspection visit no one was receiving 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 was our first inspection of the service and so this key question had not been rated before. At this inspection this key question has been rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- People and their relatives considered the service to be well run. A person said, "I think the service is very well run indeed because it's reliable and I can count on the carers to arrive. I'm not left wondering if someone is going to turn up." A relative said, "Yes, it is well run. When I've raised minor issues they've been sorted straight away."
- Quality checks had been completed by the care services coordinator and the registered manager. This was so people reliably received safe care and treatment. These checks included auditing records of the delivery of care and the management of medicines to ensure the service was running in the right way.
- The area manager regularly called to the service's office to see first-hand how things were going. They also received daily and weekly reports about how well the service was performing in key areas. These included care calls being completed on time and lasting for the right amount of time.
- Spot checks were completed by the care services coordinator at people's homes to make sure that care was being provided in line with each person's care plan.

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

- People had regularly been invited to give feedback about their experience of using the service. They had been asked to give feedback by the care coordinator when they called to people's home to complete spot checks. In addition, the care coordinator telephoned people to ask them about their experience of receiving care from the service.
- Members of staff told us there was good morale in the service. This was because they were well supported and treated as valuable team members.

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

- Care staff had been supported to understand their responsibilities to meet regulatory requirements. They had been provided with up-to-date written policies and procedures to help them to consistently provide people with the right assistance. This included updated information from the Department of Health about the correct use of equipment, medical devices and medicines.
- There was a member of the management team on call during out of office hours to give advice and assistance to care staff.
- Care staff had been invited to attend regular staff meetings to further develop their ability to work together as a team.

- Care staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. They were confident the registered manager would quickly address any 'whistle-blowing' concerns about a person not receiving safe care and treatment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager had established a culture in the service emphasising the importance of providing people with person-centred care. A person said, "I think the staff get on well with each other and with the management. You can tell from what they say. I've not heard them complaining about their employer." A relative said, "We chose Helping Hands Tunbridge Wells because it had been recommended to us and I'm glad we did. The service is professional and organised while at the same time being friendly."
- The registered manager and area manager understood the duty of candour requirement. This requires the service to be honest with people and their representatives when things have not gone well. They had consulted guidance published by the Care Quality Commission and there was a system to identify incidents to which the duty of candour applied. This helped to ensure that people with an interest in the service and outside bodies could reliably be given the information they needed.
- It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so people seeking information about the service can be informed of our judgements. The registered manager understood the requirement and told us this inspection report would be conspicuously displayed both in the service and on their website.
- Services providing health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered manager had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Working in partnership with others

- The service worked in partnership with other agencies to enable people to receive 'joined-up' support. The registered manager subscribed to some professional publications relating to best practice initiatives in providing people with homecare.
- The registered manager attended a meeting with the managers of other services run by the registered provider. This was done to share and learn from examples of best practice in the provision of care for people at home.